HICA

# HICA Homecare - Hull

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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| 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

This inspection of HICA Homecare – Hull took place on 27 October, 1 and 2 November 2017 and was announced. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the agency offices.

At a comprehensive inspection in October 2015 the service was rated as 'Inadequate' because the provider was in breach of three regulations assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice in respect of safeguarding people from harm (health needs were not identified or monitored). We issued warning notices in respect of safe care and treatment (poor management of medicines and missed calls) and governance (quality assurance systems were ineffective at identifying problems with medicines and staff training).

At a second comprehensive inspection in April 2016 the provider was no longer in breach of these regulations, as they had improved in all of the areas and met the Warning Notices. However, we could only change the rating to 'Requires Improvement' because we had not seen sufficient consistency in meeting the regulations for a sustained period of time and we found the provider was in breach of a new regulation in respect of refresher training to ensure staff knowledge and skills were updated and in line with best practice.

At this inspection in 2017 we found the overall rating for this service to be 'Good'. This was because the one breach we found last time was now met. Staff training was up-to-date and refreshed, and sufficient consistency had been achieved by the provider in meeting all other regulations. This meant the provider had sustained improvements over the last 20 months.

The rating is based on an aggregation of the ratings awarded for all 5 key questions.

HICA Homecare - Hull is a not for profit care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides home care services within Hull and East Riding of Yorkshire to younger adults and adults who may have a learning disability or Autistic Spectrum Disorder, mental health needs, a physical disability, alcohol or drug dependency, sensory impairment, an eating disorder or be living with dementia. At the time of the inspection it was providing support to approximately 270 people over the age of 18.

The provider was required to have a registered manager in post. On the day of the inspection the registered manager had been in post for the last four months. However, we were informed that an acting manager would soon be submitting an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. 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.

People were protected from the risk of harm by the provider's systems to detect, monitor and report potential and actual safeguarding concerns. Support workers were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing such concerns. Risks were managed so that people avoided injury or harm. People's homes were risk assessed to ensure they and support workers were protected from harm during the times care and support was delivered. Support worker numbers were sufficient to meet people's needs. Rosters were accurately maintained. Recruitment policies, procedures and practices were carefully followed to ensure support workers were suitable to deliver the service to vulnerable people. We found that the management of medication was safely carried out.

We found that people were supported by qualified and competent support workers who were themselves regularly supervised and had their personal performance annually appraised. Communication across the service was improving and support workers felt they were well informed. People's mental capacity was appropriately assessed and their rights were protected when necessary using Court of Protection orders. Support workers demonstrated knowledge and understanding of their roles and responsibilities in respect of the Mental Capacity Act (MCA) 2005 and they understood the importance of people being supported to make decisions for themselves. The registered manager demonstrated how the service worked with other health and social care professionals and family members to ensure decisions were made in people's best interests where they lacked capacity. People were supported with nutrition and hydration when required, to maintain their health and wellbeing.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with any relevant information about the service and were involved in all aspects of their care. They were asked for their consent before support workers undertook any support tasks and had signed a declaration giving their consent to receive support. People's wellbeing, privacy, dignity and independence were monitored and respected and staff understood the importance of maintaining and encouraging these wherever possible. This ensured people were respected, felt satisfied and were enabled to maintain control of their lives.

People were supported in accordance with person-centred support plans, which reflected their needs well. These were regularly reviewed. We found that there was a complaint procedure in place and people's complaints were investigated without bias. However, some people felt the procedure could have been more effective if more action were seen to be taken. People that used the service were encouraged to maintain strong networks with relatives and friends.

We found that the service was well-led and people had the benefit of both a culture and a management style that were professional, enabling, open, positive and approachable. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys, meetings and 'spot checks'. There was an aspirational philosophy that underpinned the organisation's commitment to continuous improvement, called SHINE. People were assured that recording systems used in the service upheld the organisations confidentiality codes, as records were well maintained and held securely at the agency premises.

## 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.

People were protected from harm and potential or actual safeguarding concerns were safely managed. Risks were managed so that people avoided injury wherever possible.

People's homes were risk assessed for their safety and the safety of support workers. The numbers of support workers were sufficient to meet people's needs and recruitment practices were safely followed. People's medication was safely managed.

### Is the service effective?

Good

The service was effective.

People were supported by qualified and competent staff that were regularly supervised and received an annual appraisal of their performance. People were assessed regarding their mental capacity so their rights were protected.

Communication was improving and people were provided with the information they required. People were supported with nutrition and hydration and their health and wellbeing was monitored.

### Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff and were involved in all aspects of their support plan.

People's wellbeing, privacy, dignity and independence were monitored and respected and support workers ensured they upheld these wherever possible.

### Is the service responsive?

Good

The service was responsive.

People were supported in accordance with their person-centred

care plans, which were regularly reviewed.

People had complaints investigated without bias and were encouraged to maintain family relationships and build networks with friends.

## Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style were positive, professional and inclusive. The quality of the service was effectively monitored, which meant that improvements in its delivery could be made.

People were assured that recording systems in use maintained confidentiality codes. Records were well maintained and held securely in the premises.

# HICA Homecare - Hull

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of HICA Homecare - Hull took place on 27 October and 01 November 2017 and was announced. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in care of older people, younger adults and younger people with a learning disability.

Information had been gathered before the inspection from notifications sent to the Care Quality Commission (CQC). Notifications are when providers send us information about certain changes, events or incidents that occur. We also received feedback from local authorities that contracted services with HICA Homecare - Hull and reviewed information from people who had contacted CQC to make their views known about the service. We did not receive a 'provider information return' (PIR) from the provider, because it was not requested for this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 13 people that used the service, seven relatives, the registered manager and the acting manager. We spoke with eight staff that worked at the agency. We looked at care files belonging to six people that used the service and at recruitment files and training records for six staff members. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring system and medication management. We also looked at records held in respect of complaints and compliments.

Good

# Is the service safe?

## Our findings

People told us they felt safe when receiving care and support from the staff at HICA Homecare – Hull. They told us they found support workers to be, "Reliable, friendly and absolutely trustworthy", "Honest and caring", "Never at all threatening." Other people said, "I feel very safe with them" and "The carers use a key safe to let themselves in. They will always knock on the door and as soon as they have unlocked it, they will call out so I know not to worry about who it is. When they leave again, they always check the door to make sure it's properly locked and I keep a key in my pocket so that if I need to get out in an emergency, I can do."

Other people said, "I find the staff can be relied upon for their honesty. If ever I suspected anything I would tell the office staff immediately", "I do feel safe because I have four visits every day and I know that if I become ill or something happens, I won't be here for long on my own before someone is here to help me" and "My three lovely carers make me feel safe because they are reliable, caring and they genuinely want to make sure that I'm well looked after."

Relatives told us, "Staff are always consistently reliable and honest and we can trust them when they visit my family members" and "Of course staff are reliable and we trust them. I have no concerns when they enter our home."

Safeguarding systems were in place to manage incidents and staff were trained in safeguarding people from abuse. Support workers demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Training records corroborated the training that support workers completed.

Records held in respect of handling incidents and the referrals that had been made to the local authority were appropriately maintained. Formal notifications were sent to us regarding safeguarding incidents, which meant the provider was meeting the requirements of their registration. Risk assessments were in place to reduce people's risk of harm from their environment and any daily care or health concerns. Equipment for assisting people to move around their home or transfer in the bathroom was used and fully risk assessed. One support worker explained they had identified a person's anxiety with using a shower chair and so they made a referral through the office to seek an occupational therapy re-assessment. This was completed and the person was provided with a new shower chair, with which they felt safer.

The provider had accident and incident policies in place and records showed they were analysed to identify any themes and lessons learnt to reduce the risk of reoccurrence. This ensured that people who used the service were protected from the risk of harm and abuse.

Staffing rosters were seen on the service's electronic system and we saw that support workers were given sufficient time to travel between visits, as this was calculated using a satellite navigation system. With the very large volume of visits made to people there was an expected proportion of late calls, as on the odd occasion support workers were late to calls due to unforeseen circumstances. Support workers told us they might also be late to calls if extra ones had to be fitted in at short notice. Two relatives we contacted said

they found lateness to be very inconvenient and frustrating for them and the people that used the service. Other people and their relatives were less concerned.

Hull City Council contracting team had a link to the service's electronic call monitoring system, as using this system was a condition of the service's contract with the Council. Another electronic system was used to ensure that support worker supervisions and care plan reviews were monitored and carried out.

People and their relatives told us they thought there were enough workers to support people with their needs, but we received mixed views about the support workers' timekeeping. People said, "The office would probably say that a carer isn't delayed, but according to when I'm expecting them, then they are late" and "To be fair, this is the one area we've never had a problem with, as the care staff will, once they are here, make sure that they get everything done in a timely way before they go on to their next client." One relative said, "I have a lot of sympathy with the staff as sometimes they are expected to do what is nigh on impossible getting between visits". One person said, "I don't worry too much if they are a bit late and if they are very late I can always call on my family to help me. It is not a problem for me, as long as I get the support I need."

The provider's recruitment procedure ensured support workers were suitable for their roles. Job applications were completed, references requested and Disclosure and Barring Service (DBS) checks were carried out before support workers started in their posts. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults. It checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We saw that recruitment files also contained evidence of support workers' identities, interview records, health questionnaires, correspondence about job offers and declarations for opting-out of the 'working-time regulations' and conflicts of business or other interests. Support workers had not begun to work in the service until all of their recruitment checks had been completed, which meant people they cared for were protected from the risk of receiving support from workers that were unsuitable.

Medicines were safely managed by support workers when they had involvement with these. We saw a selection of domiciliary medication administration records (DomMAR) as well as topical medication administration records (TMAR) and found these to be accurately completed. People told us that workers supported them with ordering medicines if necessary and often the pharmacist arranged for them to be delivered. Such arrangements were recorded in support plans. Medicines were stored safely in people's homes, administered on time, recorded correctly and disposed of appropriately. Documentation in people's support plans included a medicines risk assessment on self-administration.

Systems in place ensured that prevention and control of infection was appropriately managed. Support workers completed infection control and food hygiene training, used personal protective equipment such as gloves and aprons and reported any concerns about people's hygiene or suspected infectious illness to the office staff for action. The service had guidelines for good practice, which support workers were aware of and told us they followed. One relative told us, "The staff follow very good hygiene and I have no concerns in that regard."

Good

# Is the service effective?

## Our findings

At the last inspection in April 2016 the provider was in breach of regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because support workers had not refreshed their training and so put people at risk of harm from receiving ineffective support.

At this inspection we found that improvements had been made to support worker training. We saw records which evidenced that support workers' training needs were monitored and refresher courses undertaken. This ensured support workers training was up-to-date.

People told us they felt the support workers at HICA Homecare – Hull understood them well and had the knowledge and skills to care for them. They said, "My two main care staff are the best in the business and what I call old-school", "Staff are very skilled and know what they are doing" and "I have every confidence in the staff that come to help me. They do just as I ask them to."

The provider had systems in place to ensure support workers received the training and instruction they required to carry out their roles. There was an allocated trainer for the homecare branch in Hull, whose function was described by the acting manager as, "Good training support for workers. The trainer will source training wherever and whenever it is needed."

Training was completed via a mixture of on-line instruction, reading workbooks, watching DVDs and classroom attendance. An electronic training record was used to indicate when training was required or needed to be updated. Certificates of the courses that support workers had completed were held in their files. Support workers we spoke with confirmed the training they had undertaken with HICA Homecare – Hull.

Support workers completed an induction programme, which included classroom training and shadowing senior workers. Induction followed the guidelines and format of the Care Certificate, which is a set of standards that social care and health workers follow in their daily working life as recommended by Skills for Care, a national provider of accreditation in training. Support workers had one-to-one supervision and the records showed a minimum of two per year, interspersed with 'spot checks' and routine courtesy visits to people that used the service to ask for their views. An appraisal scheme was in operation in which support workers were interviewed annually.

Support workers confirmed the processes for induction, supervision and appraisal when we spoke with them. One new worker who had completed induction but was yet to receive supervision, explained they spent a lot of time with their coordinator who still went on some visits with them, and told us they were supported very well.

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 interest 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 interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to restrict someone in any way were being met.

We found that mental capacity assessments were completed to determine whether or not people were able to consent to support and make their own decisions. People had completed a consent form to receive a domiciliary care service from HICA where they were assessed as having capacity.

Support workers were aware of their responsibilities to ensure people gave consent for any care and support they received. For example, one support worker explained how they always asked a person's consent before supporting them with their medicines. People told us they were in charge of their own lives and that support workers asked their permission when offering support or using their kitchens to prepare food and drink.

People's nutritional needs were met when necessary through collection of information about their needs: dietary likes and dislikes, allergies and medical conditions. The services of the Speech and Language Therapist (SALT) were sought when needed. People chose their own foods each day and were assisted by support workers to prepare or cook them when required. Everyone was satisfied with the support they received with nutrition.

People were supported with their health care needs, where necessary. Details on medical conditions and information was collated, reviewed and peoples' care plans updated when their needs changed. We saw records which showed the emergency services had been contacted by support workers when they felt a person was ill or had fallen. The service learnt from an incident when a health care professional did not get back to a support worker who requested advice about a person with an injury sustained following a fall. This meant medical intervention was delayed. Support workers now ensured office staff were informed when medical advice was requested and the office staff then updated the support workers.

Good

# Is the service caring?

## Our findings

People told us they had developed good relationships with support workers and they were kind and considerate. People said, "All of the care staff are kind and respect my needs", "Staff are like friends to me and I'd be lost without them, as they even do a little extra for me" and "One night I was really poorly and staff stayed with me until the ambulance came, so that shows they are really caring people." Relatives told us they found support workers to be very caring and considerate. They said, "Without the staff there would be so much for me to do. They are so friendly" and "Mostly the staff are absolutely lovely, with sometimes the odd one having no life experience. They soon learn though and once they get to know us they fare much better."

People gave us some excellent accounts of how support workers were caring and thoughtful. For example, one person said, "One of my regular carers has known for a while that I've been struggling to get someone to come and do something with my hair. Out of the blue, she told me last week that she'd made an appointment for me at the hairdressers and that she would come back after she had finished work and take me there. I was so astonished that she would do something like this for me and I can't tell you how much better I felt when I'd had a bit of pampering and arrived back home again. She is always doing thoughtful things like this for me."

Another person said, "At night, my carers always make sure they leave time to make me a lovely mug of Horlicks and bring me a few biscuits to help me get to sleep. I know they're in a rush because they have lots of people to go to, but they never forget to do this last thing before they leave me each night" and a third person said, "Sometimes I fancy something a bit different to eat, and if I haven't got it in the kitchen, my carer will say that she is happy to pick it up for me and bring it with her so I can have it the next day. She doesn't have to do that, but when you're housebound, it can make your day seem so long that just a small gesture like this can make me feel so much better."

Relatives also gave some very good accounts. One said, "My relative loves to go out and see around the local area as well as visiting the local pub when the weather allows in the summer. Having their carers take them there is so much nicer for them than having their elderly parents with them and we do like to see them going out and enjoying themselves. Without their carers, they wouldn't have the choice to do that." Another said, "[Relative's] regular carers know how important their appearance is to them. The staff wouldn't dream of letting them get dressed in clothes that have been soiled, or they've spilled something down. They never make a big fuss about it, but will simply say to [relative] that maybe they are ready for a change of clothing and they will find them something nice in the wardrobe, which they usually agree to put on. I know it's only something quite small but it makes the world of difference to me and the rest of the family to see that [relative] is dressed as smartly as they always used to be."

People told us they were involved in compiling their support plans. One person we spoke with said, "When we first started with the agency, we met one of the managers and had a long chat about what it was that mum needed help with. We were asked about the timings of visits and whether she preferred male or female carers. The care plan was put together following our chat with the manager and that now 'lives' here

in mum's folder. When we have a review meeting we usually look at this and see whether it's still as current as it was when it was first written." Another person said, "We were definitely involved in planning the care to start with, and the care plan now sitting in my wife's folder sets out everything that we talked about that she needed to be assisted with."

Support workers told us they enjoyed working at HICA Homecare –Hull. They said, "I love my work, because I visit some lovely people" and "I'm enjoying it here, working for HICA and I definitely prefer doing homecare to any other type of care." Support workers demonstrated an understanding and empathy towards the people they supported and compared people's lives with their own, saying they could only hope someone would care for them as well in their older years. They knew about people's individual needs and said they tried their best to meet these. They also gave examples where they had supported people in everyday situations and in special or unusual circumstances due to illness or accident.

One support worker explained that people's requests were always met regarding their choice of male or female carers to support them and that where a preference was made, it was recorded in their support plan. One relative said they would have liked more male workers to visit their spouse, but that there were very few actually working for the service. We discussed this with the management team and were told that sometimes care packages were accepted without knowing if a person had a specific preference regarding the gender of their support workers and that few male applicants came forward when recruiting new workers.

Staff described to us their daily routines for providing support to people, which demonstrated the ways in which they monitored people's general well-being. Support workers knew what situations or events could upset people's mental health or affect them physically. For example, support workers told us about supporting people with showers, personal care, dressing, taking medicines and eating.

Support workers explained they ensured people were not discriminated in any way and were supported to maintain any specific needs regarding their culture and religion. For example, a support worker told us that one person was supported to go to church every Sunday and a person with a physical disability told us they received a support service throughout the night and that their elderly dependent parent who lived with them was also checked and given a hot drink if awake. They said, "Staff are really caring and definitely discreet."

People told us their privacy, dignity and independence were respected. They said, "Staff are very discreet with my personal care", "The girls are absolutely lovely and I never feel embarrassed" and "I have no worries about how I am treated when receiving help with personal care."

People's independence was promoted. One person we spoke with said, "I certainly wouldn't manage without my carers coming in four times a day now. My family does worry about me, but it's important for me to be able to stay here as long as I'm able to, and having the carers here, allows me to do that. I know that if they come in one morning and find me unwell, they will contact my family straight away and organise some help." Other people said, "The girls let me do as much as I can for myself" and "I am encouraged to do what I can while the staff manage the rest for me." Relatives we spoke with confirmed that people's independence was promoted.

One relative said, "My relatives live at home here with myself and my husband. When the carers get here in the morning, they make sure they knock on each of the bedroom doors and call out their names, and then they wait to be told to go in. They always close the door behind them so that there is some privacy while they're washing and changing my relatives."

Support workers told us they only provided personal care to people in their bedroom or bathroom, knocked on front doors before entering and ensured curtains were closed to maintain dignity. Support workers said, "I always cover people with a towel when they are undressed in the bathroom and keep checking with them that they are alright and happy for me to assist in the way I do" and "I give people time alone in the bathroom and tell them to let me know when they are ready, as I am only outside the door."

Good

# Is the service responsive?

## Our findings

People told us they felt their needs were being appropriately met. They said, "The carers that visit me are really good. They know just how to help me", "I have my special helpers that seem to know just what needs doing" and "When I have the regular girls to visit me I know everything will be done as I like it." One relative said, "My family member's regular carers know them really well. The carers will bring them a Christmas or a birthday present, and on occasions will bring them a particular snack that they like if they are coming by the shops on their way. The carers are brilliant with them. It's why I like the fact that they have the same carers who have looked after them for a number of years because I know I can trust the carers implicitly with my family member's care."

Two people told us that on the odd occasion the service was not as responsive to their requests as it could have been. They said, "You can talk as much as you like to your care coordinator, but nothing ever gets done" and "Care coordinators change quite often. Ours leaves today and we haven't been told who's replacing them yet." The issues these people raised stemmed from historic concerns in the main that had since been addressed. Discussions with the registered manager and acting manager showed improvements had been made. These included how coordinators worked, support workers were allocated to people and visits were completed on time.

Other people told us that they were quite satisfied with the responsive approach from the office staff and the support workers. They said, "I can always speak with anyone at the office about anything" and "The girls in the office are as helpful as they can be." Regarding visit times people told us they were generally understanding of the times when support workers had been late for their visits, as there was often a genuine reason (another call taking longer than expected due to problems, workers taken ill or issues with traffic hold-ups).

The electronic call system in use enabled office staff to monitor when support workers had not 'tagged-in' for their visits to people and this meant that office staff were alerted to this within 15 minutes of the visit time lapsing and could message workers. It also meant that office staff could contact people to let them know their support worker was going to be late, which alleviated people's anxieties.

Support plans were clear about the times and number of visits people required and described people's daily routines for the morning, lunchtime, afternoon, teatime and evening, where appropriate. They contained person-centred information regarding how to provide personal care and other support in order to meet people's needs and particularly in respect of their spiritual, religious, disability, nutrition and social needs.

Detailed home environment and specific activity risk assessment forms were completed to show how risks to people were reduced. For example, with the layout and unsafe features in their homes, pressure relief, falls, moving and handling, nutrition and medicines.

Plans also included equality and diversity information in the form of people's ethnic origin, religion, disability and marital status. Documentation was completed where it was applicable to people, but

occasionally areas were incomplete. For example, regarding whether a representative had legally been appointed (Lasting Power of Attorney) or if a support worker had been assigned. We raised this with the registered and acting managers during our inspection who explained that information was sometimes unavailable on completion of documents and they were not always re-visited afterwards. They assured us that efforts would be increased to complete all areas of the forms they used or be marked as 'not applicable'.

Plans were regularly reviewed and updated annually if this had not been required sooner. All those concerned with a person's support needs had been consulted at the time of reviews and we saw that their requests had been accommodated. For example, with changes in visit times or greater encouragement from support workers to nurture people's independence. People's signatures were obtained on all documents where they had capacity and were able to sign.

Activities, although not a usual part of domiciliary care provision, were held on occasion to raise funds for local charities, such as the MacMillan Nurses. Support workers had raised funds by holding sponsored walks, baking competitions (mince pies recently) and photography competitions. One person was being encouraged to enter their garden in the HICA 'gardens in bloom' competition next year.

Support workers were trained in safe moving and handling techniques and the use of hoist equipment when assisting people to move around their home or transfer from bed to a wheelchair for example. An occupational therapist assessed people for the use of equipment before supplying it to aid their independence. Risk assessments were completed and ensured people and support workers were safe when equipment was being used.

Support workers understood the importance of enabling people to exercise choice in all things, so that people continued to make decisions for themselves and stay in control of their lives. People with capacity were completely in control of their own lives, while those without capacity were supported to make important decisions through the 'best interest' route and with full inclusion of family members. People's relationships with family and friends were encouraged and respected.

The provider's complaint policy and procedure were seen and electronic records held showed that complaints had been addressed within the timescales. They showed that concerns raised were recorded in detail: who, what, when, the action taken to resolve an issue and what would be done in future to prevent reoccurrence.

People told us they knew how to complain, had done so, and while issues were resolved some had not always resulted in changes being made. They said, "I am sure I was given a complaint form to complete and would speak with the office if I had a problem", "I just call the office staff and they sort any issues out", "I have complained, but never seem to see any improvement" and "I don't need to complain but know I can speak to one of the staff or someone at the office." One relative said, "We were definitely given a complaint form when we started with the agency, but I am unsure where that is now. I would call the office if I had any concerns."

One person said, "I definitely believe that it's no good moaning about something to yourself if you want something done about it. I have complained to the office about a couple of things to do with the carers not really having the right skills to look after me, but nothing was ever really done." We brought this to the attention of the management team. The registered manager explained that they were planning 'need-specific' training, for example, on Parkinson's disease, epilepsy, intro-gastric feeding, which was on the service's agenda now that mandatory training had been improved.

Issues raised with us, about late visits and people no longer receiving a duty list of the support workers that would be visiting them seemed to be historic. People said they missed the list, but usually phoned the office now to find out who was visiting them and said that late visits had decreased. Some dissatisfaction was noted from people who often had changes to the support workers that visited them. The registered manager explained that the new electronic system had dispensed with the duty list sent to people and acknowledged that this had caused some anxieties. They also explained that changes to support workers were sometimes unavoidable and although the service did everything they could to ensure people were supported by the same support workers consistently this was not always possible.

Care coordinators said they were always happy to speak to people about any concerns and explain who was visiting them, no matter how many times people called. One coordinator said, "It doesn't matter to me how many times a person calls as I may be the only person they speak to" and "I let people know when a support worker is running late or has to be replaced by another one at short notice."

Support workers were aware of the complaint procedure and had a professional approach to receiving complaints. We saw when people had complained as copies were held in their files as well as details recorded in the complaint record and log. Systems for addressing complaints had been changed over the last year to ensure a more timely response in resolving them. Compliments were also recorded in the form of letters and cards.

Good

# Is the service well-led?

## Our findings

People told us they felt the culture of the service was business orientated and professional but caring. They said, "The service is quite large and has a lot of responsibility to make sure all of us are cared for, but the staff that visit us are lovely and personable", "Sometimes the office don't always get it right because they have so many people to deal with, but on the whole things are improving" and "While there is a lot for the service to contend with, I find staff are always there to help me when I need it." Support workers we spoke with said the culture of the service was, "Friendly", "Enabling" and "Encouraging."

The registered manager and provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made). Notifications were sent to the Care Quality Commission (CQC) and so the service fulfilled its responsibility to ensure any requirements of their registration were met.

The management style of the registered manager and acting manager was open, inclusive and approachable. Support workers told us they expressed concerns or ideas freely and felt these were considered. They told us the management team was very approachable and listened to their views.

Support workers were aware of the organisation's 'visions and values' and understood about the SHINE initiative. This was an aspirational philosophy that underpinned the organisation's commitment to continuous improvement and which included a personal pledge to 'make a difference'. Each HICA employee was asked to declare and follow a pledge in their work, one which would make a difference to people. Annual awards were given to employees at an annual celebration, where they had shown an outstanding contribution using the philosophy and had actively 'made a difference' to someone.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw that there were quality audits completed each month on all areas of service delivery, for example, on management of medicines, accidents, health and safety, visits carried out, daily diary notes and support plan documentation. Information was collated on the organisation's electronic systems. Satisfaction surveys were issued to people that used the service, relatives and health care professionals. Information collected from audits and in surveys was analysed to identify any shortfalls and to produce an action plan to address them.

We saw that annual surveys issued to people and their relatives in June and July 2017 contained many positive comments about the excellent approach of support workers and their caring attitude, with satisfaction levels among people that used the service being between 75 and 100%. However, the main issues of concern included that better organisation was required among the office staff with regard to managing consistency of support workers visits and providing information to people on who would be visiting them. The survey also highlighted the need for better insight regarding support workers arriving on time and staying the full length of time, as well as arriving together (where a two-person visit was required).

In August 2017 the quality assurance audit process revealed that the consistency of workers visiting people

was at 77% and the consistency of visits to people on time was at 84%. While these percentages were relatively acceptable the provider was looking at improving them further, so that people had greater consistency of staff visiting them and received more of their visits on time.

Audits revealed that support worker sickness had been unacceptable across that period of time. The registered manager had established an action plan to ensure the sickness policy was followed, sickness absence was discussed with those support workers concerned and workers were supported to improve their sickness records. The provider had also introduced a telephone system through which support workers logged in and out of their visits. People that used the service were aware of this as one person told us, "Staff have to clock in and out with their mobile phone so even though they may arrive late, there is a system in place to make sure that they stay for the amount of time that they should do, and to be fair to the carers, most of them are very good and won't go until they've checked with me that I've got everything that I need and that all the jobs are actually done." This also enabled the provider to know where support workers were, reducing any risks to their personal safety, as well as ensuring people received their visits.

The action taken by the management team to achieve these improvements had not been fed back to all of the people that used the service, as comments we received from people as part of our inspection included that nothing ever happened when they completed surveys. We discussed this with the registered manager who explained they were looking at ways of ensuring that everyone had feedback from the annual quality assurance surveys and audits.

Surveys issued to support workers showed their satisfaction levels were between 44 and 75%. Discussions held by the management team with their workers revealed the need to offer a higher hourly rate for their work and pay them for their travel time between visits to people, which the provider had taken action on. Since then, improvements had been seen with regards to a reduction in support worker absences.

Support workers felt there were still a few issues with asking them to carry out extra visits and not ensuring sufficient time between these extra calls and original ones. One relative was still dissatisfied with two-person visits and stated, "We phone up to chase the whereabouts of the second carer quite often. I don't understand why they give the second carer a completely different time? It just doesn't make sense to me and often I find myself stepping in to help because my daughter hates being stuck in bed." However, office staff explained that the difference in arrival times was due to support workers coming separately from different visits prior to meeting up. They said that the more the electronic and telephone systems were used, the more efficient and effective visit plans would become. The management team were aware that two-person calls sometimes presented problems when staff were not working in twos. This was an area the management team was already addressing to improve service delivery.

Other quality monitoring included 'spot checks' on support workers and random courtesy visits to people by the service coordinators. These were confirmed by people we visited and spoke with.

Regular meetings were held for different support worker teams, as well as the office staff and minutes of these were seen. Work had been carried out to improve the overall service provided by the office staff following meetings held to identify shortfalls. Improvements had been seen in contacting people about potential late calls, changes in support workers and responding to incoming calls. Other meetings were held regarding particular topics, for example, health and safety. All of these were recorded in detail and were used to identify areas for change or improvement.

The provider held records regarding people that used the service, support workers and the running of the business. These were in line with the requirements of regulation and we saw that they were appropriately

maintained, up-to-date and securely held. Support workers explained they brought certain documentation to the office for auditing and archiving, including medicine records and duplicate receipts for any shopping they carried out for people.

The provider was registered with the Information Commissioner's Office regarding data protection and was already considering ways of meeting the Accessible Information Standard on ensuring people had information in the format they required. People with sight, hearing or language difficulties were already assessed regarding their communication needs and this was documented in their files to ensure they received any information in the format they required.