Humbercare Limited

Humbercare Ltd Grimsby Office

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 11 and 12 September 2017 and was announced. Humbercare Ltd Grimsby Office is registered to provide personal care to people living in their own homes in areas of North East Lincolnshire. At the time of our inspection, there were 10 people using the service with learning disabilities and people living with mental health needs receiving support. Services provided include, assistance with personal care, housing related support and help with maintaining independent living skills.

Humbercare Ltd Grimsby Office registered with the Care Quality Commission in September 2016, this was the first inspection of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We found staff were recruited safely and sufficient numbers of staff provided individual packages of care and support. Staff received training in how to safeguard people from the risk of harm and abuse and they knew what to do if they had concerns. Medicines were handled safely and staff had received training in this area. We saw people had assessments of their needs prior to admission to the service and staff completed risk assessments and care plans.

Staff understood how to gain consent from people who used the service; the principles of the Mental Capacity Act 2005 were followed when people were unable to make decisions for themselves. People who used the service were supported to eat a healthy diet, drink sufficiently to meet their needs and were supported by a range of healthcare professionals to ensure their needs were met effectively.

Staff were observed as kind and caring during their interactions with people and privacy and dignity were respected.

The registered manager and staff were responsive to people's changing needs. Reviews of people's care were held on a regular basis and they were involved in the initial and on-going planning of their care. Care plans were in place, which focused on supporting people who used the service to maintain their independence and develop their daily living skills whilst remaining safe.

The service was led by a registered manager who understood their responsibilities to inform the CQC when specific incidents occurred led the service. A quality assurance system was in place that consisted of audits, daily checks and questionnaires and action taken to improve the service when shortfalls were identified.

A copy of the complaints policy and procedure was provided to each person and people felt able to raise concerns with staff or the registered manager.

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.

Sufficient staff were available to meet people's identified needs. Staff were safely recruited and trained in how to safeguard people.

Robust systems for the administration and management of medicines were in place.

Known risks were recorded and action was taken to ensure these were mitigated when possible.

Is the service effective?

Good

The service was effective.

People who used the service, were supported by staff who had received essential training in how to effectively meet their needs. Staff received regular supervision, support and appraisal.

Staff understood the principles of the Mental Capacity Act 2005 (MCA), which meant they promoted people's rights and followed least restrictive practice.

People were supported to maintain their health and wellbeing and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. Staff had developed both positive and caring relationships with people and were seen to respect their privacy and dignity.

Staff were knowledgeable about the support people required and their preferences for how their care and support was delivered. People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Arrangements were in place to ensure people had the opportunity to engage in a variety of different activities both within their own homes and the wider community..

Care support plans were available to guide staff in how to support people based on their assessed needs in line with their preferences and wishes.

People we spoke with were aware of how to make a complaint or raise a concern and were confident these would be taken seriously.

Is the service well-led?

Good

The service was well led.

A quality assurance system was in place which consisted of audits, checks and feedback provided by people who used the service and stakeholders.

The registered manager reviewed all accidents and incidents that had occurred so learning could take place.

Staff were supported by the registered manager and a care coordinator. Staff told us the management team were approachable and encouraged people and staff to be actively involved in developing the service.

Humbercare Ltd Grimsby Office

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.

This inspection took place on 11 and 12 September 2017 and was announced. The provider was given 48 hours' notice because the location is a domiciliary care service and we needed to ensure someone would be in the office.

The inspection team consisted of one adult social care inspector and one expert by experience who made telephone calls to relatives and health and social care professionals on the second day of 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.

Prior to the inspection, the registered provider completed a Provider Information Return (PIR). This 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 the local authority commissioning and safeguarding teams to gain their views on the service. We also looked at the notifications we had received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service.

During the inspection we spoke with three people who used the service and one relative. We also spoke with two health and social care professionals, the registered manager, a care coordinator and three members of staff. We did this during our visit to people's homes, in the providers office and through telephone calls.

We looked at five care files for people who used the service. Other important documentation such as accident and incident records and medicine administration records (MARS) were also reviewed. We looked

at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were assessed as lacking capacity to make their own decisions, best interests meetings were held in order to make important decisions on their behalf.

We also reviewed a selection of documentation relating to the management and running of the service: including, quality assurance audits and questionnaires, minutes of meetings, four staff recruitment, supervision and training files and a selection of the registered provider's policies and procedures including recruitment, safeguarding and medication.

Good

Is the service safe?

Our findings

People who used the service told us they were aware of who to speak with should they need to raise a concern. They told us they felt safe and trusted the staff who helped them with the care and support they needed. Comments included, " Yes I feel safe and every week I do fire checks with staff to make sure everything is safe." Another person told us," If I am worried about anything I know what to do and we have an on call where we can talk to someone if we need to."

When we spoke with the registered manager and staff we found they had a clear understanding of the different types of abuse and how to recognise these and what to do if they witnessed any poor practice. They told us there were comprehensive safeguarding and whistleblowing policies in place and the training they received, provided them with the information they needed to understand safeguarding processes. The registered manager was able to provide case studies and examples of service user incidents and how these had been dealt with successfully. We saw records to confirm the registered manager had notified the local authority of safeguarding incidents.

Records showed risks were well managed through individual risk assessments that identified potential issues and provided staff with information to help them mitigate risks, while supporting people to maintain their independence. For example, people were supported to spend time in their home alone, travel independently on public transport and manage their own medication. Staff told us they were keen to promote independence through positive risk taking.

The registered provider had a system in place to audit medicines to ensure medicines were handled safely and people received their medicines as prescribed. We saw that suitable arrangements were in place to support people with the ordering, storage and administration of medicines. Protocols had been developed to ensure that when PRN [as required] medicines were used this was done safely and consistently.

We reviewed the recruitment files for four staff and saw that suitable checks had been completed before prospective staff were employed by the registered provider. The files we saw contained application forms, interview questions and responses, references and Disclosure and Barring Services (DBS) checks. The DBS complete background checks and enables organisations to make safer recruitment decisions. This helped to ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults. The registered manager told us that further DBS checks were completed every three years for all staff.

The registered manager explained the service's safety management system and provided the extensive lone working policy which ensures staff are safe whilst lone working. This included a mobile phone tracking device and chaperone device that connects to emergency services if duress calls are escalated. An out of hours on call facility, where people using the service can access advice and support out of their care package hours or office hours, was in place. This ensures they remain safe and staff are always able to respond. Staff were available in adequate numbers to ensure people's identified care and support packages were provided.

Good

Is the service effective?

Our findings

People who used the service told us they were encouraged to have their preferred meals. One person commented, "We take it in turns to do the house shop and to cook. We have a house meeting to decide what we all want to eat and we all have choices. "Another person told us, "We all get help from staff with cooking if we need it and do the things we are able to do, ourselves."

The registered manager and staff we spoke with told us all meals were prepared on site from fresh ingredients. Menus were developed following consultation with people who used the service based on their likes and dislikes whilst considering healthy balanced meals. Staff told us alternatives were always available should someone change their mind and people enjoyed a weekly take away and occasional meals out.

People's nutrition and weights was monitored and where needed other healthcare professionals were involved for example, diabetes nurse. People, who required specialist diets for health conditions such as diabetes, were supported to make decisions about food choices.

The registered manager and staff we spoke with told us they worked with other healthcare professionals to support people. Health and social care professionals told us, "They are fantastic; they really go above and beyond. They work very closely with us. They are fantastic at giving information to the doctors and always work in a person's best interests." They told us they found staff to be very good at making appropriate referrals and they had the necessary skills to support people effectively. Relatives spoken with described the staff as being 'quick to react to medical issues' and gave examples of situations they considered staff had identified quickly and managed well.

Evidence of health appointments were detailed in people's care and support plans and showed people had access to a number of healthcare professionals including GP's, diabetic nurse and dentists. Records showed necessary referrals were made in a timely manner when this had been required.

Staff we spoke with told us they had completed a full induction when they were appointed. This included completing the care certificate (The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health) and a further induction specific to the organisation including, policies and procedures, mandatory training and being introduced to people using the service and shadowing more experienced staff.

Staff told us they received regular supervision and appraisal and had regular observations of their performance by senior staff. We saw evidence to confirm staff had completed a range of training to ensure they had the skills and abilities to meet the assessed needs of the people who used the service. The registered provider had made certain training mandatory for all staff including safeguarding vulnerable adults, health and safety, fire, food hygiene, equality and diversity and infection control. Other training provided included, respect and dignity, the Mental Capacity Act, diabetes awareness, managing conflict and mental health. We saw that where requests for additional identified training were made, this was made

available to staff.

The staff we spoke with had an in depth knowledge of how they supported people to make their own decisions and how they made sure decisions made on behalf of people were least restrictive. We saw staff offering people choices and gaining consent before they delivered any support. Staff had a very good knowledge of people's communication needs. Where people had limited verbal communication staff were able to give examples of how people expressed their preferences. For example, one person had worked with staff to create a picture board that enabled them to communicate particular words they struggled with. In doing so, this enabled them to express their wishes and choices about how they wanted to spend their time, activities they wished to participate in, meals and decisions about their care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires, 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. We found the registered provider was working within the legislation.

The registered manager told us, "All of the staff have completed the MCA and Deprivation of Liberty safeguards training. We have carried out capacity assessments for the people we support and we recognise that sometimes further assessments need to be carried out." They gave an example of where applications to the court of protection had recently been made, following assessment and best interests meetings being held in relation to their tenancy agreements.

Details of where people could access advocates and other support agencies are detailed in the service user guide, which is a document provided to all people accessing the service.

Good

Is the service caring?

Our findings

All of the people we spoke with were complimentary about the care and service they received. Comments included, "The staff are really nice. [Name of staff member] is my favourite, but I like them all." Another told us, "Yes they are all very good, they listen to me and help me with the things I can't do."

Relatives we spoke with told us, "[Name of staff] is worth their weight in gold. [Name of second staff member] is too. They have some lovely people." They told us they were involved in care reviews and staff regularly contacted them about any changes in need.

Health and social care professionals we spoke with commented, "They are fantastic, they really go above and beyond. They work very closely with us." Another commented, "The staff team are very approachable and relaxed and caring in their approach."

We observed staff were kind and caring in their interactions with people. When staff members discussed plans with the people they were supporting we saw it was done in a calm and encouraging way. For example, when one person queried with a staff member about arrangements for later in the evening, the staff responded patiently, offering the person assurances they would be on duty and would be supporting them to attend their planned activity.

We saw staff worked in a person centred way during the inspection. Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. People were involved in developing their care plan and offered a choice of different care planning tools to ensure their care planning was the most effective for them. For example, some people used a 'one page profile' to inform staff how they wished to be supported and what was important to them.

Other people preferred to use a visual system to record this information and to map their progress and achievements against goals they had set themselves. The tool used looked at all aspects of the person's care. This included discussing positive risk assessment, focussing on strengths and areas of development and how they wanted to be supported to enable them to achieve this.

When we visited people in their own homes, it was evident they were very involved in their individual plans, with some people having their preferred timetables in place, while others used pictorial visual prompts, to aid their communication. This showed people's preferences had been considered and acted on.

All of the staff we spoke with had an in depth understanding of the people they supported, their personalities, their particular interests and their preferred routines. Comments included, "We do a call to one house every night to make sure everyone has returned safely. One person likes us to go through all the night security checks with them to reassure them they have done everything and the house is secure. Similarly they take the lead role in completing fire checks within their home and will ask staff to support them with these." Care plans seen detailed what staff had told us about people's preferences.

Communication care plans were also in place which provided staff with further information about how people communicated.

The registered manager told us that each person accessing the service was provided with a client handbook on admission which provided them with information about general information including; health and safety, rights and responsibilities, advocacy services and confidentiality and data protection.

Good

Is the service responsive?

Our findings

All of the people we spoke with who used the service told us about the social outings and activities they took part in, including going to watch their local football team attend church, go out for meals, visit their friends and a recent day trip to York.

People and their relatives told us staff knew them well and were responsive to their needs. Comments included, "When my relative got confused and got off at the wrong bus stop, staff were quick to respond realising this was unlike them. They phoned the doctor and they were diagnosed with an infection."

When we spoke to professionals, they told us they found staff to be very responsive to any change in needs and gave an example of how staff had quickly identified a situation where they thought someone was showing signs of memory loss and had requested further assessment. Comments included, "Yes, definitely. [I'm impressed with] just how proactive the support workers are. Very good and responsive."

During our visit, we reviewed the care and support plans for five people who used the service. We saw people and their relatives had been involved in the development of their care and support plans. Each person had a range of care and support plans to meet their needs. Information within them was person centred to ensure people's preferences were recorded.

Care plans focused on each person as an individual and the support they required to maintain their independence. They described the holistic needs of each individual and details of how they wished to be supported within their homes and the wider community. We found care plans to be well organised and easy to follow.

Sections of people's care plans had been produced in easy read format, so they had a tool to support their understanding of the content of their care plan. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible. We saw each person had a named worker in the staff team whose responsibility it was to ensure care and support plans were reviewed regularly.

We saw in one person's review documents a good example of a person centred document. This contained detailed records of what was working and what was not working for the person. The document also identified and made plans for the coming months in relation to health, activities and goals about what the person wanted to achieve. One action was around the development of a communication board with words and needs they struggled with so they could express their wishes with any new staff members.

The registered manager and staff told us about one person who had outgrown their placement and wanted to move into their own tenancy. The team had arranged a review for the person and plans were in place for the move to go ahead.

When we spoke with staff, they confirmed they read care plans and information was shared with them in a

number of ways including a daily handover, communication records and staff meetings. Staff spoke about the needs of each individual and demonstrated a good understanding of their current and changing needs. This included what they needed support with, what they may need encouragement with and how they communicated and expressed their wishes.

The registered provider had a complaints policy in place which was also available in an easy read format which ensured its accessibility to people who used the service. We saw minutes from weekly house meetings regularly reminded people of their right to raise concerns and how they should expect them to be dealt with.

People who used the service told us they could approach any of the staff with any concerns or worries they had and that there was an on call facility and house meetings they could also use to share any concerns. The registered manager told us there was also an 'open door' policy within the office of the service and people often popped in to have a coffee and chat with staff, promoting a further forum to raise concerns.

Staff we spoke with were aware of their role and responsibilities in relation to complaints or concerns and what they should do with any information they received. One staff member gave an example of one person who had raised a complaint and actions taken to address this.

We reviewed the minimal amount of complaints received by the service and saw each complaint was investigated and responded to in line with the registered provider's policy in a timely way. Whenever possible learning was shared with staff to improve the level of service provided.

Good

Is the service well-led?

Our findings

When we asked people who used the service if they knew who the registered manager was they told us they did. Comments included, "Yes I know who the manager is, she comes to see us." Another person told us, "Yes, it is [Name of registered manager]."

Staff told us the registered manager was approachable, supportive and was receptive their views and ideas to promote good care and develop the service. Staff comments included, "The manager and care coordinator are great, we can access them at any time and they will always make time for us." Another commented, "I get on well with all of the senior staff. Our manager is very approachable; she spends time with us and will pick up any shifts if they need to be covered. She really relates to us and knows what we are all doing. We can bring suggestions and ideas and we will always be listened to."

Professionals spoken with told us they felt the service communicated with them in a positive way and the service promoted an open and transparent culture.

The registered manager told us, "I have an open door policy, and staff and people who use the service can come to me at any time with any queries or ideas and I will always make time to listen. I always tell staff don't wait until your supervision if you have an issue, come in and talk to me. The registered provider has recently introduced a newsletter for staff, focussing on staff roles and updates about what is happening within the organisation."

The registered manager told us they felt well supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed. The registered manager told us how these meetings were also used to analyse any incidents or accidents that had taken place within services and to look at learning outcomes from these.

The registered manager told us that all staff were supported and encouraged to develop within the organisation and how they and their senior staff had been supported to complete or were working towards completing the level 5 Diploma in Leadership in health and social care.

We found there was a system of quality monitoring which consisted of audits, checks and surveys to obtain people's views. Daily checks of medicines, food temperatures and finances held within the service were completed. Additional monthly audits of care records, supervision, training and risk assessments were also carried out. Any identified shortfalls were followed up by action plans, detailing what action needed to be taken and who was responsible for completing this.

People who used the service were actively involved in developing the service They were asked to provide feedback about their experiences through questionnaires. We saw evidence that their feedback was collated and used to develop the service where possible. The registered provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service.

Staff observations were completed and staff meetings were held regularly which were used as an opportunity to discuss for example, training requirements and teamwork. The registered manager told us, "The meetings are very practical. We look at what the staff need to know and any changes, or new information we need to share." Staff told us the meetings were a useful tool to share information with their colleagues and discuss what was working with people or not.

The registered manager and staff attended various meetings run by the local authority commissioners, registered manager groups and children's services. This enabled staff to network and keep up to date with current good practice in their roles and any issues that may affect people using the service.

The registered manager was aware of their registration responsibilities in ensuring the Care Quality Commission and other agencies were made aware of incidents which affected the safety and welfare of people who used the service. We reviewed the accident and incident records held within the service and found that the service had notified the Care Quality Commission of notifiable incidents as required.