

Hibiscus Housing Association Ltd

# Hibiscus Domiciliary Care Agency

## Inspection report

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Date of inspection visit:  
24 August 2016

Date of publication:  
01 December 2016

## 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 undertook an announced inspection on 14 July 2016. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

Hibiscus Domiciliary Care Agency provides personal care and support to people who have ill health, learning disabilities, and physical and mental health disorders. People receiving support lived either in the community or at Hibiscus House. At the time of our inspection nine people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 said they were well supported by the staff and the registered manager. They told us staff were caring and treated them with dignity and respect. People were supported to eat and drink well, when identified as part of their care planning. Relatives told us they were involved as part of the team to support their family member. People and their relatives told us staff would access health professionals as soon as they were needed and support people to attend appointments. People were supported to receive their medicines by staff that were trained and knew about the risks associated with them.

Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. People told us staff had the skills needed to care for them. The registered manager was in the process of arranging further training to develop staff knowledge. Staff were encouraged to complete vocational awards to recognise their skills and abilities. They always ensured people gave their consent to the support they received. Staff knew people well, and took people's preferences into account and respected them.

People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and appropriate action taken. Staff had regular access to the

registered manager to share their views and concerns about the quality of the service. People and staff said the registered manager was accessible and supportive to them.

The registered manager told us the culture of the service was to recognise that people were individuals and to treat them as individuals, encouraging them to be as independent as possible. The registered manager had systems in place to monitor the quality and safety of the care provided. They had identified improvements were taking action in a timely way.

## 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 received support from regular staff that knew their needs. People were supported by staff that knew how to support them in a safe way. People were supported with their medicines by knowledgeable staff.

### Is the service effective?

Good ●

The service was effective

People were supported by staff who knew how to meet their needs. Staff were knowledgeable about how to support people. People received support from staff that respected people's rights to make their own decisions. People were supported to access health care when they needed to.

### Is the service caring?

Good ●

The service was caring

People benefitted from caring staff who provided support in an inclusive way. Staff respected peoples' dignity and spent time with people they supported. Staff were aware of peoples cultural needs and supported people appropriately.

### Is the service responsive?

Good ●

The service was responsive

People were involved in their care and support, which was regularly reviewed. People and their relatives were confident that any concerns they raised would be responded to appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff felt supported by the registered manager. Systems were in place to monitor the quality of the

service provided. Where improvements were required action was taken.

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# Hibiscus Domiciliary Care Agency

## **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 which took place on 24 August 2016 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We spoke with three people and two relatives. We spoke with five staff and the registered manager. We also spoke with a social worker and a community psychiatric nurse, who regularly supported people using this service.

We looked at the care records for three people. We looked at training records and other records relevant to the quality monitoring of the service.

## Our findings

People we spoke with said they felt safe because they had support from regular staff who knew them well. One person said, "I'm safe here it's a good place." Another person told us, "If I need help, I can call." Relatives we spoke with said that staff supported people in a safe way. People explained they were supported by staff always provided support in a safe way.

The registered manager explained their responsibility to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of their responsibility to report any potential abuse and who they could report it to.

People told us staff arrived when they should do and supported them with everything they needed them to. One person said, "I am never rushed, they take the time I need." Relatives we spoke with told us their family members were supported by regular staff. One relative said, "My [family member] likes the staff and they never feel rushed." Staff and the registered manager told us they had enough staff to meet the needs of people using the service. One member of staff said, "People get their right amount of time." The registered manager said they regularly supported people; they covered for staff annual leave and sickness. This ensured that they really knew people well which improved the delivery of safe care because they understood risks to people's safety. People told us consistently they knew the staff member who supported them well. A member of staff said, "We always take time to get to know the person." This was confirmed by the people we spoke with. Staff told us they had regular calls and they provided continuity of care. They knew how important it was for the people they supported to know them.

People told us staff had discussed their care needs with them. This included identified risks to their safety and welfare, for example supporting with their personal care, and administering medicines. Staff gave examples of how they managed risks to people whilst promoting their independence as much as possible. For example, one member of staff explained how they ensured one person had their medicines and worked around their social schedule. Staff we spoke with said they spoke regularly with the registered manager and were always aware of any changes in how they managed people's risks. They explained that this was a small service and the registered manager was always up to date with people's risks. Staff had a good understanding of these identified risks, and how they took action to reduce them.

We spoke with two new members of staff about what checks were completed when they started work at the service. Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The registered manager checked with staff members' previous employers and with the

Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people we spoke with said they were supported with their medicines. One person said, "I get my tablets when I need them." Staff told us they were given clear guidance about what support was needed with medicines. Staff told us they had received some training and were waiting for further updates. They explained how they had shadowed experienced staff to establish best practice. They also said the registered manager completed regular spot checks to ensure their competency. Staff told us they felt confident when administering medicines to people. They said us they were aware of any changes in the medicines through the registered manager. Staff we spoke with said they would report if there were any gaps in medicine records. One member of staff told us they had not seen any gaps on medicine records and felt there was a safe system in place.



## Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They know what they are doing." Relatives explained that staff were knowledgeable about how to support their family member. One relative said, "Staff are very competent."

Staff told us that they had received an induction before working independently with people. This included meeting people, going through care plans and policies and procedures as well as shadowing with experienced staff. Staff said they were well supported and confident with how they provided support for people using the service.

Staff were encouraged to complete vocational awards to acknowledge their skills and abilities. One member of staff told us how their training about dementia supported their practice when delivering care for people using the service. Staff told us they had regular access to their manager for support when needed.

The registered manager explained how she was reviewing how training was provided. She was aware that most staff needed their training updating. For example, moving and handling and administering medicines. The registered manager had a plan in place and was sourcing appropriate training. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and were aware of what to report should people using the service need support with making decisions.

The 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.

People told us staff always checked they were happy to be helped. One person told us, "They (staff) always ask before they help." Staff we spoke with told us they were aware of a person's right to say no to their support. Staff we spoke with said they always ensured people consented to their support. The registered manager had an understanding of the MCA and was aware of her responsibility to ensure decisions were made within this legislation. For example, we saw people were supported to make their own decisions where possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of

the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Six people out of the nine people using the service lived at Hibiscus House. The sheltered housing service provided three meals a day for people living there. People told us they were offered choice and encouraged to maintain a healthy diet. One person told us, "The food is always good and I have choice of the food I like." People living in the community had their needs assessed and were supported with food and drinks when needed. Staff said they understood peoples preferences and worked regularly with them so they knew their likes and dislikes. Staff knew what level of support each person needed. For example, one person was a diabetic; staff were aware and offered healthy choices.

People told us they received support with their all aspects of their health care when they needed it. One person said, "They help me with going to the doctor if I need one." Relatives told us they were kept up to date with any concerns about their family member. One relative said, "They [staff] always keep me up to date and will accompany [family member] to hospital appointments when they need to." The community psychiatric nurse said staff always fed back concerns and took appropriate action. Staff had involved other health agencies as they were needed in response to the person's needs. For example, one person had seen an occupational therapist about their changes in mobility. People had their health care needs documented, and staff could describe how they met those needs.



## Our findings

People and relatives said staff were caring and kind. One person told us about the staff, "They are always kind to me." Another person said, "They [staff] are all great." One relative told us, "Staff are all respectful, approachable and committed to providing good support."

People said they were happy with the support they received. The registered manager told us they checked to see if the people receiving the service were happy with the support from staff. For example, one person explained they were asked if they were happy with the staff that helped them. They said they felt listened to because of this. The registered manager explained that she regularly supported people to ensure they had the opportunity to raise concerns.

People told us they received support from regular staff who knew their likes and dislikes well. People said they were supported by a small team of staff. This reassured people that staff knew their needs and were familiar to them. One relative told us their family member was supported by regular staff and they had built a good rapport with them. The registered manager said she always ensured that staff knew the person they were supporting, through shadowing experienced staff and practice discussions. The registered manager understood that people needed to build relationships with staff. Staff told us they spent time getting to know the people they supported and could describe what care people needed.

People said staff supported them to make their own decisions about their daily lives. One person told us, "I am more independent, they [staff] only help if I need them to." Another person explained how they went out in the community and staff adapted their support to fit in around this. One relative explained how staff always talked to their family member and encouraged them to make their own choices. Relatives said they were involved with their family members care planning and they felt listened to.

People said staff respected their dignity. One person told us, "I feel confident with the support I have." Another person said about staff, "They talk to me as a person." Relatives we spoke with said staff treated their family member with dignity and respect. One relative told us about staff, "They always treat my [family member] with dignity, they are careful to cover up so [family member] doesn't feel exposed when they are helping with personal care." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff said, "I always empathise with people needing support, we are a very family oriented team."

People said staff were aware of their cultural needs. One person told us about staff, "They understand who I am and what support I need, they get my culture." Relatives we spoke with said that staff showed a good awareness of the cultural needs of their family members. The community psychiatric nurse explained how staff had supported one person to attend church regularly, and how this had improved the person's well-being. The social worker we spoke with told us that staff had a good understanding of people's cultural needs, and supported people in a way that met them.



## Our findings

People we spoke with said staff supported them in a way that met their needs. People we spoke with told us they were supported as they wanted to be. One person said they had seen their care plan and were happy with the support they received.

People we spoke with said they were involved in decisions about how they were supported. One person told us, "I can change things when I need to, if I need to go out or something like that." Another person said, "They will listen to what I want." Relatives told us they had been involved in sharing information about their family member from the start. People we spoke with said staff understood their needs and provided the right amount of support.

People we spoke with said they could speak with the registered manager at any time and they would listen and support them. One person told us how they had needed extra support in the beginning but this had reduced as they became more independent. They said they had spoken to the registered manager regularly and had the right amount of support for them. They said they were happy with their improved independence. Staff told us they regularly spoke with the registered manager and fed back any changes in people's support needs. The social worker we spoke with said the registered manager and staff worked with them to support people to improve their independence.

People told us they received support that was flexible to their needs. One person said, "They always listen to what I say." Staff told us they were flexible with how they supported people using the service. For example, one staff member explained how they went to the hospital with one person when they needed the extra support. They went on to say; this was only when the person needed the extra help, depending on how well they felt at the time.

People said they were able to say if anything around the support they received needed changing or could be improved. One person said, "I am happy here, I wouldn't change anything." All the people we spoke with felt that nothing needed improving. They said the registered manager spoke with them regularly to check they were happy with how they were supported. Relatives said they were satisfied with how their family member was supported. All the relatives we spoke with said they could speak to the registered manager or staff if anything needed improving. One relative we spoke with said, "They always take action straight away," they went on to say how they had concerns about their family member's diet. They told us that the registered manager discussed it with them and their family member, and they worked together to resolve this. The relative said they were happy with the outcome.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, "I would just say to the manager if I wasn't happy." People explained they were confident to discuss any concerns about all aspects of their care provision with staff or the registered manager. Relatives we spoke with said they regularly spoke with the registered manager and would be happy to raise any concerns with them if they had any.

We saw there was information about how to complain available to all the people using the service. There was a procedure in place to investigate concerns raised and to take appropriate action. At the time of our inspection there had been no complaints raised.

## Our findings

People who used the service and their relatives said they were supported by the registered manager. They said they felt they could speak with her and she would take any appropriate action. One person said about the registered manager, "She regularly talks to me and checks everything is ok." One relative told us, "Very good service, excellent." One relative said the registered manager always took time to talk to them and they felt they could speak with her about anything.

The registered manager knew all of the people who used the service and their relatives. They were able to tell us about each individual and what their needs were. They regularly supported people with their care needs. The registered manager said this helped them ensure that people received quality, safe support with their health and wellbeing. They told us it was important that the service supported each person as an individual. For example, the registered manager explained they were knowledgeable about the cultural needs of people using the service and ensured staff had a good understanding of these needs. The registered manager said the service was small and very personal. All the people we spoke with knew the registered manager well and said they were accessible.

People said they were asked to share their views about their experience of the service and the quality of their care through satisfaction questionnaires. We saw the results of these questionnaires for July and August 2016 were mainly positive. The registered manager said she was in the process of reviewing the questionnaires to ensure action would be taken if needed.

Staff told us they always reported accidents and incidents. We saw that there was documentation available for staff to complete. One member of staff told us that an occupational therapist had assessed one person after a fall to ensure they had the right equipment available. The registered manager said action was taken when incidents happened to ensure they were kept under constant review.

Staff said they were supported by the registered manager. Staff told us they spoke regularly with the manager and could raise any suggestions or ideas. For example, one member of staff explained how the registered manager had listened to them about their ideas to improve how one person was supported. Staff told us how any compliments were always passed on so they felt valued and appreciated. Another member of staff said, "We are a small team and all know each other really well. Like a family."

Staff said they had regular meetings to share ideas and best practice. At their last meeting a member of the board attended to share what their role was and how staff could impact on improvements of the service. For

example, by sharing ideas and concerns. Staff said they felt listened to and valued because of these regular meetings. The registered manager explained that she wanted the staff to be involved in these meetings therefore each time there was a member of staff chairing the meeting, which empowered staff to set the agenda for what was discussed.

The registered manager had identified that staff were not fully up to date with their training. She was unable to continue to use her previous supplier, therefore was looking at how to provide effective training. In the interim the assistant manager was supporting staff to ensure people received safe care. The registered manager was following a plan to ensure all staff would be up to date within the next six months.

The registered manager told us she monitored the quality of care by completing spot checks (visits to people who used the service) every two to three months. She said during these checks, she monitored the quality and safety of care provided and the competencies of staff. People told us they had regular visits from the registered manager to ensure they were happy with their care. Staff said they had regular spot checks to support how they provided care. However the registered manager had not recorded these checks to support the overview of the quality of care provided. We spoke with the registered manager and she agreed to document these in the future.