

Humbercare Limited

# Humbercare Ltd Grimsby Office

## Inspection report

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25 July 2023

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
|---------------------------------|--------|

|                      |        |
|----------------------|--------|
| Is the service safe? | Good ● |
|----------------------|--------|

|                           |        |
|---------------------------|--------|
| Is the service effective? | Good ● |
|---------------------------|--------|

|                          |        |
|--------------------------|--------|
| Is the service well-led? | Good ● |
|--------------------------|--------|

# Summary of findings

## Overall summary

### About the service

Humbercare Ltd Grimsby Office is a supported living service. It provides care and support to people with a learning disability or who are autistic, living in a 'supported living' setting, so they can live as independently as possible.

Not everyone who uses the service receives personal care. CQC only inspects the service being received by people who are provided with the regulated activity of '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, the service was providing personal care to 9 people with a learning disability and autistic people.

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

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.

The service was able to demonstrate how they were meeting underpinning principles of 'Right support, right care, right culture'.

### Right Support

Staff received training they needed to meet people's needs. Management had effective systems and processes in place to ensure oversight of the safety and quality of the service. 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.

We observed people were comfortable in the company of the staff who supported them; interactions were positive and meaningful. People were encouraged and supported to be independent and to engage in tailored activities and pursue interests that were important to them. Staff spoke knowledgeably about how they ensured people received care that met their diverse needs, including protected characteristics.

### Right Care

Care and support were provided according to people's individual needs and wishes. Staff ensured people's privacy and dignity were respected. People felt safe with staff and enjoyed spending time with staff who they knew well. Staff had a good understanding of people's care needs and ensured care and support was personalised.

Risk assessments provided up to date guidance and information for staff. They gave information for how

staff could ensure people made informed choices and lived their lives.

Robust recruitment practices were followed. Appropriate checks were completed to ensure only suitable staff were employed. There was an ongoing process of staff recruitment to ensure people were supported safely and effectively. Staff received an induction and were well supported through a programme of regular supervision, spot checks and training. There were enough staff on shift to ensure people received safe care and support.

#### Right Culture

There was a positive culture for the people who use the service. Staff who worked there benefited from the support from the management team, including values checks at supervisions and feedback calls from the registered manager. Staff that we spoke with spoke positively about their roles and about providing care to people who used the service.

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

#### Rating at last inspection

The last rating for this service was good (published 12 October 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Humbercare Ltd Grimsby Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Humbercare Ltd Grimsby Office

## **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 carried out by 1 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 provides care and support to people living in their own homes so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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 it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 July 2023 and ended on 25 July 2023.

#### What we did before the inspection

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

#### During the inspection

We visited 2 addresses and met with 4 people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with 5 staff including, care staff, registered manager, assistant head of services and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and numerous medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

Following our visit, we spoke by telephone with 2 people who use the service and 2 relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe with the staff who supported them. One person said, "I am happy here so I feel safe, if I am worried about anything I would speak to [staff]".
- People and those who matter to them had safeguarding information in a format they could use. Certain policies were written in an easy to read format, these used pictures to show people how to make a complaint and raise concerns.
- The provider had an out of hours on call service to provide guidance and support to people and staff.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in making decisions about how to keep safe. We saw a person discussing risks and contributing towards a risk assessment for an activity with the staff team.
- Each person had a personal evacuation plan to show the support they would need if they needed to be evacuated. These plans are important to ensure people would be moved safely if there was an emergency, such as a fire.
- The provider had assessed and recorded risk and needs to keep people safe. They had reviewed care plans to ensure comprehensive risks assessments linked to all aspects of a person's life.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the level of support people required.
- Staff knew how to take into account people's individual needs, wishes and goals. People had a consistent team of staff to support them which enabled continuity of care.
- Safe recruitment and induction training processes were in place. Appropriate recruitment checks had been carried out so suitable staff were employed.

Using medicines safely

- Medicines were managed safely. People and their relatives reported no concerns.
- Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- People's needs in relation to medicines were assessed prior to the service starting their support. People were supported to take their medicines as prescribed and in ways they preferred.
- Where people were prescribed medicines they only needed to take occasionally (known as PRN), guidance

was in place for staff to follow to ensure those medicines were administered safely.

#### Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control.
- Staff were aware people were living in their own homes and could make decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.
- The provider's infection prevention and control policy was up-to-date.

#### Learning lessons when things go wrong

- There was a system in place to report incidents and record actions taken as a result. Staff knew how to report incidents and reflective meetings were held to learn from incidents.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The needs of people who used the service were assessed before care was started. This included planning for people's physical health, oral health, mobility, finances and behaviours.
- People's likes and personal preferences were recorded in their support plans.
- Support plans were reviewed regularly and updated. People who use the service and/or their relatives were invited to contribute to these reviews. One relative said, "I was involved in the care plan, and I have been to meetings about [relatives] care".

Staff support: induction, training, skills and experience

- The registered manager ensured staff had received inductions and that mandatory training had been completed. This was evidenced in staff training records.
- Staff we spoke to had completed the care certificate as part of their training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us they were going to prepare their own dinner.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.
- People's right to make unwise decisions related to their food and drink consumption was respected. Their care plans guided staff to remind people of the dangers of what could be seen as unwise choices and the impact on their health.
- Mealtimes were flexible to meet people's choices. People could prepare their own meals or have staff prepare them. People told us they could choose to eat out or receive a takeaway.

Adapting service, design, decoration to meet people's needs

- People personalised their own rooms and flats. People were included in decisions relating to the interior decoration and design of their home. One person told us they had been involved in choosing the paint colour for the redecoration plan and had chosen another picture for the wall.
- The design, layout and furnishings in a person's home supported their individual needs. There was open access to a well-maintained garden space, areas to sit quietly, areas to enjoy social activity and areas to prepare food and drinks.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to attend health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care or assistance.
- Staff knew about people's capacity to make decisions through either verbal or non-verbal means and this was recorded.
- Staff were supported with training in MCA and Deprivation of Liberty Safeguards (DoLS).
- Care was provided in the least restrictive way possible and any restrictions were documented and agreed.

# 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.

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

- The service had a positive person-centred culture. Service values motivated staff to support people in a compassionate and kind manner. One person told us, "It is 10 out of 10".
- Staff knew people well. Two staff explained what people liked and what made them happy.
- The registered manager and nominated individual were open to the inspection process and acted swiftly to feedback given. They supplied any requested information promptly.
- Staff spoke positively about the management team, who they described in complimentary terms such as approachable, supportive and kind. One staff member said, "We are a very good team, we have very good systems and we all support each other".

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

- The registered manager was aware of their responsibilities under the duty of candour and promoted an open and honest culture.
- The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews and medicine records. Where issues were identified action was taken.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- Staff were clear about their roles. The registered manager had the skills and knowledge to perform their role well and had identified areas they wished to develop further.

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.
- Systems were in place to capture people's views and feedback. Relatives told us "I find the registered manager approachable and will keep me informed" and "There is good contact with the staff, any issues are

always sorted".

- People were able to attend residents' meetings where they discussed changes within their homes, activities, achievements, goals, as well as the menu's.
- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans ensure any barriers to leading a full life were avoided.

#### Continuous learning and improving care

- The registered manager carried out a number of quality audits to identify areas of improvement.
- The provider made use of surveys to capture feedback from people who used the service. These were also available in an easy read format.
- Regular staff meetings were arranged, whereby feedback from staff could be captured as well as sharing lessons that had been learnt. A staff member told us, "They are good as everyone brings up what their views are, we talk them through constructively. They are very good for reflective practices".

#### Working in partnership with others

- Staff at the service worked well in partnership with other health and social care providers. This helped to promote overall health and well-being of the people they supported.