

HICA

HICA Homecare - Chorley

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

We inspected this service on the 7 and 10 November 2017. The first day of the inspection was unannounced which meant the service were not expecting us on the first date of the inspection.

HICA Homecare Chorley is a domiciliary care agency registered to provide personal care for people in their own homes. The agency provides care and support services as the preferred provider for three extra care schemes, the 'Buckshaw Retirement Village' in Chorley, 'Brookside' in Ormskirk and 'Heyswood' in St Helens. The service was not providing domiciliary care for anyone within the wider community at the time of our inspection. Across the three schemes, at the time of our inspection, just over 1300 hours support per week were being delivered

Not everyone using HICA Homecare receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

We last inspected the service in March 2016 and found two breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. These related to; Safe care and treatment and Person centred care. The service was rated as requires improvement overall and requires improvement for two of the key questions; safe and responsive. We rated the home good in the effective, caring and well-led key questions.

At this inspection we found the service had met the previous breaches. Risk assessments were now in place for all people who needed medicines, including those people who self-administered and support plans had been reviewed and reflected people's needs. We have rated the home as good overall and for each of the five key questions.

Everyone we spoke with told us they felt safe receiving care and support and that staff were kind, caring and professional. We could see that people felt comfortable in the presence of the care staff that assisted them.

Staff we spoke with had a good understanding of the services safeguarding policy and knew how to recognise and report potential safeguarding issues.

People were supported to take their medicines safely and processes were in place to order, store and record people's medicines. No-one we spoke with raised issues about how their medicines were managed.

The people we spoke with were happy with the consistency, timeliness and ability of the care staff that assisted them. Staffing levels were judged to be appropriate for the assessed needs of the people using the service. Some agency staff were used to cover night time shifts in particular but this usage had reduced at the time of our inspection and recruitment was underway to fill staffing vacancies.

Staff received an effective induction prior to them working alone with people. Staff then went on to receive training, supervision and support to enable them to carry out their role effectively. The service listened to

feedback from staff who had undertaken the previous induction programmes and changed how staff were inducted to give them practical experience sooner. This showed that the service listened to its staff and acted upon what they said.

Staff we spoke with understood the Mental Capacity Act 2005 and how this legislation potentially affected people within the service they provided support to. We saw evidence of training in this area taking place.

People told us their privacy and dignity were respected and promoted by the care staff and that staff treated them well. The observations we made throughout our inspection confirmed these views.

We could see that people were involved in decisions about their day to day life and that people's involvement was in line with their wishes. People were encouraged to take part in the activities that were in place at each scheme but people told us there was no pressure put on them to do so.

People and relatives we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

Care plans were seen to be person centred and reflective of people's care and support needs. Staff told us that they found care plans useful and informative.

People were given choices in how they wished their support to be carried out and with daily living tasks such as what time they got up, went to bed or received assistance.

People we spoke with told us that they felt the service was well run and managed well. Some staff referred to previous staffing issues at one scheme however the current message given to us was that the service was run well and operating efficiently.

There was a range of auditing and monitoring in place to ensure a good overview of the service was maintained. The registered manager had been in post since our previous inspection and had previously been a scheme manager at the Brookside site. New posts had been introduced to assist the registered manager including a dedicated home care trainer.

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 told us they felt safe when receiving care and support from within their own accommodation.

Robust procedures were in place for the management of people's medicines including how they were stored, ordered, administered and recorded.

Staffing levels were judged to be appropriate for the assessed needs of people.

Effective recruitment practices were in place and followed.

Is the service effective?

Good ●

The Service was Effective.

Staff received formal support on the form or training, supervision and appraisals.

People told us they felt that staff were competent and able to carry out their duties effectively and with compassion.

Staff understood the principles of the Mental Capacity Act 2005 and how this legislation may affect the people they supported.

Is the service caring?

Good ●

The Service was Caring.

People told us that care staff were polite, courteous and professional in their approach and we observed this to be the case.

People's independence was promoted and choices given to people in how they spent their time.

Confidentiality was upheld in how records were stored and

formed part of the staff induction process.

Is the service responsive?

Good ●

The Service was Responsive.

Care plans were person centred and reflected each individuals needs appropriately.

People knew how to raise concerns and complaints and were confident that they would be dealt with effectively. A robust complaints procedure and management system was in place.

People told us they could influence their care and support and had choices about their daily living routines.

Is the service well-led?

Good ●

The Service was Well-Led.

People we spoke with told us they felt the service was well run and well managed. Staff we spoke with said that the working culture within the service was a positive one at the time of our inspection.

There was a wide range of audits and monitoring in place to ensure that the service had a robust overview both from local and senior managers.

Notifications and registration requirements were complied with.

HICA Homecare - Chorley

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 checked 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 service is a domiciliary care agency. It provides personal care to people living in an extra care housing environment. It provides a service to older adults.

The inspection took place on the 7 and 10 November 2017. The first day of the inspection was unannounced so the agency did not know we were coming to undertake an inspection.

The inspection was completed by two adult social care inspectors and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection the lead inspector gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

We spoke with 18 people who received a domiciliary service, 16 people at the 'Buckshaw Village' scheme in Chorley and two people from the 'Brookside' scheme in Ormskirk. We did not visit the 'Heyswood' extra care scheme in St Helens during this inspection.

We spoke with 12 members of staff including the registered manager, quality manager and head of quality and compliance. We spoke with carers, including senior carers at both sites and the scheme manager at Buckshaw Village.

During the inspection we reviewed eight people's care plans, four staff files, quality audits, team meeting notes, medication records and other associated documents.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and responsive to at least good. We found improvements had been made in both these areas in terms of how risk assessments and care plans reflected people's needs. The key questions within this report provide further detail.

Is the service safe?

Our findings

People we spoke with who received support and care from HICA told us that they felt safe. One person told us, "Very much so, they're very good". Other comments included; "I feel very safe", "Yes, they're (carers) lovely, I can't think of one I don't like" and "Absolutely, I can't fault them at all."

We spoke with staff about the agencies' safeguarding procedures. They were all aware of the safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow when we spoke with them. They were also able to tell us who they would report issues to outside of the agency if they felt that appropriate action was not being taken and displayed good knowledge of local safeguarding protocols.

Potential safeguarding incidents were referred to the Local Authority and notifications made to the Care Quality Commission (CQC) as appropriate. There had been ten safeguarding notifications made to the CQC for the twelve month period prior to our inspection. There were no patterns of incidents across the safeguarding referrals and all were resolved to a satisfactory conclusion. HICA had an up to date safeguarding policy in place and staff we spoke to were aware of it and how to access it if needed. We saw that body maps were completed when people had been involved in an accident or an incident and that a record was kept of all accidents and incidents.

As well as an up to date safeguarding policy the service had a Whistle-blowing policy in place for staff in the event they felt they were unable to raise issues in confidence. There had been no whistle-blowing incidents for the 12 month period prior to our inspection.

We saw several examples of how lessons were learnt from an organisational perspective either from specific incidents or from feedback. One example was how the service had changes its induction programme which is detailed within the effective domain of this report. There were also specific examples of learning from incidents such as medication errors when processes had been changes in to prevent further re-occurrences of issues or potential issues.

We asked people if they ever had to wait long periods for their care. People told us that carers were almost always on time and if they were not then they would be told their carer was running late by office staff. No-one told us that their carers had not turned up. One person told us, "They can be 5-10 minutes late and I say it doesn't matter. They've never missed (a visit). They're very, very good". Another person said, "No, she's (carer) very helpful, obliging and pleasant" and another person told us, "No, we're very well looked after here. If they were going to be late, they'd let me know" and another said, "They're late occasionally and if they're going to be late, they give us a ring. They've never missed".

People told us that they did at times see different carers but understood the reasons for this. No-one we spoke with raised this as an issue for them as they knew that people had to take annual leave and could be off work for a range of reasons. We spoke with the registered manager regarding current staffing levels. They told us that they overstaffed each extra care scheme and were currently three staff short of their ideal

number for the Buckshaw site and two members of staff short for the Brookside site. Shifts were attempted to be covered via the permanent staff team but agency staff were used on occasion to cover unplanned absences. At the time of the inspection this was mainly to cover night shifts. There was a senior carer on duty at each scheme, regardless of commissioned hours, between 7am and 10pm. There was also a minimum of two carers on shift at each scheme during night time hours between 10pm and 7am. HICA responded to emergency calls for all people, regardless of if they received a commissioned service, across all schemes. At the Buckshaw Village site the initial respondent was the housing team who then liaised with the care team at HICA as needed. The Buckshaw Village site had the most commissioned hours at just over 500 as well as people living on site.

The registered manager told us they felt that staffing levels were much better than they had been previously, the use of agency staff had reduced and that the service was running well. People we spoke with confirmed this to be the case. A number of new posts had been introduced that we were told had assisted the service greatly. This included the introduction of a quality manager and a dedicated homecare training coordinator. The training coordinator had previously worked across both homecare and residential services as the HICA group has residential services on the Buckshaw Village site. The registered manager told us this had assisted in staff retention as training could be specifically tailored to the needs of homecare staff. The 'effective' domain of this report gives details of this training.

People who were supported by the service to take their medicines told us that this was done correctly and by staff who were competent in their opinion. One person told us, "Yes, they always come on time (for my medication)". Another person told us, "I used to have all my tablets, but now they're (HICA) looking after them, my [relative] has asked them to."

At our previous inspection we had concerns with regards to people not being appropriately risk assessed for their medicines management, namely people who self-administered their medicines or were assisted on an ad-hoc basis. We were sent an action plan shortly following the last inspection which stated that all people were to have a medicines risk assessment in place, regardless of whether they received formal commissioned support or self-medicated. We saw this to be the case during this inspection and that all people had up to date, relevant risk assessments in place for medicines management and other areas as needed.

We reviewed four staff recruitment files, including newly appointed staff. We found that robust recruitment procedures had been followed including Disclosure and Barring Services (DBS) checks, application forms being completed, candidates attending an interview and suitable references being sought. There were no unexplained gaps in people's employment history. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people who use care and support services. We found staff recruitment files to be well organised and easy to navigate with a checklist at the front of each file.

We asked staff if they had access to the appropriate personal protective equipment (PPE). Staff confirmed that they did and that they could pick up additional supplies on-site. There was a suitable policy and procedure in place related to infection control measures. People we spoke with raised no concerns with regard to the appearance of staff or their practice in this area. We identified one issue with regards to free access to the sluice facilities within the building at Buckshaw Village. However given the fact a domiciliary service was being provided this fell out of the remit of our inspection. We did discuss the issue with the registered manager who told us they would in turn discuss the issue with the housing association who were the building's landlord.

Is the service effective?

Our findings

People receiving care and support made positive comments about the staff who visited them. We were told by one person, "They're brilliant, I just think I'm lucky to be here". Another person said, "I think so on the whole" and another person told us, "The ones that look after me are very competent, they can't do enough for me."

We saw evidence within the staff files we reviewed that staff received an induction prior to them delivering care to people regardless of their previous experience. The induction process was adapted through the care certificate. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is a set of minimum standards that should be covered as part of induction training of new care workers. Inductions had changed since our last inspection following feedback from staff. Following one day with the homecare dedicated training coordinator staff then spent two days, or more if needed, shadowing experienced staff. This gave people the opportunity early in their induction to ensure that care work was for them by seeing practically what the job entailed. In the past new recruits has spent several days in the office prior to shadowing so this change had been seen as a very positive step by the staff who had been through the new induction. Following the two days shadowing staff then spent another three days training.

We spoke with staff about the training and support they received from HICA. The comments we received were positive. One member of staff told us, "We get plenty of training and it is usually done face to face." Another member of staff said, "Yes, training is pretty good. We get reminders when we need to update anything." From reviewing staff files and the services training matrix we saw that the majority of training for staff across the three sites was up to date.

Staff also told us that they received regular supervision, usually monthly, and that they had the opportunity to raise issues within this forum. Staff also received an annual appraisal of their work and again within this forum they were able to raise issues if needed. As staff worked within one setting this meant it was easier to seek advice and support if needed. This could also create some issues for people receiving a service in terms of their perception of staffing levels and this did at times become apparent when speaking with people, particularly around support at lunch times as some people viewed the three sites as a residential service.

Staff told us that the communication within the service had at times been an issue and that this was particularly an issue when staffing numbers had been lower. However all the staff we spoke with told us that this situation had improved over recent months as staffing levels were now more consistent. All the staff told us that there were a number of opportunities and forums for them to communicate with managers including supervision, appraisals, team meetings and by approaching their line manager. Each site had a dedicated staff room so it was easy to seek guidance and advice if needed.

People told us that carers spent enough time with them and completed the tasks associated with their assessed needs in a professional and courteous manner. One person told us, "They'll sit down and say have a good chat whilst they're here". Another person said, "They give me time to settle myself, I don't feel under any pressure ever." Nobody we spoke with told us they felt rushed by staff or that care staff were looking to

get away quickly.

People who were supported by HICA lived in their own accommodation. This meant that the service does not come under the Deprivation of Liberty legislation which applies to care homes or hospitals but the Mental Capacity Act 2005 must be complied with. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of our inspection no one had been identified as being in need of this type of support. The manager and her staff team had a working knowledge of the Act and their responsibilities. Staff covered some basic training on this in their induction and in subsequent training provided.

As the regulated activities were provided within people's own apartments, within purpose built extra care schemes, people's environments were suitable for their needs. This included the use of some technology such as pendants that could be triggered in the event of a fall. People also had the use of a telephone in their apartments to ring care staff directly. One of the benefits for people accessing the service was that the extra care schemes offered opportunities within the communal areas such as a collective dining experience and access to activities and other facilities across the schemes such as well-being, music and therapy rooms. People accessed these as and when they wanted and the schemes advertised upcoming events so people knew about them.

People were supported to eat and drink via staff either supporting people to access the dining room or to assist with preparation of food in their own apartments if needed. However the food prepared within the dining rooms of each extra care scheme was not part of the regulated activities provided by HICA. We did receive various comments with regard to the quality and variety of the food offered but this was outside the scope of our inspection. All the people we spoke with who needed any support with their nutritional needs had no issues with this aspect of their care. People were referred to other professional's if needed to support them in this area including the Speech and Language team (SALT) and dietician.

Is the service caring?

Our findings

When asked about the approach of staff we received positive responses such as; "(They are) friendly, helpful, smiley, they have a joke with me", "They're friends for me, I'm glad to see them every day", "marvellous, I couldn't fault then at all" and "Very nice, I think we've got the best ones. It's better than the care we've had at home or in a nursing home."

People told us their privacy and dignity were respected and promoted by the care staff. Staff we spoke with talked us through how they delivered personal care to people and were very knowledgeable in how to do this which included speaking to people and considering the persons environment and privacy. During the inspection process we had the opportunity to observe interactions between care staff and people receiving a service and saw that people were at ease in the company of staff. The interactions we observed were polite, friendly and professional.

We asked people what they thought if the care they received and if there were any aspects that could be improved. All the response we received were positive, one person told us, "Grade one, excellent" and another person said, "I don't think it can be improved". Other comments made about the service were; "Brilliant", "I think it's very good, expensive, but very good" and "First class, I couldn't want for more."

The purpose of the extra care schemes were to assist people to live independently whilst giving the peace of mind that assistance was in place if needed. This was the case for people who had assessed care needs and for people who did not as the service provided 24 hour assistance to all the people who resided within each scheme. A number of people told us that they felt safe and secure yet retained a large part of their independence as they had their own self-contained apartment within the building. One person told us, "I feel secure, if anything goes wrong, I can always call someone yet I can do my own thing and keep myself to myself as well. You can't beat it really."

We could see that people were involved in decisions about their day to day life and that people's involvement was in line with their wishes and people confirmed this when we spoke to them. Relationships with other people were encouraged via a varied social calendar yet people told us they were not pressurised into taking part and that they felt comfortable saying no to any social events if they were not interested in taking part or attending.

The service helped people to access advocacy services if people needed this type of assistance. An advocate is an independent person, who will act on behalf of those needing support to make decisions. There was no-one requiring formal advocacy support at the time of our inspection as people had family or friends to represent them if needed.

We found that the service kept records, including people's care plans, in a secure, confidential manner within a locked office. There had been no incidents related to breaches of confidentiality and this was an area covered via staff induction.

Is the service responsive?

Our findings

People and relatives we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I'd go to the manager", another person said "I would tell the lady that comes in the morning, but I haven't a complaint. It's like living in a first class hotel with the attention and everything", another person told us "If I had any grumbles, I'd feel comfortable raising it" and another person said, "I would talk to the carers."

We saw that the service had a complaints policy in place and a complaints file was kept in the registered office. We saw that complaints were recorded appropriately including them being logged, acknowledged and investigated in line with their own policy. All complaints, as well as compliments, were forwarded to HICA's head office as part of the registered manager's monthly return.

At our previous inspection there was a breach of the regulation for person centred care due to the lack of detail and guidance for staff within some people's care plans as well as some information being generic across people's care plans regardless of their assessed needs. At this inspection we saw that a thorough review of all care plans had taken place and additional measures had been introduced to ensure people's care plans accurately reflected the care and support they had in place. An action plan had been submitted to us following the previous inspection which laid out how people's care plans would be reviewed to ensure that plans did reflect their needs accurately and as stated we could see that improvements had been made.

We saw that the service had introduced one page profiles for people which summarised the key points about people, their likes, dislikes and care and support routine. Care plans for all people had been changed since our last inspection and were much more person centred than at our previous inspection in 2016. One good example was that people now had a section within their care plan entitled, 'Important things to know about me'. One person's care plan, who had dementia, explained that they would at times get upset as they could forget information given to them. As well as how this could emotionally affect the person there were clear risks identified and practical advice for care staff to follow to negate some risks and deal with others. For example care staff were to accompany this person to the restaurant for their meals so they did not get lost and given them time to explain what they wanted if they became confused with what they were saying. There were many more similar examples of issues being identified for people, why such issues may arise and what steps were to be taken for care staff in the event of issues taking place. Staff we spoke with all told us that they felt that care plans had improved and were a useful reference when caring for people.

Most of the people we spoke with were aware of their care plan and told us that they were given the opportunity to contribute to its design and review. However most of the people we spoke with told us that they were comfortable not being involved with the care planning process. The people who told us they were not aware of their care plan recognised their care plan folder when shown it and told us that carers used it when visiting them. One person told us, "I have been asked about my care and (family) are also involved at intervals. I'm not really bothered to be honest as I'm happy so I leave them all to it."

We asked people if they were able to make choices about their care and daily routines and received positive response. People told us they could get up and go to bed at whatever time they wanted. One person told us that they did have to arrange for support to have a bath so there were some restrictions but that they understood the reasons for this. Other people told us they have a daily shower or wash at a time that suited them. Another person told us that the time they had a shower had been suggested to them but that they found the suggested time acceptable.

There were a wide range of activities taking place within both the extra care schemes we visited. We saw activities were advertised within the two schemes we visited and people we spoke with told us that they were aware of them. Not everyone we spoke to chose to partake in activities but this was their choice. There was an activities file in place within the registered office that detailed numerous activities that had taken place across all three schemes including reminiscence sessions, knitting, Pilates, wellness checks and painting amongst many others. Due to people living within the same building this gave a much wider scope for people to be able to undertake planned activities and also access facilities within each scheme on the spur of the moment.

Whilst the service did not specialise as an end of life provider people were supported to remain at home at the end of their life. Staff told us that they could access end of life training if this was an area they wished to work in. Staff told us that they could choose whether to provide end of life care as not all staff felt able to do so.

Is the service well-led?

Our findings

We asked people who received care and support if they felt the service was well organised, one person said "I think it's very well organised, the staff never let me down" another said "On the whole, but there's a lot of change, the staff don't stay very long". Another person told us, "Yes, compared to others", another person said, "I would say it's pretty well run" and another person said, "It's very well organised". The majority of the people we spoke with knew who the registered manager was but not everyone knew her by name. All the people we spoke with who knew her told her they found her approachable.

The registered manager and service had a clear vision and set of values, and these were communicated to staff and people who used the service. Staff had the confidence to question practice and report concerns about the care offered by colleagues, carers and other professionals. We saw that there was a system in place of using memo's to communicate with staff. We saw several examples covering information such as rotas, use of mobile phones and announcing new staff. Drop in sessions were held for staff to enable them to raise any issues or to drop in for a chat. We also saw notes from team meetings, the last one being held shortly prior to our inspection and the next four team meetings were diarised and notified to staff. There was also a quarterly newsletter sent to staff and people receiving care and support which detailed past and upcoming events and updates on the service. The majority of staff feedback we received was positive in terms of how the service was led and the working culture. We did receive some negative feedback in terms of how staffing numbers had been managed at one scheme but these comments were historical and coincided with staff some staff leaving this scheme. Staffs at this scheme told us that now staffing levels were better they felt the service was running well as a consequence.

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. We spoke with the group's quality manager. They reported directly to the Chief Executive of the HICA group and were independent to the operations team. The quality manager told us about a few changes since our last inspection including that all new people into the service now received a full review of their care and support after seven days and again after six weeks. The aim of the service was to provide two full reviews per year after the initial six week period but a minimum annual review would take place for each person receiving care and support to ensure they were receiving the most appropriate care. The HICA group audits team visited services periodically dependent on any prevailing issues, for example if a service had a breach of regulation in place, to ensure that appropriate actions were in place and being progressed.

Audits took place at end of each month to look at three to four people's medication records and daily notes as well as their care plan. Any concerns, complaints, safeguarding issues and compliments were sent to the head office as part of the registered manager's monthly return. The monthly return also included information regarding staffing hours, use of agency staff, number of supervisions undertaken with staff, any new people coming into the service and if they had received their seven day and six week care review, training reports and any quality audits undertaken. Each month the scheme managers sent the registered manager a report updating her on their schemes. Annual surveys were sent out to all people and following the analysis of the results the registered manager had introduced a 'You Said - We Did' poster which was

used to display what comments people make on surveys and what the service has done about any issues or suggestions made. The registered manager received monthly supervisions from the organisations operations director and all registered managers met quarterly for the homecare side of the business. We therefore saw plenty of evidence to show that the service had overview and scrutiny both internally and from senior management within the organisation.

The service worked in partnership with key organisations to support care provision, service development and joined up care. We found lots of evidence to show that the service was efficiently run with numerous systems in place to show the management team had good oversight into the day to day running of the service. This included various meetings which we saw minutes of at the registered office. We saw minutes of the last multi-disciplinary team meeting (MDT) which included discussions about individual people who received support, as well as discussion around health and safety, activities and as sales and marketing. There were also weekly communication meetings between HICA and the housing group who owned the properties.

The service was seen to be displaying their latest Care Quality Commission (CQC) rating within the registered premises. We saw the website also contained a link to the latest CQC report.