

HICA

HICA Homecare - Grimsby

Inspection report

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Date of inspection visit:
13 November 2023

Date of publication:
04 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

HICA Homecare - Grimsby is a not-for-profit care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides home care services within Grimsby and surrounding areas to people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. People using the service lived in their own homes in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 291 people were receiving personal care.

People's experience of using this service and what we found

Right Culture: Staff were safely recruited and provided consistent and continuity in care. Staff received an induction and training which included areas of care and support, infection prevention and control, and person-specific training.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider, however action plans were not always revisited. We have made a recommendation about this.

Right Support: Medicines were being managed safely, individual and environmental risk assessments had been completed. Systems were in place to ensure allegations of abuse and incidents and accidents were managed. People told us they felt safe when receiving support from staff. Risks to people had been assessed. People accessed specialist health and social care support where appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff provided personalised care and support to promote people's wellbeing, enhance their quality of life and to achieve positive outcomes. People's communication needs were identified, and care plans detailed their preferred ways to communicate and make decisions.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 January 2018). The rating remains good.

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

HICA Homecare - Grimsby

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 November 2023 and ended on 15 November 2023. We visited the location's office/service on 13 November 2023.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 7 relatives about their experience of the care provided. We attempted contact with 16 staff members and spoke with 8 members of staff including the operations and compliance manager, registered manager, deputy manager, senior care staff and care staff.

We reviewed a range of records. This included 6 people's care records and numerous medication administration records. We inspected 5 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- A sample of care rotas showed there was no travel times between visits and some cross over times which resulted in late calls. People said, "Normally there is a lot of variation in visit arrival times" and "They come to visits at anytime, I've had to cancel hospital appointments as the carers were late."

We recommend the provider reviews their rostering systems to enable continuity of care.

- Some people and their relatives told us staff did not always stay for the allocated time. We raised this with the registered manager who told us this had been an issue in the past. At the time of the inspection the service used electronic monitoring to ensure staff stayed with people their allocated time. We saw evidence the system was operational at the time of the inspection and the registered manager monitored staff punctuality and records confirmed action had been taken to address this.
- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place. One staff member said, "If you struggled with specific aspects of any training, they [managers] are accommodating to different learning styles."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People and relatives told us people felt safe. One said, "I 100% feel safe, my safety is taken into account."
- Policies and guidance, which included the local authority guidance was available to support staff in reporting allegations of abuse. Records confirmed previous allegations had been investigated. These included the actions taken which supported lessons learned.
- Staff we spoke with understood the signs of abuse and how to report them. Training had taken place in this area to ensure staff knew what to do.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been appropriately assessed to make sure staff could work safely with people and manage the risks that were present in their lives. This included risks around the environment, medicines, mobility and infection control.

- A lessons learned system was in place when things went wrong. Incidents were investigated and reasons why things went wrong were explored to ensure learning. Learning was shared with all staff to prevent the incident from reoccurring.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicines were managed safely.
- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed and care plans included guidance for staff to support people with their medicines. Electronic medicines records evidenced people had received their medicines as prescribed.
- Staff received medicines training and their competency was checked regularly to ensure good practice was followed.
- Medicine audits had been completed to ensure medicines had been administered in line with guidance and their care needs.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received up to date infection prevention and control training and had adequate supplies of personal protective equipment (PPE).

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Where improvements to the service had been identified through quality auditing, action was not always revisited and signed off.

We recommend the provider reviews their system and process for signing off actions identified through quality audit monitoring.

- Regular audits and checks were completed to monitor the quality of care provided. For example, care visit times, care tasks and records completed by staff were all monitored. Additionally, spot checks to observe and monitor staff performance were completed. Action had been taken when shortfalls were found.
- The management team were knowledgeable about the skills of their staff team and the people they were supporting, and were clear about their own roles in managing the service in a way that met people's needs effectively.
- Staff understood their roles and responsibilities, knew how to report their concerns and felt confident these would be dealt with.
- There were systems in place to regularly review accidents, incidents and safeguarding referrals including root cause analysis to find out how and why things went wrong.
- The registered manager was focused on the continuous improvement of the service. An improvement plan captured ongoing developments.
- Service records showed there was reflective practice embedded into the service. Discussion focused on continuous learning for staff and management teams.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were generally happy with the support they received. One person told us, "The regular carers are excellent and do care." However, some people said the office staff do not answer the phones, speak in an unprofessional manner, and do not act on concerns shared. We shared this feedback with the registered manager who assured us action would be taken.
- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Management were visible in the service, approachable and took a genuine interest in what people, staff,

family and other professionals had to say. A relative said, "HICA come every so often and ask us how it's going and we tell them, I'd give them 9-10 /10."

- Staff confirmed they were happy working for the service. One staff member said, "I enjoy helping the community. I really enjoy my job and I wouldn't work here if I didn't enjoy it. The support system is brilliant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us the registered manager was open and honest.
- The registered manager understood their responsibilities under the duty of candour. They ensured people were kept informed and apologised if errors occurred.
- The provider had notified CQC about significant events, which they are required to tell us. This helps us to monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had team meetings and one to one supervision.
- The management team engaged with people and staff to gather their views. People and their relatives were asked about their experience of care delivered and the provider was able to use this information to establish improvements in quality and care.
- People had regular review meetings with their staff and relevant professionals to review all areas of their care plans.

Working in partnership with others

- The service worked in partnership with others. There was evidence of partnership working with professionals involved in people's care. Care records contained local authority assessments which guided the care people required.