Hebe Healthcare Limited

Hebe Healthcare Kings Norton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 9 January 2017 and was an announced inspection. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or to provide us with the information that we needed. We also wanted the registered manager to ask people who used the service if we could contact them. This was the provider's first inspection at this location as they were a newly registered service.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to nine people who were living in their own homes within a 'supported living' facility in the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

There was a registered manager in post at the time of our visit. 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.

The service was safe because people were protected from the risk of abuse and avoidable harm and staff were aware of the processes they needed to follow. People were supported by enough members of staff who knew them well enough to ensure their needs were met. We also found that people received support with their prescribed medicines, where required.

The service was effective because people received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively. People received care and support with their consent, where possible and people's rights were protected to ensure people were not unlawfully restricted.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

The service was caring because people were supported by staff that were friendly, caring and supportive. People received the care they wanted based on their personal preferences and likes and dislikes because staff took the time to get to know people well. People were also cared for by staff who respected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

The service was responsive because people felt involved in the planning and review of their care and staff communicated with them in ways they could understand. People were also encouraged to offer feedback on the quality of the service and knew how to complain.

The service was not always well led because the provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, it was not always clear how this information had been analysed or used to improve the service. The provider had not always notified us about incidents that had occurred as required, by law.

Staff felt supported and appreciated in their work and reported Hebe Healthcare to have an open and honest leadership culture.

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 the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff to meet their needs.

People received support with their prescribed medicines when required.

Is the service effective?

Good

The service was effective.

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, where possible, and people's rights were protected because the provider had an understanding of the key processes they needed to follow to ensure people were not unlawfully restricted.

People received care and support to maintain a healthy diet and had food that they enjoyed.

People were supported to maintain good health because they were supported to access health and social care services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were friendly, caring and supportive.

People received the care they wanted based on their personal preferences and dislikes because staff were dedicated and

committed to getting to know people.

People were cared for by staff who treated them as individuals and respected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were supported to build and maintain positive relationships with others.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, it was not always clear how this information had been analysed or used to improve the service.

Everyone we spoke with were consistently positive about the management team and staff felt supported and appreciated in their work.

Everyone we spoke with reported Hebe Healthcare to have an open and honest leadership structure.

Hebe Healthcare Kings Norton

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 was an announced inspection. We gave the provider 48 hours' notice to let them know we would be visiting the service, because the location provides a domiciliary care service to people in a supported living setting and we wanted to make sure someone would be in. The inspection took place on 9 January 2017 and was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about accidents/incidents and safeguarding matters which they are required to send us by law. We also received feedback from the local authority, Health Watch and other professionals who visited the service on their views about the service provided to people.

During our inspection, we spoke with three people who used the service. We also spoke with four members of staff including the registered manager, the site manager and two support workers.

We reviewed the care records of three people, to see how their care was planned and recorded. We also looked at training records for all of the staff that worked for the provider and at two staff files to look at recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including feedback surveys and forums, health and safety audits, compliments and complaints.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that they were happy with the care that people received from the service and they were satisfied that people were safe. One person told us, "I definitely feel safe here; just knowing the staff are around makes me feel safe". Another person said, "I feel safe; they [staff] are always there if you need them". A professional we spoke with told us, "I have no concerns at all, I feel confident that people are safe".

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training; it's about protecting people from the risks of abuse and making sure they are kept safe". Another staff member said, "If we are concerned about anything at all we have to report it to a manager; if they aren't here, we can call the on call manager". Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that no safeguarding concerns had been raised since the service had registered with us in July 2016.

Everyone we spoke with told us that staff knew how to keep them safe in an emergency. One person said, "I think they [staff] are well trained and know what they are doing; it's never happened, but I am confident that they would know what to do [in an emergency]". Most of the staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "If there was a fire, we know that we have to raise the alarm, call the fire services and start supporting people to evacuate if we can; if a person is unable to be evacuated, there are fire doors that will protect them until the fire service arrives and we let them [fire service] know who is still inside the building". However, we found that staff were not always confident about what support a person may need in a medical emergency. Whilst one member of staff was familiar with the risk management plans for someone at risk of having a seizure, another member of staff was unsure of the protocol and stated, "We would time the seizure and if it seemed to go on for too long, like an hour or 30 minutes even, we would call an ambulance". This was not the recommendation made in the person's care plan and would not be considered safe practice. There had not been any impact on the safety of the person involved because they had not experienced a seizure since being supported by the service; however, we fed this back to the registered manager at the time of our inspection and they agreed that they would make sure all staff were aware of the correct risk management procedures to ensure people were kept safe at all times.

Staff we spoke with and records we looked at showed that people had risk assessments in their care files such as medication and environmental risk assessments, and that these were reviewed and updated regularly in accordance with people's changing needs. One member of staff said, "We get to know people well, and we always hand over any changes; but we always check their care plans and risk assessments to see if anything has changed; they are useful".

Everyone we spoke with told us they thought there was always enough staff available to meet people's

needs. One person told us, "I feel safe knowing staff are here all the time; there is always someone around if you need them". Staff we spoke with did not raise any concerns about the staffing levels within the service. The registered manager told us that despite having a small staff group, they always manage to cover the service. They told us that they have their own 'bank' staff that they can use to cover any absences and that because all of the provider's services are run the same, staff are always familiar with the policies, processes and practices. This meant that there were contingency plans in place to ensure that people received the care and support they required when they needed it.

We saw there was a system in place for the reporting of accidents and incidents. Where accidents and incidents had taken place, we saw that they were reported, recorded and actions had been taken where appropriate. For example, we found that when a person had become verbally aggressive to staff and other people living at the supported accommodation due to a relapse in their mental health condition, staff had sought support from the police and local mental health services to protect the safety of the person and others.

We were told that some of the people receiving support from the provider required assistance to take their medication and that staff had received training on the safe administration and management of medicines. One person we spoke with told us, "They [staff] remind me to take my medication". Another person said, "I am in control of my own medication so they don't need to support me, but I know they help others here, so if I needed help, I know I could get it". The staff we spoke with were aware of the disposal policy for unwanted or refused medication and had a good understanding of the protocols in place for varied medication administration methods, such as medications that are given on an 'as required' basis. The registered manager told us that they ensure the staff have the knowledge and skills they need for safe medication management by doing competency checks and we saw that processes were in place to identify medication errors such as weekly and monthly medication checks. Any medication errors were recorded and reported as required and the registered manager reviewed people's medication administration records on a monthly basis.

Staff we spoke with told us they had completed a range of pre-employment checks before working unsupervised. We saw the provider had a recruitment policy in place and staff had been appropriately recruited via a formal interview, references, and a Disclosure and Barring check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Good

Is the service effective?

Our findings

Everyone we spoke with told us and records showed that the staff that provided care had the knowledge and skills they required to do their job. One person told us, "They [staff] are very good; they always do what they are supposed to do and do it properly". Another person said, "They are good here, seem to know a lot about stuff". One member of staff we spoke with said, "We do a lot of training, they [provider] make sure we have the skills we need very early on and then we do refreshers to make sure we stay up to date with everything". Another member of staff said, "It's good here; we do training and we spend time shadowing more experienced staff when we first join to make sure we know what we are doing". The registered manager told us that all of the staff received on-going training and supervision to make sure they keep up to date with the training that they require to do their jobs effectively. We saw that records of staff training were kept, but these were not always up to date. The registered manager was able to show us that all of the staff had completed the training they required and that the provider's quality monitoring systems required further monitoring, to ensure that these records were being kept up to date.

We were told and records showed us that the provider offered regular team meetings and supervision to staff and that staff felt supported in their jobs. One member of staff told us, "It's a great place to work, I love my job; everyone is very supportive and the managers are always there if you need them; we have supervision as well so we can discuss any concerns then, but you can speak to them any time really". Another member of staff said, "The managers are very approachable, if you need help they will give it". They said, "We have supervision and team meetings; the first one was well attended but we are a small team so it is difficult, but information is passed on effectively, we have a communication book and hand over; we are always kept informed".

It was evident when speaking to the registered manager and the staff they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "We always give people choices and encourage them to make decisions for themselves". It was clear from the records we looked at that the provider had taken in to consideration people's capacity to make decisions and the processes they had followed to ensure people were supported to make their own decisions or where decisions were to be made on behalf of people, this was done so within their best interests. For example, we saw that people had signed a consent form to agree to the care and support they received and where people were unable to sign the consent form, the necessary processes had been followed. People also had the contact details of advocacy services, should they require them.

The MCA (2005) also requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment and to notify the local authority, who will in turn submit an application to a

'supervisory body' (Court of Protection) for the authority to deprive of a person's of their liberty in order to keep them safe, for example. The provider was able to articulate their understanding of the legislation relating to the deprivation of liberty and was aware of their responsibilities within a community service. The registered manager told us that there were no applications to the Court of Protection in process or authorisations in place at the time of our inspection because all of the people receiving support had the capacity to make their own decisions and choices and were able to come and go as they pleased, either with or without the support of others.

People we spoke with told us that staff would support them to prepare meals if they needed it. One person we spoke with told us, "They [staff] used to support me with my meals, but I do my own now". They confirmed to us that the initial support they received from the staff enabled them to build their confidence and develop their skills in the kitchen. One member of staff said, "Most people do their own meals now, but we will help them if they want us to… we try to encourage people to make healthy food choices to and support them with meal planning". We saw that people had care plans relating to their dietary needs. These detailed people's specific health related needs such as diabetes, as well as their likes, dislikes and preferences.

Everyone we spoke with and records we looked at confirmed that people were supported to maintain good health. One person said, "If I need them [staff] to contact my CPN (Community Mental Health Nurse) or Social Worker they will". During our inspection site visit, we saw a CPN had come to visit a person living at the supported living complex and they spoke with staff about the person's on-going support needs. The visiting professional told us, "They are good at keeping us informed or calling us if they need anything; the staff have the basic knowledge and skills they need to support the people living here". We also found that the service supported people to attend medical appointments where needed and made the necessary referrals to health and social care services as required.

Good

Is the service caring?

Our findings

Everyone we spoke with were consistently positive about the caring approach of the service and the individual staff members. One person we spoke with said, "They [staff] are good; they are caring and show an interest in you and offer encouragement and reassurance when you need it". Another person said, "I get a lot of support from the staff here; they are really nice and very professional". During our visit to the office which was situated within the supported living complex, we saw staff interacting with people in a kind and caring manner; we saw that people had chosen to spend time with staff in the communal areas and appeared comfortable and relaxed in their company. We heard laughter and supportive conversations being held between people living at the service and the staff. The registered manager told us, "As we [provider] are fairly new, it takes some time for people to get to know each other and settle in; for some people this is their main social area, so we support people to settle in and to develop friendships; one person wants to start going out to pubs and clubs and would like to go on holiday, so it's important that we support them to develop friendships here and to help this happen".

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. A staff member said, "Because it's quiet a small service, we get to know people really well and when people first start receiving care, we make sure we read their personal files so we get to know a bit about them, their histories, what they are interested in, because it helps to start conversation and to build rapport; especially during personal care, it makes it more comfortable for everyone". Records we looked at showed that people had personal profiles that had details about their personal histories and information about their interests, hobbies and things that were important to them.

We found that staff adapted their communication and interaction skills in accordance to the needs of people. Staff we spoke with told us that this helped them to ensure people were involved in their care. For example, we saw one person used a communication board to interact with staff and to tell them what they wanted or needed; we are staff speaking in a way that was clear and allowed the person enough time to respond. Everyone we spoke with told us and care files we looked at showed us that staff ensured that people were involved in making choices and decisions about their care and that where possible, care was provided to people with their consent. One person said, "They [staff] are very respectful in that way". One member of staff told us, "We speak to people every day about what they want and what they need to make sure it's their choice and that they are happy with the support we are providing". We saw that staff supported people to offer their feedback on the service they were receiving and to make any suggestions or changes to their care.

We found that people were encouraged to maintain their individuality and independence. Everyone we spoke with told us that staff supported them to remain as independent as possible and they received the help they needed, when they needed it, in the way they wanted it. One person said, "I have become more independent since coming here, because they have helped me, encouraged me and reassured me with things, like cooking". Another person said, "I do my own thing and I am very independent but I know they [staff] are there if I need them, I can talk to them about anything". Staff we spoke with also told us of how

they supported people to maintain their everyday skills, such as cooking, shopping and house work as much as possible. One member of staff said, "I love working here because we get to see progress and help people to become more independent". The registered manager told us, "A lot of people spend too long in hospitals or other institutions and this is the first time they have had their own place, so we are very involved in supporting people to develop their independence; we have a communal kitchen that people can use with staff to learn cooking skills and then eventually they will start using their own kitchens in their flats; other people may need us to accompany them in the community to build their confidence; we can support them in all ways".

Everyone we spoke with told us that staff treated people with dignity and respect and staff we spoke with were able to explain how they respected people's privacy. One person said, "They are very respectful". Another person told us, "They are very professional; they are very respectful". One member of staff we spoke with said, "We protect people's privacy and dignity by closing doors and curtains if we are providing personal care, we always knock and wait to be invited in [to people's homes], we keep people's personal information private and don't discuss or share information in communal areas or with anyone else". Records we looked at showed us that the provider's values included protecting people's dignity in other ways too, such as, addressing people by their preferred names, promoting independence and choice as well as encouraging people to express themselves as individuals.

Good

Is the service responsive?

Our findings

We found that people were consulted about their care; this ensured that people received the care they needed in the way they wanted it. One person told us that the provider facilitated an initial assessment with them when they first joined the service, which covered their support needs and preferences. Another person said, "They ask us how things are going to make sure we have everything we need". We saw that there was a pre-assessment process in place to ensure that the service was able to meet people's needs, prior to them receiving a package of care. This included obtaining information from the person and other professionals involved in their care and support previously. We also saw that consideration had been given to people's personalities, hobbies and interests to enable the provider to look at the compatibility of people with the other people who lived at the supported living scheme. Efforts were also made to match people with care staff that they would get on with and had the right skills to support them effectively. We saw that staff had spoken to people about the service and care plans had been regularly reviewed and updated.

Everyone we spoke with and records showed that the provider asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person said, "I filled out a questionnaire recently which asked for feedback on how they are doing". Another person said, "They [staff] are always there to talk to if you have any problems".

We found that the provider had a complaints procedure in place and the registered manager was aware of their roles and responsibilities in managing complaints. Everyone we spoke with told us that they knew how to complain and were confident that any issues would be dealt with quickly and effectively. One person said, "I have never had to complain, but I would speak to [site manager] if I needed to, they are very good and approachable". The registered manager told us that they had not received any complaints, but was able to show us where these would be recorded and how they would deal with them, should they arise.

We saw that people's cultural and religious beliefs were respected and the provider promoted equality and diversity within the service. One person said, "I am not really religious and I don't have any specific cultural needs, but some people do and they [staff] do respect that". A member of staff we spoke with told us, "There is one person here who prays throughout the day; we [staff] obviously want to respect [person's name] privacy during this time, so what they do is put a sign on their door that lets us [staff] know they are praying and we will go back in 10 minutes time". We saw that this was recorded in the persons care plan and had been reviewed to be working well. We were also told that staff were mindful about different cultural needs during meal preparation and the need to use separate cutlery and kitchen utensils to prevent any cross confirmation, for example, between halal and non-halal meats.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of our visit which was in keeping with the requirements of the provider's registration. We also found that there was a project manager and a regional manager within the service, which offered a clear leadership structure.

During our inspection, we found that the registered manager had some quality monitoring systems in place such as feedback surveys, a review of records including care plans and medication record as well as health and safety audits. However, it was not always clear how this information had been analysed or used to improve the service. For example, where a person had continuously been refusing medication, it had been recorded on their medication administration records and the audit of these records recognised that this was on on-going issue, but it did not record what action had been taken and any further analysis that could later be used as a comparative measure to monitor improvements. We fed this back to the registered manager at the time of our inspection, who agreed that further analysis of the data would be useful in making improvements to the service.

Information we hold about the service showed us that the provider had not submitted any statutory notifications to date and we were told that this was because no notifiable incidents had occurred since they had registered with us. However, we found that a police incident had occurred, which was notifiable to us under regulation 18 of the CQC (Registrations) Regulations 2009. We could see from the records that we looked at concerning the incident that the provider had taken all of the other appropriate actions to manage the situation effectively and they had protected people from the risk of harm. Therefore, we did not find the provider in breach of the regulations on this occasion due the isolated nature of this event. Nevertheless, we fed our concern back to the provider at the time of our inspection and they assured us that they would review their registration responsibilities with regards to notifications and ensure that all future notifiable occurrences are reported to the relevant agencies, including the Care Quality Commission (CQC), without delay, as required by law. We will continue to monitor the provider's compliance with the requirements of their registration.

Everyone we spoke with told us that the management team were 'approachable and supportive'. One person we spoke with said, "He [project manager] is brilliant; we can talk to him about anything". Another person said, "We see [registered manager] regularly, but obviously [project manager] is here more; both are very good". Staff we spoke with told us that they enjoyed working for the provider and found the management team supportive. One member of staff said, "I can honestly say, I love my job. I love the people I work for and the people I work with; it's such a good team, we all talk to each other and everyone has their [people] best interests at heart; we [staff] all do our best for all of them [people] and I feel very supported in my job; there is always someone around to offer help and advice, either here [location] or on call". Another member of staff told us, "I am very happy in my job, they [provider] are a good company to work for".

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they were actively encouraged to raise any concerns. They told us that they felt comfortable raising concerns with their manager and would contact external agencies if they needed to.

One member of staff told us, "I have no doubt that [project manager] would deal with anything, but if I needed to, I know I can call CQC or the local safeguarding team or even the police myself if I had to, it's in the policy". The registered manager told us that they were confident that staff would feel comfortable to raise any concerns with them but they also ensured that all staff were aware of the whistle-blowing policy that was in place. Information we hold about the service showed that no whistle-blowing concerns had been raised.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.