

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 well-led?

Good ●

# Summary of findings

## Overall summary

HFH Healthcare Limited is a domiciliary care agency. At the time of our inspection they were providing personal care and treatment to 114 adults and children who lived in their own home. Most people using the service had a range of complex health care needs and some received 24-hour care from live-in staff.

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

At this inspection we have continued to rate the service 'good' overall. The majority of people using the service and their relatives were satisfied with the quality of care and support provided. They felt the quality of care had improved since the new registered manager took over the management of the agency. The provider had made progress since the previous inspection in ensuring people received continuity of care and support from staff who understood their complex health care needs.

Staff knew how to manage risks people might face and protect them from avoidable harm. The majority of the staff felt well supported and valued. New staff underwent pre-employment checks which ensured their suitability and fitness for the role. There was ongoing recruitment of care assistants to ensure staffing levels were sufficient to meet the needs of people receiving care. People were supported to manage and receive their medicines safely. People received support from staff who assessed and responded to risks regarding infection prevention and control, including those associated with Covid-19 pandemic.

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. Staff had access to training to maintain people's safety and meet their specific needs.

People, their relatives, health and social care professionals and staff commended the way the agency was now being run. The provider and registered manager had systems in place which they used to regularly monitor and assess the quality and safety of care provided to people. People, their relatives and staff were given opportunities to provide feedback about the service. They said the registered manager was approachable and welcomed feedback to enable them to learn and improve the care people received. People felt able to raise their concerns and were confident any issues raised would be addressed. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver safe care and treatment to people using the service.

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

Rating at last inspection and update.

The last rating for this service was good (published 22 May 2019). This report only covers our findings in relation to the key questions; Is the service safe, effective and well-led?

Why we inspected

We received concerns in relation to the ability of staff to perform in their roles and the way the service was

managed. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. We found evidence during this inspection that the provider had taken action to mitigate risks to people receiving unsafe care. Please see the safe, effective and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the key questions of Caring and Responsive were used in calculating the overall rating at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection strategy. 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 safe.

Details are in our effective 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 well-led.

Details are in our effective findings below.

**Good** ●

# 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. 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

The inspection team consisted of two inspectors, a specialist advisor nurse and two Experts 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available for us to speak with during our inspection. We visited the office location on 14 and 19 May 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. 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.

We reviewed all the key information providers are required to send us about their service, including statutory notifications. We used all of this information to plan our inspection.

During the inspection

We spoke with three nurse care leads, the registered manager, chief executive officer, a commercial director and an administration officer.

We reviewed a range of records. This included 15 people's care records and medication records. We looked at five 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 clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

In addition, we spoke with five people using the service, 15 family members, three nurse case managers and six care assistants. We spoke with two professionals who work closely with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements to help protect people from the risk of neglect and abuse.
- Staff were trained to recognise abuse. They understood how to protect people from harm including whistleblowing and contacting external agencies if the provider did not take action to keep people safe.
- Staff were up to date with their child protection and safeguarding adults training. One staff member told us, "I am aware of the different kinds of abuse. I would report any concerns to my seniors." Another member of staff said, "I will not hesitate to whistleblow if the manager does not take any allegations of abuse seriously."
- The registered manager investigated allegations of abuse and ensured lessons and outcomes were shared with staff for learning to take place to prevent reoccurrence.
- The provider worked closely with CQC, the local authority's safeguarding teams appropriately and involved the police where appropriate the police.

Assessing risk, safety monitoring and management

- Nurses assessed risks to people and reviewed these regularly. Care records showed comprehensive risk assessments of people's needs and the support they required. Care assistants followed guidance provided by healthcare professionals to minimise risks to people's well-being.
- The majority of the people using the service and their relatives felt they received safe care. People received care from care assistants who were trained and felt competent to meet their complex medical interventions and specialist medical needs, such as tracheostomy care. A tracheostomy is an opening created at the front of the neck so a tube can be inserted at the front of the neck so a tube can be inserted into the windpipe to help a person breathe if they are unable to do so normally.
- People using the service and their relatives had access to a 24-hour support from a duty nurse who also provided support to care assistants. The registered manager, regional lead nurses and office staff offered advice in the event of an emergency to ensure people received safe care.

Staffing and recruitment

- People were supported by staff who underwent safe recruitment procedures. Staff completed the application and interview stages, provided references of their work history and were checked for criminal records and barring lists information and right to work in the UK.
- We received mixed feedback in relation to the continuity of care. The majority of people and their families told us staffing had improved over the past twelve months as they now received care and treatment from

mainly the same team of staff who understood how to meet their needs. One relative told us, "Two years ago, they didn't have enough staff to care for [person's name]. Now it's fine." A small number of people and their relatives felt the service should do more to ensure they consistently received support from the same care assistants. Another relative commented, "I have a core team. If one goes on holiday that is where there is a problem. However, they are working on it."

- We raised this with the registered manager and they told us the provider was continuing to recruit staff and matching them to people to improve staff availability and reliability. Each person was assigned a team of care assistants to support them and to cover staff absences such as annual leave and sickness. Nurses when needed also provided cover to minimise the risk of missed or delayed visits. We noted some people and their relatives felt concerned that they would not receive continuity of care when their usual care assistants go on annual leave as they preferred familiar faces all round. The registered manager continued to reassure families that care assistants needed to have breaks and was continuously working on building a larger core team to cover absences.

#### Using medicines safely

- People received their medicines in a safe manner. They commented, "[Care assistants] give me the medicines on time" and "They administer my medicines without being reminded. Medicines were stored and managed appropriately. Medicines administration record [MAR] charts were completed appropriately. People's care plans included detailed information about their medicines and how they needed and preferred them to be administered. Staff followed guidance regarding the use of controlled drugs and when required medicines.

#### Preventing and controlling infection

- People were supported by care assistants in a manner that reduced the risk of infection. Comments from people included, "The carers follow good hygiene practices. They do use personal protective equipment (PPE) and we got enough, very good stocks, we are in the pandemic" and "I think the service is really good. Staff wear PPE."
- Staff received training in infection prevention and control. People using the service and their families confirmed staff wore PPE when delivering personal care.
- The registered manager ensured staff followed good infection prevention and control guidelines in relation to the Covid-19 pandemic. Staff underwent Covid-19 checks to minimise the risk of spreading of infection.

#### Learning lessons when things go wrong

- The registered manager took action when people experienced unsafe care. For example, when a care assistant was reported sleeping during a working night, they raised a safeguarding concern. In another example, when another staff member was suspected of financial abuse, the registered manager again raised a safeguarding concern. The provider used the systems in place to ensure learning occurred when things went wrong. Investigations of incidents, accidents and concerns were carried out and showed action taken to minimise the risk of a reoccurrence. The provider monitored trends and any patterns to enable them to act as needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

The purpose of this inspection was to check a specific concern we had about staff's knowledge and ability to undertake their roles.

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

- The nurse case management team carried out a comprehensive assessment of each person's needs to ensure they were able to meet them. People and their relatives were included in their initial needs assessment and were involved in regular reviews and updates of their support plans.
- Care plans, risk assessments, and other care documentation reflected current legislation, standards and best practice which enabled people to receive care appropriate to their needs.
- People's care plans and assessments reflected aspects of individual care, including personal preferences, medical needs, and the safe use of equipment.

Staff support: induction, training, skills and experience

- Staff were trained and had their competencies checked before they were able to support people. Training was individualised to the needs and risks of each person. This meant staff built specific skills to support people effectively.
- Staff told us their induction and training ensured they were able to provide the complex care needed by people. Care staff felt the training they received was sufficient to meet people's needs effectively.
- Nurse case managers supported care assistants during their induction and probation period on a one-to-one basis and provided targeted, ad-hoc training where needed.
- Staff told us the management team were responsive to request for new or additional training where this has been identified as needed.

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

- People received the support they needed to meet their nutrition and hydration needs, including those with complex needs.
- Staff worked with people to provide their preferred food and drinks whilst maintaining their health needs.
- Some people received nutrition through percutaneous endoscopic gastronomy (PEG), which meant they had a feeding tube inserted surgically in their stomach to help maintain their nutritional intake. Staff were trained to manage PEG systems and supported people to make as many choices as possible about this.
- Care plans included detailed and up to date records of nutrition and hydration intake, risks, and each person's likes and dislikes. Records showed staff followed guidance to support people with their eating and

drinking.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to partner and external services.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met, for example working closely with health care services including GPs and district nurses.
- Nurse case managers worked closely with specialist consultants and mental health professionals to coordinate care to people with complex needs, including during times of crisis or emergency.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about their responsibilities under the MCA and the provider had arrangements to help protect people's rights.
- People and their relatives had been involved, consulted with and had agreed the level of care and treatment provided.
- We saw evidence in care plans and risks assessments that nurse case managers had a comprehensive understanding of people's needs in relation to mental capacity and consent.
- Nurse case managers worked closely with people and their relatives to fully understand the mental health needs of each person and ensured care was planned to meet these. Staff knew how to adapt care in the event a person's mental capacity changed.
- Staff said they preferred to be involved in the mental capacity assessment of each person when they joined the service. At the time of our inspection, the referring organisation was responsible for completing each person's mental capacity assessment at admission, which nurses said could restrict their understanding and ability to provide effective care. However, they understood mental capacity assessment is decision specific and that they would undertake their own when needed or confirm that other people have done the assessment and have written it down.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- At the previous inspection, we found the majority of people were concerned about the continuity of care provided because they did not always have the same staff to care for them. In addition, they felt the staff covering shifts did not always have the right skills to provide care and treatment. We noted the provider had made improvements and continued to develop the service since our last inspection, such as recruiting more staff, introducing more technology to support staff with remote working and increased communication to improve safety in care delivery.
- Staff told us the provider and registered manager were always looking for ways to improve the service. They were encouraged to discuss these at the one-to-one meetings staff have with their line managers, staff meetings and surveys.
- The provider used a range of audits and checks to monitor the quality of the service and identify areas they needed to improve. The quality of care and support provided had improved significantly due to changes implemented after audits. People told us and care records confirmed that follow up actions were identified where necessary and addressed.

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

- People using the service and their relatives felt the registered manager listened to them and acted on their concerns. They said they had noted positive changes in the responses to their concerns over a period. Their comments included, "Since my complaint last year, they have been amazing. Carers know me and able to meet my needs", "Yes I am happy with them. They seem to listen and take my concerns seriously than ever before", "I can talk to them", "I talk to my care coordinator and the response is good." People fed back their views and ideas about the service including requests for changes and developments they would like to see on their care and support.
- The registered manager met with people using the service, their families, staff and health and social care professionals. There was evidence they had made improvements based on people's feedback resulting in very few concerns raised against the service and its staff.
- The registered manager discussed the regulatory obligations and the requirement to provide of high standards of care to staff at various forums such as team meetings, virtual gatherings, in supervisions and via emails. Staff said they were encouraged to provide feedback about how they could develop the service further.

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

outcomes for people

- The provider and registered manager had an inclusive and empowering culture. People were encouraged to talk about their care and how they wished to receive support.
- People and staff told us the registered manager was approachable and open to ideas to develop the service.
- People met with the registered managers, care coordinators and regional lead nurses and discussed their health and well-being and concerns, which helped create a culture of respect and understanding of the service provided.
- The registered manager told us about action they were taking in response to concerns raised against staff members. This included reinforcing the culture of providing safe care and treatment, owning up to mistakes, retraining and offering more support when needed.

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

- People and their relatives told us their relationship with the current registered manager were good and felt their issues were dealt with in an open and honest manner when things went wrong.
- A healthcare professional told us, "I have found that [the registered manager and nurse team] have a high level of professionalism." The registered manager encouraged people using the service and their relatives to raise an issue if they were unhappy with any aspect of the service. They discussed incidents and complaints with them so they were aware of what the provider was doing to resolve their issues.
- Staff told us they had opportunities to discuss incidents with the registered manager, who involved them in investigations and kept them up to date about the action they were taking.

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

- The registered manager maintained good communication with staff to ensure they understood their roles in relation to managing risks and meeting people's needs. Staff were kept up to date about people's changing needs, policies and procedures, medicines management, record keeping and their well-being and support services available to them.
- The provider and registered manager understood their regulatory requirements and operated the service based on meeting the regulations governing the care and support they provided to people.

Working in partnership with others

- The provider worked with other health and social care professionals and agencies. One professional told us, "They have a robust assessment and case management process in place and will case manage a patient well with regular care management and clinical support visits. I have found when there have been issues either with the care provision or issues with a family or patient they have appropriately informed and involved us."
- As a result of the concerns that had been raised previously by family members around care delivery, and shared with us, the provider and registered manager continued to work collaboratively with the local authority to improve their relationship with the people they supported. The registered manager had a comprehensive plan of action and the number of concerns we received had reduced since this was implemented.