Hodman Care Ltd

Hodman Care Ltd

Inspection report

26 Malabar Road
Leicester
Leicestershire
LE1 2PD

Tel: 01163194944
Website: www.hodmancare.couk

Date of inspection visit:
03 August 2017

Date of publication:
04 September 2017

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 3 August 2017 and was announced. We gave the provider 48 hours' notice of our visit because the location provides domiciliary care and we needed to make sure there would be someone in the office at the time of our visit.

Hodman Care Ltd is registered with the Care Quality Commission to provide personal care to people who wish to remain in their own homes. The agency provides services in Leicester and supports people with a range of needs including complex health needs. At the time of our inspection there were two people using the service supported by eight staff.

This was our first inspection of the service since they registered with us.

The service did not have a registered manager in post. The registered provider was overseeing the management of the service while they recruited to the post of 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.

People were kept safe from the risk of harm. Staff knew how to recognise the signs of abuse and who to raise concerns with. The registered provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people. Risk assessments were detailed and regularly reviewed and updated if a new situation or new needs arose.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment processes in place to ensure new staff were suitable to support people.

People were supported by staff who had received appropriate training. The registered provider made sure that staff were provided with training that matched the needs of people they were supporting. Staff received regular support and supervision which enabled them to provide people with effective care.

The registered provider and staff understood the relevant requirements of the Mental Capacity Act (2005) and how it applied to people in their care. Staff sought consent from people before providing care and understood people's right to decline their care and support.

Where necessary, people were supported to maintain their health and well-being which included support with meals and drinks in line with their preferences.

People spoke about staff as being caring, respectful and provided care in the way they wanted it. People confirmed they had been involved in the planning and development of their care. Staff promoted and

upheld people's right to privacy and dignity and understood their role in enabling people to maintain their independence.

People's care plans were person centred, detailed and written in a way that described their individual care needs. These were regularly evaluated, reviewed and updated. This meant staff were provided with clear information and guidance about how people preferred to be supported and their personal objectives met.

The registered provider had a complaints policy which provided people with clear information about how to raise any concerns and how they would be managed. People confirmed they felt comfortable to raise concerns with the registered provider and were confident these would be addressed.

The registered provider had systems in place to monitor the quality of the care people received. These included audits of key aspects of the service, such as records and staff working practices. The registered provider used outcomes of audits together with the views of people to drive improvements and develop the service.

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.

Staff had completed training and had a good understanding of protecting people from the risk of abuse. The risks people were exposed to had been assessed and plans were in place help reduce the risks. There were enough staff to meet people's needs and recruitment processes were safe and thorough to ensure staff were safe and suitable to support people.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs safely and effectively. People had consented to their care and support in line with the principles of the Mental Capacity Act 2005. People were supported to maintain good health and well-being.

Is the service caring?

Good

The service was caring.

People felt staff were caring. Staff respected people's privacy and dignity and supported them to maintain their independence. People confirmed they had been involved in developing their care and records reflected their wishes and preferences.

Is the service responsive?

Good

The service was responsive.

People were involved in their plan of care and were encouraged to make their views known about their care and support needs. Staff were responsive to changes in people's needs. People knew how to make a complaint and felt their concerns would be taken seriously and dealt with in a timely manner.

Is the service well-led?

Good

The service was well-led.

People and staff were able to share their views about the service and these were used to drive improvements to the service. The registered provider had effective systems in place to assess, monitor and drive the quality of the service.

Hodman Care Ltd

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 3 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to meet with us.

The inspection was undertaken by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications received from the provider. A notification is information about important incidents or events which the service is required to send us by law.

The Provider Information Return (PIR) had not been sent to the service prior to this inspection. This is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this information during the inspection.

During the inspection we spoke with two people who used the service. We also spoke with three care staff and met with the registered provider during the inspection visit.

We spent time looking at records, which included two people's care records, three staff recruitment and training records and records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People who used the service said they felt safe when supported by the staff. They told us, "I am safe, yes. I don't feel in any danger," and "They [staff] do keep me safe." People told us they were supported by the right number of staff which helped to keep them safe.

We spoke with the registered provider and staff about safeguarding (protecting adults from abuse) procedures. Staff told us they had undertaken training in safeguarding adults and this was confirmed on copies of certificates in staff training files. During discussions with staff they described types of abuse and what they would do if they suspected abuse had taken place. One staff member told us, "I understand to look for possible signs of abuse, physical or evidence of verbal abuse or neglect. I would contact the office immediately. I am confident they would respond to my concerns but if they didn't, I know I could contact other agencies such as police or local authority." Another staff member described how they would report "Anything that wasn't normal to the office straightaway," and were able to explain how they would contact other agencies if they had concerns.

The registered provider had a policy on safeguarding which included the local authorities adult protection team's multi-agency procedure. A copy of the whistleblowing procedure was also available for staff and included contact numbers of local external agencies for staff to share their concerns. This meant that staff were supported to understand their responsibilities in protecting people from abuse and to take action to keep people safe.

People's care plans and risk assessments were detailed and up to date. People had an assessment of their care needs which included risk assessments regarding moving and handling, the environment and physical health. These identified hazards that an individual may face and provided guidance for staff on how to support the person to manage the risk of harm. For example, where people required equipment to support them to be mobile, risk assessments detailed the type of equipment, why it was needed and measures staff needed to take to reduce the risk of harm. Assessments also included guidance for staff to follow in the event that equipment became faulty. Staff we spoke with were knowledgeable about the risks people faced and measures needed to reduce the risk of harm. For instance, one staff member was able to describe how they used equipment in line with their manual handling training, making sure they were, "In the right position at all times to keep both staff and people safe and checking with the person that they are happy with what I am doing."

The provider had procedures in place to enable staff to record accidents and incidents within the service. This included monitoring systems to enable staff to identify any trends or patterns and take appropriate action to reduce the risk of further accidents. There had been no reported accidents at the time of our inspection.

We spoke with the provider about their recruitment processes and they confirmed all staff had completed an application form and background checks were completed before staff starting to support people. We looked at three staff recruitment files which showed staff had also provided proof of identify, evidence of

previous employment and had undertaken a Disclosure and Barring (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with adults who may be vulnerable. The provider told us staff did not work with people until their full DBS was received and this was confirmed in records we saw. This meant people were supported by staff who had received appropriate checks to ensure they were suitable to work with people who used care services.

We looked at the staff rotas for the service over a typical week. The registered provider used a manual system which involved contacting staff to provide them with their visits for the following week. Rotas showed sufficient numbers of staff were allocated to meet people's needs as detailed in their care plan and this was confirmed by people using the service. People told us that they had experienced one or two missed visits but these were rare. When we discussed this with the registered provider they told us these were isolated incidents and had been addressed with staff to ensure there were no further missed visits. They told us people had been offered a later visit but had declined this and had not experienced any harm as a result. Staff we spoke with demonstrated they understood they needed to be reliable and on time in order to meet people's needs.

People's care plans included details of medicines they were prescribed and any allergies they may have. Staff told us they did not support people to take their medicines as they were able to do so independently and this was confirmed by people we spoke with. Staff told us they had not yet undertaken training in medicines and were therefore not able to support anyone until they had completed this. The registered provider confirmed this and told us they were planning for staff to undertake training in administering medicines to enable staff to have the skills and knowledge they needed should people require support to take their medicines.

Good

Is the service effective?

Our findings

People had confidence that most staff had the skills and knowledge to support them with their current needs. One person told us, "I have high standards and most of the staff meet these, though some lack confidence with using equipment. These staff need on-going training to refresh their knowledge." Another person told us, "They [staff] are very good, very helpful."

Staff told us they felt their training was sufficient to enable them to support people safely. One staff member told us, "I had induction before I started to support people which involved training, such as first aid and safeguarding, and included introductions to people. This allowed me to get to know people and read their care plan to understand their needs. The manager encourages me to develop myself through further training." Another staff member said, "Yes, I have enough training. I had induction and was shown what to do. The health and safety training was good and I've put this into practice to support other staff and check they are doing things the right way." Staff described how they were being supported to access vocational training which gave them qualifications in care and support which were nationally recognised.

We looked at the induction process for staff and the registered provider confirmed that staff undertook this prior to working for the service. The induction started with information about the provider, services provided and communication. Staff then attended essential training through an external training provider which included safeguarding, health and safety and manual handling. This was reviewed by the registered provider and staff through a question and answer session to ensure staff had understood the training they had undertaken. Staff were then allocated shadow shifts to work alongside an experienced staff member. This involved the new staff observing how people preferred to be supported and provided them with an opportunity to get to know people and gain an idea of what the role involved before they began to support people.

Training certificates confirmed the training staff had undertaken. The registered provider told us they were reviewing the training and planned to include medicine training for all staff in addition to the vocational training which had already been planned. They told us staff competencies were assessed and if any staff needed further training, this was arranged promptly, for example manual handling. This helped to ensure staff had the skills and knowledge they needed to support people safely and effectively.

Staff who we spoke with told us they received regular support and supervision from their manager and the registered provider. This included formal and informal supervision and group meetings. Although there were no formal records of individual supervisions, the registered provider showed us a supervision schedule which demonstrated supervisions had been planned and booked in advance. The registered provider told us they would ensure supervisions were recorded and retained with staff files.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 it is in their best interests and legally authorised under the MCA.

The registered provider told us people using the service had been assessed as having mental capacity and their choices and decisions were reflected in their care plans. We saw people's care records included their signed consent to care. This included their consent to the assessment of their needs, sharing information, how their information was recorded and who read their information. People told us they were able to make decisions about their care and these were listened to and acted upon by staff. Staff demonstrated a good understanding of people's right to make decisions and choices, including their right to decline care and treatment. Where this had occurred, staff had clearly documented support that had been offered and respected the person's right to decline care. This showed that the service was working within the principles of the MCA to ensure people were supported to make choices and decisions about their care.

Where people required support to help them with the preparation of meals and drinks, people told us they were happy with the support they received from staff. One person told us they were able to choose what they wanted to eat and drink and staff prepared this in the way they preferred.

We discussed with people how their health care needs were met. They explained that if they needed assistance then staff would help them. One person described how, when required, staff supported them to attend essential hospital appointments. Staff demonstrated a good knowledge of how to respond if they had concerns about a person's health. People's health needs had been assessed and recorded and care plans included details of the person's GP, key medical contacts and next of kin. This helped to ensure people had support to maintain their health and well-being.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy to be supported by the service. One person told us, "They [staff] are very caring. They look after me." Another person said, "They [staff] provide care how I want it. They are eager to work with me, we have a good relationship. I am happy."

Staff spoke about how much they enjoyed their job and supporting people. It was evident from discussion that the registered provider and staff knew people's needs circumstances and sometimes life histories in detail, including their personal preferences, likes and dislikes and had used this knowledge to form positive relationships. We saw of all these details were recorded in people's care plans. Staff demonstrated they respected people and upheld their privacy and dignity. One staff member was able to describe how she upheld a person's dignity whilst supporting them with personal care and in day-to-day activities. For instance, leaving the room when the telephone rang to afford the person privacy to take the call.

People told us they had been fully involved in developing their care plans and deciding how they wanted their care to be provided. People's care plans included people's abilities, what they needed help with and what they were able to do for themselves. Staff demonstrated a good understanding of the importance of supporting people to maintain their independence by only helping when it was actually needed.

The registered provider told us they sought to recruit people who had the personal attributes needed to provide good care and meet people's needs. For example, where one person had expressed a gender preference for their care staff, records showed staff had been provided in accordance with the person's preference. Where one person had requested care staff to escort them on social activities, the registered provider had acknowledged there were no suitable staff currently employed. They had responded to the person's request by attempting to recruit a suitable staff member in line with the person's preferences. This showed the registered provider respected people's choices and preferences about their care.

People were provided with information about the service before the service commenced. This was in the form of a service user guide which include the aims and objectives of the service and a care agreement which people had signed. Information also included contact details for the service, an explanation of the assessment process and details of what the person could expect from the service. People told us they had used this information, together with information from the assessment and on the website to gain a good understanding of the service before they started to use it.

Good

Is the service responsive?

Our findings

People told us they felt the service was responsive to their needs. One person told us, "I decide who provides my care. I can speak to [Name of staff member] anytime to make changes. They [staff] listen to me." Another person told us, "I was involved in developing my care plan. I told them [staff] how I wanted my care. I can make changes to my care and these are responded to and put into place."

People's care plans were well written and provided guidance on the care and support people needed and how this would be provided. Care plans were developed following an assessment of each person's needs and included an observations of the person's well-being and responses during the assessment process. People were supported and empowered by the registered provider and staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person. We saw these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

Care plans included information about people's needs, preferences and social and emotional interests. Guidance was included for staff to ensure that each assessed need was met. Specific preferences were noted in people's care plans. For example, what time people liked to get up and routines that they liked to follow, for instance, breakfast before having a shower. Staff told us they got to know about people through reading their care plans and using information to form a relationship with the person and respond to their needs. One staff member was able to describe how they recognised when a person was feeling low and adjusted their communication style in response to the person's needs. Staff spoke about spending time 'chatting' with people about current affairs and key interests rather than simply completing tasks. This showed staff provided care that was personalised to each person.

People's care plans were reviewed on a regular basis to ensure records reflected people's current needs. People confirmed they were in regular contact with staff and able to make changes to their care as and when they wished, although this was not recorded in care plans. The registered provider told us they would record a summary of discussions with people when their care was reviewed to show they had been provided with opportunities to comment on their care.

Each person had a visit record which was known as daily care notes. This showed the time the staff member arrived and left the call and was signed by them. We found that although some daily care notes were well documented, in general records detailed the tasks undertaken but did not consistently reflect the wellbeing of the person staff were supporting. This is important to ensure effective handover between staff and provide staff with the information they need to respond to any changes in the person's health and wellbeing. The registered provider told us they would meet with staff to discuss and implement improvements to daily care note records.

People expressed some concern about the responsiveness of the service during mid-day. They told us they had difficulty in making contact with anyone at the office via telephone and that voice messages were not always responded to promptly if at all. We discussed this with the registered provider who told us they had

encountered problems with the office telephone during a change in contract. They assured us they had now resolved this and had re-directed calls to a mobile telephone which was attended by the registered provider. This would help to ensure people's calls were answered and responded to in a timely way.

The registered provider had a complaints policy in place. People told us they were confident that any issues raised with the office would be listened to and acted upon. People told us that although they had not raised formal complaints, they had raised concerns and these had been dealt with to their satisfaction. The registered provider recorded people's concerns in their care plan but did not retain a central record of concerns. This is important to enable staff to identify any trends or patterns to concerns or complains. The registered provider told us they would implement a log of concerns to enable them to respond to any patterns.

The complaints policy included all the information required and included the process that would be undertaken. We saw the complaints policy was also included in the service user guide which each person had a copy of. Having access to the complaints policy helped to ensure that people could be confident their views would be listened to and acted upon. We looked at the process in place if a complaint was received and saw that appropriate processes were in place, although some details required updating, such as a change in registered manager. The registered provider told us they would update the policy. The service had not received any complaints and we had not received any concerns about this service.

Good

Is the service well-led?

Our findings

People told us they were happy with the support provided by the service and expressed no concerns with how it was managed overall. One person told us, "Overall, I find them good. I wouldn't want to leave (the service). They are the best agency I have used and I have no intention of going anywhere else for my care." Another person told us, "It is mostly well managed. Managers do carry out spot checks on staff. I am happy overall."

The service is required to have a registered manager in post. At the time of our inspection, the registered manager had left the service and the registered provider was overseeing the running of the service with the support of a senior staff member. The registered manager was in the process of recruiting to the registered manager post. People spoke positively about the senior staff member as being approachable, responsive and well liked.

Staff told us they had regular opportunities to share their views about people's care and identify how they could best improve the care people received. One staff member told us, "The [staff] meetings are great. They help to keep us on track and make sure we are informed." We looked at the minutes of staff meetings held in December 2016 and April 2017. Discussions included supporting staff to reflect on best practice, for example manual handling, training and development opportunities and identifying where improvements were required, for instance, timekeeping of staff. This enabled staff to share their views about people's care and be involved in the development of the service.

People were supported to share their views about the service through direct contact with senior staff and through regular satisfaction questionnaires. These asked people to rate the care they received and provide feedback on the quality of the service overall. We saw where one person had recorded areas where the service needed to improve, for example timekeeping of staff, they had recorded they were happy with staff in the following survey. This showed that the registered provider had used the person's views to bring about improvements within the service.

The registered provider had systems for monitoring the quality of the service. The senior manager undertook 'spot-check's which were unannounced observations on staff working practices whilst they provided care and support. We looked at spot-checks for April and May 2017 and saw staff were observed to ensure they were competent over a range of areas. These included working practices, communicating effectively with people, upholding people's privacy and dignity and compliance with the registered provider's policies. Where improvements were required, these were recorded in the outcome of the spot check and followed up in the staff member's supervision.

The registered provider undertook audits of records to ensure these were up to date and completed in accordance with the provider's policies. These included audits of risk assessments, care plans and daily care notes. Outcomes of audits were recorded together with any remedial action, for instance, staff were reminded to ensure daily care notes were person centred and that records were completed in ink, preferably black. This is important to ensure records do not fade and can be copied if required. The registered provider

told us they would meet with staff to ensure recordings in daily care notes included the person's health and well-being.

These measures showed that the registered provider gathered information about the quality of the service from a variety of sources and used the information to improve the quality of care people received.

The registered provider was clear on their legal responsibilities and demonstrated a good understanding of statutory notifications. We saw the registration certificate was clearly displayed at the registered location. The registered provider told us they ensured they kept themselves up to date with developments within the homecare sector and was able to share how they intended to develop the service which included the appointment of a new registered manager.