

Hodman Care Ltd

# Hodman Care Ltd

## Inspection report

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Date of inspection visit:  
12 February 2020  
24 February 2020

Date of publication:  
22 April 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hodman Care Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of inspection one person was receiving personal care.

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

The person's medicines were not always managed safely. Creams were not recorded on the person's medicines records. We have made a recommendation about medicines management. Staff competencies to administer Medicines had been audited.

Systems and processes to safeguard people from the risk of abuse were in place, but the registered manager and staff were not familiar with the local authorities safeguarding process. We have made a recommendation about safeguarding.

The person was 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. However, the policies and systems in the service did not fully support this practice .

The provider's recruitment rationale was not always evidenced when employing staff . We have made a recommendation about recruitment procedures.

Risks to the person had been assessed and reviewed. Care plans provided staff with guidance to meet their needs safely. The person was supported to maintain good health and had accessed health care services when needed. Staff prepared food and drink to meet the person's dietary needs and requirements when required.

Staff training had been kept up to date and staff received formal supervision, but no annual appraisal. Staff practices were audited by the registered manager to ensure they provided care that people needed. Staff induction processes were sufficiently robust.

We were assured the person's needs and wishes were comprehensively and holistically assessed. There were systems and processes in place to assess and monitor the quality of care provided.

The registered manager was aware of their legal responsibilities and notified the Care Quality Commission as required. Improved communication and systems were in place to ensure the views of people, relatives and staff were sought, and any learning was shared with the staff team when things went wrong.

The person was supported by regular reliable staff who knew them and their needs well, which promoted continuity of care. A relative was confident complaints would be listened to and acted on. It was evident that people's views about the service were sought individually and through surveys.

Rating at last inspection.

The last rating for this service was good (published 2 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach in relation safeguarding. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hodman Care Ltd

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection because it is a small service. We needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 12 February 2020 and ended on 24 February 2020. We visited the office location on 12 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided. We spoke with five of staff including the registered manager, volunteer care co-ordinator and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicine administration records (MARs) were not fully completed with all necessary information as staff were not recording the application of creams onto the MARs. This was not in line with the National Institute for Health and Care Excellence (NICE) guidance and reduced the opportunity for the registered manager to check the cream was still being used for the condition it was prescribed for. Care workers should use the MARs to record any medicines support they have given to a person.
- Staff had received training in the safe administration of medicines, and the registered manager regularly audited their practice.

We recommend the provider review the NICE guidance on 'Supporting people receiving social care in the community to take their medicines' to ensure full compliance by the service.

- Information about the person's medicines needs were detailed in the person's care plan.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place, however this did not reference the local authority's safeguarding arrangements and the registered manager did not know how to report safeguarding concerns locally. There was a risk that safeguarding concerns would not be reported in a timely manner, to the appropriate authority for investigation.

We recommend the provider become familiar with the local authorities safeguarding policy and share the information with the staff team.

- The relative of the person being cared for, told us their loved one felt safe. They said, "My [loved one] feels safe, as [they] have the same carers who knows [them]. My [loved one] would say if [they] didn't feel safe".
- Staff were trained in the safeguarding procedure as part of their induction and staff were aware what abuse looked like.
- A professional told us of their experience of working with Hodman Care Limited, "[The provider] would mitigate any issues as fully as possible".

### Staffing and recruitment

- The provider's recruitment rationale was not always evidenced when employing staff. Reasons for gaps in staff employment history and outcomes from the interview process were not recorded.
- Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references were

obtained before staff were appointed.

- The person's relative told us they received a punctual and reliable service from staff. They told us, "[The carers] have never been late. If they are going to be late, they will always call us and tell us that they are running late due to transport issues".
- The person's care was provided by regular staff whom they knew well.

#### Assessing risk, safety monitoring and management

- Risks associated with the person's care needs, such as their mobility, mental health and medical conditions, had been assessed by the registered manager. Risk within the person's home was assessed by the provider, to ensure there were no hazards.
- The person's relative told us the registered manager had assessed their family member needs. The registered manager had explained how staff would support their family member and share any concerns with their family.
- Staff we spoke with knew how to support people and were trained in topics related to health and safety, including pressure area care.
- The person's care plan provided staff with guidance to reduce risks and to keep people safe. Risks were regularly reviewed, and care plans were updated to reflect changes to the support required.

#### Preventing and controlling infection

- The person's relative told us staff always used personal protective equipment (PPE) and disposed of them safely.
- Staff were trained in how to minimise the risk of infection for people. Staff practices were checked by the registered manager to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

#### Learning lessons when things go wrong

- The registered manager was keen to learn from incidents, however there was no history of incidents being recorded. We discussed this with the registered manager, who agreed to ensure all information was recorded, to enable incidents to be analysed and action taken to reduce future risk.



# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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

- Staff understood the need to respect and promote the person's right to make their own decisions.
- The person's relative told us staff respected their loved one's choices and sought their permission verbally, before carrying out their care.
- However, the person's mental capacity had not been assessed appropriately, in line with their documented health condition. The provider had not completed a mental capacity assessment and the paperwork in place was not correct. The registered manager assured us they would contact their local authority for good practice guidance and ensure an assessment was carried out in place as a matter of priority. We will follow this up at our next inspection.

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

- The person was supported to access health care services when needed. The care plan included clear guidance for staff to follow. For example, guidance from the district nurse to reduce the risk of pressure sores. Staff were aware of the person's health conditions and knew what action to take when they were unwell.
- The registered manager worked closely with health and social care professionals to provide support in a coordinated and timely way. For example, if the person needed additional equipment, they contacted occupational therapists for a further assessment. The registered manager had liaised with the appropriate authorities when the equipment supplier could not deliver the correct equipment in the appropriate timeframe. The person received the correct equipment the next day.

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

- The person's physical, mental and social needs had been assessed by the registered manager. This ensured staff had the skills needed to provide care to meet their specific needs.
- An assessment had been completed in line with best practice guidelines and reflected the Equality Act. The person's relative was involved in this process to ensure, the person's individual needs were recognised and met. The relative told us staff knew how their loved one's health condition impacted on the daily support they required. This person's care plan described how staff were to support them at times when their condition fluctuated.
- The relative also told us, "[The carers], always come and talk to me and discuss what is the best route to take and why, with my [loved one]".

#### Staff support: induction, training, skills and experience

- Staff undertook a range of training deemed mandatory by the provider, which covered the Care Certificate. This included promoting person-centred care and dementia.
- There was a detailed programme of induction for new staff, which involved training and shadowing more experienced members of staff.
- Staff felt supported by the registered manager. Supervisions enabled staff to discuss their work and identify further training needs. However, the registered manager had not implemented a formal system of annual appraisals for staff.

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

- The person's dietary needs were met. Staff who prepared the person's meals and snacks, involved the person in discussions about what they wanted to eat and drink.
- The person's care plan described their dietary requirements, preferences and the level of support required to eat and drink. The food and drink logs were completed by staff when needed to ensure the person had enough to eat and drink and used to identify a possible health concern.
- Staff were aware of the person's dietary requirements. Staff were trained in food hygiene and safety and encouraged the person to eat a healthy balanced diet.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The relative of the person being cared for, told us they valued the service their loved one received. They provided positive feedback about the relationships formed between their loved one and the staff. They told us, "[My loved one] knows them all now. The [carers] that come now, they know [my loved one]. When they talk to [my loved one], its good. They know what we need".
- The person's cultural needs and lifestyle choices were reflected in their care plan.
- Staff spoke about the person they supported in a respectful and empathetic manner.

Supporting people to express their views and be involved in making decisions about their care

- The relative told us they heard from the management team on a regular basis and were able to speak with them about the care provided whenever they wished. They felt confident their views would be taken seriously and acted on by staff and management.
- The registered manager assured us they signposted people to sources of independent support and advice, such as local advocacy services, as needed.
- The person's care plan described their individual needs, daily routines and preferences such as the gender of staff to support them. The relative told us, "Carers would know if [my loved one] was not happy, as they would certainly express this".

Respecting and promoting people's privacy, dignity and independence

- The relative told us, their loved one's privacy and dignity was maintained at all times.
- The person made decisions daily about what they wanted to eat and what to wear.
- The relative had spoken with the registered manager, to provide advice to the staff, on how to support their loved one, when their needs fluctuated. They confirmed their views were taken seriously and acted on by staff and management.
- The person's confidentiality was maintained. Staff completed records accurately and they were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person was receiving person centred care based on their individual needs. The assessment and care planning process ensured the person's identified needs could be met. The care plan provided clear guidance for staff to follow which, included information about the person's likes, dislikes, lifestyle and interests.
- The person and their relative had been introduced to staff to ensure they felt comfortable. This meant they could explain what was important for them to staff. The person was supported by regular reliable staff who understood how to support them. The relative said they were contacted if staff may be late due to traffic, so they did not worry unnecessarily.
- The registered manager reviewed the person's care plan regularly. They told us they regularly reviewed and updated the risk assessments and care plan to ensure the content was still accurate and provided staff with the information they needed to support the person. However, staff were not always recording the person's choices in their daily notes. The registered manager recognised the need to work with staff to improve the recording.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The person's relative told us they had developed good relations with the staff and the registered manager.
- Staff understood, routine and consistency were important factors for the person. For example, staff ensured care tasks took place in the same order and with the same topic of conversation, as this instantly reassured the person.

Improving care quality in response to complaints or concerns

- The person's relative did not have any complaints and knew how to contact the office or the registered manager. They said, "No complaints. If there is a problem, I will call the office." They also said, "I'm pleased having only one carer, the same carers, now looking after [my loved one].".
- The provider's complaints procedure included the contact details for the local authority and was part of the care plan, which was given to people at the start of support.
- The provider had received no complaints since the last inspection. A professional told us, they had no recorded complaints from service users or families.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person's communication needs had been assessed and were met. The care plan included the person's health condition and how this affected their way of communication. The relative said staff knew to always obtain their loved one's consent prior to delivering any personal care.
- The registered manager had made information available in formats people could easily understand. This included information produced in large print or braille if needed. There was awareness of other communication methods which could be used in the future to help people who needed support to communicate.

#### End of life care and support

- At the time of our inspection, no end of life care was being provided. . The registered manager told us, staff provided people with the opportunity to discuss their wishes for the end of their life.
- There was evidence of compliments from the end of life care provided by the staff team. A recent handwritten compliment said a family was happy with the outstanding end of life care provided to their loved one. It said staff and the provider, had made them feel at ease, and they had been assisted at all times by staff.
- The staff were experienced in providing end of life care and received regular refreshers in training from the registered manager to ensure people received personalised support based on their wishes.
- The were procedures in place and links made with relevant health care professionals.

# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had oversight of the service but did not always understand their responsibilities fully as a care provider. Examples included, not safeguarding people in line with local authority procedures, not applying proper scrutiny with the recruitment of staff, not fully applying the mental capacity act when considering people's capacity to consent to care and the recording the administration of all medicines (creams).
- Quality audits and checks were carried out on the person's care and care records by the registered manager.
- The provider's policies, procedures, and the business continuity plan were up to date. This ensured the service delivery would not be interrupted by unforeseen events.

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

- The person and their relative, were regularly asked for their views about their care individually, during the regular check-in's and at the care review meetings. These checks assured people and the provider, the person's care needs were met safely and as agreed. The completed surveys were all positive. The registered manager shared the survey findings with the staff team.
- Staff understood their role to provide quality care and report concerns to the registered manager. Staff were aware of the whistleblowing procedure and were confident any concerns and suggestions made would be listened to and acted on.
- Staff were supported and had regular training and supervisions. Staff meeting minutes showed staff were informed about changes to the service and their views and ideas were sought about how to improve the people's quality of care and life.

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

- The relative, we spoke with told us they were happy with the quality of service provided. They had developed good relationships with the registered manager and staff.
- The relative and staff felt the service was well-led. Staff worked flexibly when required to fit in with the person's preferences and planned appointments. They knew who the registered manager was by name, knew they could contact them anytime and were confident any concerns would be resolved.

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 understood the duty of candour. They were open and honest when things had gone wrong and were responsive to issues raised during this inspection.
- A professional told us about their engagement with Hodman Care Limited, saying, "We have found them open and transparent".

Continuous learning and improving care; working in partnership with others

- The registered manager told us, some service users had mentioned at the last inspection they struggled to get through to someone at the office. This has since been improved, by connecting the landline to a mobile phone. People are now able to contact anyone at the office, at any time.
- The registered manager worked in partnership with key professionals such as community nurses and commissioners to ensure people received joined up care. Any learning from these was shared with staff team. A professional told us, "We find that they will happily address [issues] quickly and efficiently".
- The registered manager recognised effective monitoring was essential to deliver good quality care.
- The service had received compliments and cards of thanks from relatives, which had been shared with the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 13 HSCA RA Regulations 2014<br/>Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to have an effective safeguarding process in place to prevent abuse of service users.</p> |