HFH Healthcare Limited

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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?	Requires Improvement

Summary of findings

Overall summary

About the service:
HFH Healthcare Limited is a home care agency. It provides nurse-led personal care and treatment to children and adults living in their own home who have spinal or brain injuries, neurological conditions or genetic diseases. Some people may also be living with dementia, a learning disability or autism, mental health needs and/or sensory impairments.

At the time of our inspection approximately 50 children or young people and 100 adults received a nurse-led home care service from this agency. Around 30 people using the service received 24-hour care from live-in staff.

People's experience of using this service:
● At this inspection we have continued to rate the service 'Good' overall.
● However, the service's rating for the key question, 'Is the service well-led?' remains 'Requires Improvement'.
● Although most people using the service, their relatives and external health care professionals told us the quality of the care they were provided with by this agency remained either 'good' or had improved in the last six months; we continued to receive mixed feedback from people about constantly changing care staff and the negative impact this had on the continuity of care they received.
● We discussed this on-going issue with the newly registered manager who acknowledged the action they had already taken to improve continuity of care would take more time to be fully implemented and for everyone to feel the benefit. This included employing more nurses and having core groups of care staff working together in one area with the same service users. Progress made by the provider to ensure people consistently received good quality care from staff who were familiar with their needs will be assessed at their next inspection.
● This issue notwithstanding, people and their relatives told us staff were always polite and kind towards them. Staff also respected people's dignity and privacy. They listened to people and supported their independence where possible.
● People were kept safe from the risk of harm. Potential risks to people and staff were assessed and managed appropriately. Staff had a clear understanding of how to recognise and report abuse and neglect.
● Risks to people had been assessed and were regularly reviewed to ensure people's needs were safely met.
● Staff were safely recruited to ensure they were suitable to work in a care service. People received support from trained and supervised staff who had the right skills and knowledge.
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
● People's needs and individual preferences were documented in their care plan, which were personalised and routinely reviewed to ensure they remained up to date and accurate.
● People had been consulted about their support needs and involved in helping staff develop their care plan.

● People, their relatives, professional representatives and staff all said they could approach the registered manager if they had any issues or concerns. There was a procedure in place which explained how people could raise concerns or complaints.
● The provider had effective systems in place to assess and monitor the quality and safety of the service people received. This helped the service continuously improve it's practice and to learn lessons when things went wrong.
● The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver a safe, effective service.

Rating at the last inspection
At the last inspection the service was rated 'Good' overall (Report was published on 27 December 2017).

Why we inspected
This inspection was brought forward by approximately a year due in part to concerning information we received about the higher than expected number of safeguarding alerts and complaints raised in relation to this service in the past 18 months. The ongoing information shared with Care Quality Commission (CQC) about these safeguarding incidents and complaints indicated potential concerns about the way the service was managed, which we examined as part of our inspection.

Follow up
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology (See above).

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

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 remains Safe. Details are in our safe findings below.	**Good**
Is the service effective? The service remains Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service remains Caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service remains Responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service is not always Well-led. Details are in our Well-Led findings below.	**Requires Improvement**

HFH 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
An inspector and an expert-by-experience were involved in carrying out this inspection. The expert-by-experience had personal experience of caring for someone who received a home care service.

Service and service type:
This service is a home care agency. It provides nurse-led personal care and treatment to children, young people and adults living at home who have complex health and neurological conditions, disabilities and injuries.

The service had a manager registered with the CQC. 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 five days' notice of the inspection visit because of the size of the service and the complex health care needs of children and adults they supported. We needed to be sure the office-based managers and nurses would all be available for us to speak with during our inspection. Inspection activity started on 9 April 2019 and ended on 11 April 2019.

What we did:
Before our inspection, we reviewed all the key information providers are required to send us about their service, including our Provider Information Return (PIR) and statutory notifications. We used all this information to help inform our inspection planning.

During our inspection we spoke face-to-face with one person using the service and their next of kin when we

visited them at home, and care staff who was on duty at the time. We also made telephone or email contact with five people using the service, 10 relatives, 11 care staff and five external health care professionals. The community professionals we received feedback from included five continuing health care nurses who represented four NHS Clinical Commissioning Groups (CCG's) operating across London.

On the first and third day of our inspection we visited the provider's central offices in Wimbledon where we spoke with the service's newly registered manager/managing director, the director of nursing, the operational manager, head of human resources, the quality and governance team manager, the head of adult clinical practice, the lead paediatric nurse, four other senior nurses and a practice educator.

Records we looked at included 15 people's care plans, 12 staff files and various documents relating to the overall management of the service. This included medicines administration record (MAR) sheets, accidents, incidents, complaints and quality assurance audits.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care staff who visited them at home and most said they knew they could call the central office if they felt unsafe. One person commented, "I feel safe with my main carers", while another person said, "If I felt in danger I would call the office…I'm confident they would sort it out."
- The service had effective child protection and safeguarding adults at risk policies and procedures in place.

- People were supported by staff who had received up to date child protection and safeguarding adults training. Care staff were trained to recognise the signs and symptoms of abuse and to report any concerns to senior staff. One staff member told us, "I've had safeguarding training and know I need to tell the lead nurses or carers if I've got any concerns about the welfare of people I support." Another staff member said, "We've got a staff whistle-blowing policy, which I know we must follow if we've got any safeguarding concerns."
- All safeguarding concerns were investigated with outcomes and lessons learnt documented.
- The provider had reported allegations of abuse or neglect in a timely manner to the relevant local authority's safeguarding team, the CQC, and where appropriate the police, when it had been raised.

Assessing risk, safety monitoring and management

- People's assessments addressed any risks to their health, safety and wellbeing. For example, this included risks associated with people's mobility, eating and drinking, skin integrity, use of equipment, behaviours that may challenge the service, taking their prescribed medicines, accessing the wider community and social isolation.
- People's care plans contained guidance for staff about how these should be managed to keep people safe. For example, for one person that needed help to move and transfer there was guidance for staff on how to use equipment correctly to ensure the person's safety.
- Senior staff also completed comprehensive assessments of specific risks within people's homes and staff were provided with guidance on how to manage these risks.
- Maintenance records showed where care staff used specialist medical equipment to support people in their own homes, such as mobile hoists or ventilators; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

Staffing and recruitment

- There were enough staff to support people safely. In the last six months the service had created four new nursing positions. This had meant nurses have been able to spend more quality face-to-face time supporting smaller groups of people using the service and care staff.
- People's needs had been considered when planning the support they required so that only suitably

trained staff could be assigned to meet these. For example, where people required complex medical interventions, such as tracheostomy or catheter care, they were matched with staff who had the correct levels of knowledge and skills to meet these specialist needs.

● Staff told us the agency continued to operate a 24 hour on-call service. This meant managers and nurses were always available to offer advice or cover in the event of an emergency.

● The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references, registration personal identification numbers (PIN) for nurses and enhanced criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent people working in the care sector who are unsuitable.

Using medicines safely

● People told us staff supported them to take their prescribed medicines safely and when they should. Typical feedback we received from people using the service and their relatives included, "My regular carers make sure I get my medicines on time," "Carers give [my family] the right medicines at the right time" and "Carers know what [my family] takes. They [staff] are good with that."

● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. This included clear guidance for staff regarding the use of controlled drugs and 'as required' medicines.

● Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by senior nurses. This included unannounced spot check observations of care staff administering medicines during their scheduled shifts.

● Staff administering people's medicines were required to fill in a Medicine Administration Record (MAR). These records were audited to make sure they were fully completed.

Preventing and controlling infection

● People were protected by the prevention and control of infection.

● Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.

● Practice around infection control and use of PPE was checked by senior staff when they carried out spot checks of care staff.

Learning lessons when things go wrong

● The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.

● Managers and senior staff gave us examples of how they had begun to improve the safety of the medicines management after the occurrence of several medicines handling and recording errors in the last 12 months. This had included an external review of the way the service managed medicines by a qualified pharmacist who recommended better medicines training for staff and electronic MAR sheets that can be checked in real-time by office-based staff, which the provider is in the process of implementing.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Most people told us care staff who visited them at home were suitably trained. One person's relative said, "My carers know what they are doing because they've been trained for their job," while another relative commented, "My [family members] carers are very experienced and are well-trained…We feel we can trust them with our [family members] care."
- External professionals were equally complimentary about staff's knowledge and skills. One said, "Carers have all the enhanced skills they need to meet my clients' complex health care needs." Another remarked, "HFH staff are suitably trained and competent to look after our clients, who all have high levels of complex health care needs."
- Records showed people received their personal care from clinical staff who had the appropriate skills and support. All staff had completed training that was relevant to their role.
- This included an induction which was a comprehensive training programme mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. The induction was followed by a period of shadowing experienced nursing and care staff.
- The service had an in-house team of qualified nurse practice educators who were responsible for delivering inductions and on-going training for all staff who provide direct care. There was a well-equipped training room at the agency's central offices where care staff received most of their theoretical and practical training. Medical equipment available in the training room includes a range of mobile hoists, ventilation machines, tracheostomy and oral suctioning devices, cannulas, catheters, adjustable beds and mannequin dummies to practice with.
- All staff received an employee handbook which sets out the provider's philosophy, policies and procedures, and expectations regarding their behaviour at work.
- Care staff who were willing and matched to support people with more complex health care support needs received additional clinical training in specialist areas such as, tracheostomy care, oral suctioning, mechanical and non-invasive ventilation, spinal cord injury and autonomic dysreflexia awareness, enteral nutrition and catheter care.
- Mandatory and specialist training that care staff received was routinely refreshed to ensure their knowledge and skills remained up to date. Each member of staff's qualifications were electronically monitored to ensure they remained up to date and current.
- Staff demonstrated a good understanding of their working roles and responsibilities.
- Staff spoke positively about the training they had received and felt it was always relevant to their role. One member of staff told us, "Yes, I've received all the training I need to look after the people I support." Another member of staff said, "The training is pretty good. It's always being reviewed and they make sure you get more training if the needs of people you support changes."

● In the last six months the provider had introduced new two-part bi-annual work performance appraisals and personal development plans for care staff and their senior lead care worker to work through. Care staff were also expected to have regular group meetings with their fellow peers who they worked with in their new hub teams.
● Care staff told us they felt supported by the lead nurses, senior care staff and fellow co-workers.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance
● People told us staff involved them in making decisions about the care and support they received. One person said, "Staff do ask me what I want them to do for us." Another person remarked, "They [staff] listen and respect what I ask them to do."
● People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
● Staff had completed MCA and DoLS training. Staff were aware of their duties and responsibilities in relation to the Act. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed before they received support. This included an assessment of their physical and emotional needs. Expected outcomes for each person were identified and their individual care and support needs regularly reviewed.
● Care and support was planned and delivered in line with people's assessments described above.

Supporting people to eat and drink enough to maintain a balanced diet
● Where staff were responsible for this, people were supported to eat and drink enough to meet their needs. Information had been obtained about people's dietary needs and how they wished to be supported, including any specialist requirements people had due to their healthcare conditions.
● Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.
Supporting people to live healthier lives, access healthcare services and support
● People's care plans set out for staff how their specific physical health care needs and medical interventions should be managed.
● Appropriate referrals were made to the relevant health and social care professionals to ensure people received the support they required. This ensured external professionals were notified in a timely manner when people's health care needs changed and additional support was provided as required.

● Records showed that staff immediately contacted emergency services or other health care professionals when they were concerned about a person's health.

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

Good: 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 staff treated them or their loved one with respect and compassion. They also typically described staff as "pleasant" and "kind." Feedback included, "Our carers are like family to us," "I feel very confident I can go out and my [family member] will be well looked after…The carers I've got now are all very good and my [family member] is pleased with them" and "My [child] is happy with his carers…He laughs a lot when he is with the carers and likes the attention they give him."
- Comments we received from external health care professional were equally complimentary about staff. One professional said, "I have met a few of the carers who have all behaved in a kind and professional manner towards my clients." Another professional remarked, "I have always found HFH to be a professional outfit whose staff treat my clients well."
- People we visited at their home looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and compassion.
- People were treated equally and had their human rights and diversity respected. One person told us, "I said I preferred to have female carers and that's what the agency give me."
- Care plans showed people's preferences for gender of care worker, their cultural background and language spoken were obtained during their initial assessment. The service used this information to find staff that matched people's expressed preferences. The registered manager told us they actively recruited staff with diverse ethnic and cultural backgrounds, so they could be matched with people and families they understood their first language and cultural heritage. For example, care staff who spoke both English and Somalian had been employed to support people using the service whose first language was Somalian.
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs.
- The provider had a relationships and sexuality policy and care plans contained a section on sexuality which people could complete if they wished.
- Staff told us they were trained to support people with their personal relationship needs, which included advice on understanding the specific issues that lesbian, gay, bisexual and transgender (LGBT) people using the service might face.

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

- People told us that the care staff listened to them and acted on what they said. A relative said, "The carers do what I ask them do for my [family member] and I'm happy with that."
- The provider had various systems in place to ensure people's views would be heard and used to help people make decisions about their care and support they needed. The provider used assessments of needs, care planning meetings, reviews and quality checks to ensure people were involved and able to state their views about the support they received.

● People's care plans also documented views about the care they wanted and the outcomes people wanted to achieve. People had signed their care plan where they were able to.
● People were given a guide about the standards of care and support they could expect to receive from this agency before they started receiving a home care service from them.

Respecting and promoting people's privacy, dignity and independence
● People told us staff were respectful towards them and treated them with dignity and respect. An external professional also told us, "My clients are treated with respect and dignity by all HFH staff."
● It was mandatory for staff to complete privacy and dignity training. The staff handbook also contained a detailed code of conduct which care staff were expected to follow when they were working in a person's home. For example, this code made it clear to staff they were a guest in a person's home and must act accordingly.
● Staff spoke about people they supported in a respectful and positive way. Several staff gave us examples of how they upheld the privacy and dignity of people they supported, which included always ensuring they addressed people by their preferred name and closing bathroom and bedroom doors when they provided people with any intimate personal care.
● People told us staff supported them to be as independent as they could and wanted to be. Typical comments included, "Staff have really helped me improve my mobility…So much so, I can now walk on my own with a Zimmer-frame," "My carers will prepare a meal for me and leave it for me to put in the oven later to heat up by myself" and "My [child] carers are fully aware of what he can and cannot do for himself… They're very good at encouraging him to be more independent and do more things for himself."
● People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without help, such as getting washed and dressed.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most people told us the service met their needs and that staff provided them with personalised care and support. One person's relative said, "Staff meet my [family members] needs", while another relative remarked, "Our regular carers know exactly how my [family members] needs and wants to be looked after."
- External health care professionals were equally complimentary about the personalised care their clients received from the agency. One professional said, "Each of my clients has a registered nurse overseeing all their care provision and all the care plans I have seen have been detailed, which ensures their clinical needs are met." Another professional told us, "Myself and other members of our health care team have been impressed with the high standard of clinical care staff working for HFH provide our clients."
- The provider had developed a care plan for each person using the service. These care plans were person centred and reflected people's choices about how and when they received home care and support.
- People using the service, and where appropriate their relatives and professional representatives, were encouraged to be involved in the care planning process. This helped to ensure people's choices were used to inform the care and support they received. One person's relative told us, "I'm very involved in planning my [family member's] care plan, which I often check to see if it's correct."
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this. A relative said, "My [family member's] care plan is reviewed every six to 12 months," while an external professional told us, "Care plans are regularly reviewed by the agency, so they always reflect my client's needs."
- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- The registered manager told us the service could provide information that people needed, such as a guide to the service, their care plan and the complaints procedure, in different formats. This included large print, audio, different languages or easy to read pictorial versions. We saw easy to read pictorial care plans had been developed for children using the service and people with a learning disability.
- People told us staff understood their preferred method of communication. A relative said, "Although [my child] cannot talk, they are able to give indications of their wishes…The carers are very good at reading these signs and know when they are bored and might like to play with a toy or look at a book."
- People's communication needs and preferred method of communication had been clearly identified and recorded in a communication passport, which formed part of everyone's care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported. For example, a care plan we looked at developed for someone who did not use the spoken word emphasised the importance of staff being aware of the non-verbal cues and gestures this person might use to express their feelings and wishes.
- Staff gave us several examples of different equipment, aids and assisted technology people they

supported used to communicate. This included flashcards, alphabet boards, text to speech applications, talking-mats and eye-gaze. Talking-mats use pictures which can be rearranged in a certain way to communicate a person's wishes and eye-gaze is a computer system that enables people to generate speech or a write a message by controlling keys on an electronic screen with their eyes.

● Staff completed communication training as part of their induction. In addition, staff received British Sign Language or Makaton training if they supported children or adults who used these sign languages to communicate. Makaton is a recognised language programme that uses signs and symbols to support the spoken word to help people with learning disabilities and/or communication difficulties.

● People were supported to follow their social and educational interests and live fulfilling lives at home and in the wider community. One person told us, "My carers help me do lots of activities, like arts and crafts and baking and cooking. Sometimes they take me out to the park, the theatre and museums."

● Care plans reflected people's social and educational needs and interests.

Improving care quality in response to complaints or concerns

● People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received from the agency, and most felt the process was easy to follow. One person said, "I have no issues with HFH, but would feel comfortable about raising a complaint if I did," while another person's relative remarked, "I complained to the manager on behalf of my [family member] to ask for a change of carers, which they sorted out pretty quickly…The care is now very good and I think our complaint was handled well."

● People were given a copy of the providers' complaints procedure when they first started using the service, which set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.

● A process was also in place for managers and senior staff to log and investigate any complaints received, which included recording any actions taken to resolve any issues raised.

● Records showed in the last 12 months complaints people had raised were analysed and trends identified, which the provider had used to improve the service. For example, new hub teams had been introduced so nurses and care staff could provide better continuity of care to a smaller group of service users in one area who they were more familiar with and their needs and wishes.

End of life care and support

● When people were nearing the end of their life, they received compassionate and supportive care from this agency.

● There were policies and procedures in place around end of life care.

● Care plans contained a section that people could complete if they wanted to record their end of life wishes. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in some of the care plans.

● All staff had completed end of life care training.

● The service liaised with various external health care professionals, including district nurses, palliative care nurses and staff from local hospices, to ensure people nearing the end of their life experienced comfortable and dignified care at home.

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

Requires Improvement: Service management and leadership has improved but remains inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our last inspection we found people did not always receive continuity of care from staff who were familiar with their health care needs, daily routines and preferences. We discussed this issue with the former registered manager at the time who agreed to take appropriate action to resolve this matter.
- At this inspection we found the provider had taken steps to begin the process of addressing this issue. For example, the agency had recruited more nurses, and had reduced the number of people they supported by approximately half. This meant nurses could spend more quality time focusing on the needs of a smaller group of people. In addition, the introduction of the multidisciplinary hub teams meant care staff also supported a much smaller group of people who had similar needs and lived in one geographical area. This ensured people received better quality and consistent home care from a smaller group of core nurses and are staff who were more familiar with their needs, daily routines and preferences.
- However, the comments made by people about the continuity of care they received remained mixed. Typical feedback included, "There's been lots of staff changes, sometimes with staff covering shifts who don't have the right skills to look after my [family member]," "We continue to experience lots of problems with this agency…We're always getting staff who don't know how to look after my [family member] properly. We keep complaining to HFH, but little changes" and "There have been problems in the past with different carers keep coming and going, but since the new manager took over last year my [family member] and I are much happier with the standard and continuity of care we receive."
- We discussed this ongoing issue with several managers who all acknowledged the action the provider had already taken to improve continuity of care people received remained a work in progress and would take time for everyone to feel the benefit of these changes.

Progress made by the provider to ensure people received consistently high-quality care from staff who were familiar with their needs and preferences will be again assessed at their next inspection.

- This continuity issue notwithstanding, the agency had an effective management and staffing structure in place that promoted person-centred care and transparency.
- The service had a new manager registered with us who had been in post for six months. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered people. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager was supported by various directors and heads of departments including nursing,

operations and quality assurance.

● Most people spoke positively about the way the agency was managed. Several people said although the registered manager was new they felt she had already begun to improve the service. One person's relative said, "I think the agency is very well-managed. I've spoken to the new manager several times over the phone. She is easy to talk with." Another relative remarked, "I feel comfortable speaking to the new manager. I trust her to improve the service and ensure my [family member] is well looked after."

● There was a positive culture within the staff team. One member of staff said, "I think the new manager listens to us," while another told us, "The new manager has made quite a few changes for the better in her first few months in charge."

● Several staff also told us communication maintained between the managers, senior staff and the rest of the staff team had improved in the last six months. We saw staff had been issued with electronic devices to improve communication between themselves and office-based staff.

● The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

● The provider had clearly stated values and aims about the quality of care and support that people should expect to receive. Staff were familiar with the provider's values and aims, and had been provided with employee handbooks, which reinforced how they should demonstrate these, through their conduct and behaviours when working in a person's home.

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

● The provider promoted an inclusive culture.

● Most people told us they felt able to speak with the office-based managers or the nurses and care staff who regularly visited them at home if they wished to discuss the standard of care they or their family member received from this agency.

● The provider used a range of methods to gather people's views about what the agency did well or might do better. This included regular telephone contact from office-based staff, nurse-led quality monitoring visits to people's homes, bi-annual care plan reviews and a new service user forum and a monthly online satisfaction survey for people and their relatives to express their views. Most people who had completed the new online survey in the last quarter said they had been satisfied with the standard of service they had received from this agency.

● The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions to managers through a regular staff newsletter, individual and group meetings with senior staff and their co-workers, staff forums and team building/away day events and an annual staff satisfaction survey. Most staff said managers and senior staff usually listened to what they had to say.

Continuous learning and improving care:

● There were effective systems and processes in place to monitor the quality of the service.

● Managers carried out a rolling programme of checks to monitor and assess safeguarding incidents, accidents, near misses and complaints, medicines management, care plans and risk assessments, and staff

recruitment, training and supervision.

● In addition, Board members and various directors and heads of nursing, operations and quality assurance regularly met to discuss identified issues and to agree action plans to minimise the risk of similar events reoccurring. The registered manager also told us these managers would meet daily to share any issues that had been identified from the previous 24 hours regarding incidents, concerns, potential safeguarding and coordinating staff shifts.

● Several nurses also told us they regularly carried out spot checks on staff to observe their working practices during a shift in a person's home. These checks looked at various aspects of staffs roles and responsibilities including, their timekeeping, attitude and interaction with the person they were supporting, use of medical equipment, medicines management and record keeping.

● The registered manager gave us an example of a lesson the provider had learnt about planning staff rosters in advance to ensure shifts were always covered during peak periods of staff leave, such as Christmas and other school holidays. This had helped reduce the risk of the agency being short staffed during these periods, which had previously been identified as an issue. This demonstrated the provider was forward thinking and continually trying to improve the standard of care they provided people.

Working in partnership with others

● The provider worked closely with various health and social care commissioners and nurses representing a range of NHS Trusts, local authorities, continuing health care teams and Clinical Commissioning Groups (CCG's) in and around London. They regularly liaised with these professional bodies and welcomed their views and advice; often sharing best practice and learning from near misses and mistakes. This helped to ensure people continued to receive the appropriate care and support they required.

● The provider also had good links with other resources and organisations in various local communities to support people with their needs. These included Help the Aged, various local community centres and hospices in and around London, South Thames College and Kings College Hospital.