

Hebe Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 13 September 2018.

Hebe Healthcare provides personal care for people, living in a converted property where there are individual flats with shared facilities, such as a kitchen, dining area and lounge area. Staff provide personal care and support to people. There were seven people receiving personal care when we inspected. At the last inspection on 03 December 2015, the service was rated as Good. At this inspection we found the service remained Good.

A registered manager was in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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 felt safe living at the scheme with support from staff. Staff understood how to protect people from abuse and received regular training around how to keep people safe.

People told us they received their medicines as prescribed and there were enough staff to support them. Staff said on-going training was in place to ensure they had the skills to meet the needs of the people they supported. People had positive relationships with staff, who knew their individual needs.

People told us that they liked the staff who supported them and were positive about the care that they received. They felt they were listened to and staff understood they could only care for and support people who consented to their care.

People were encouraged to be as independent as possible. They were supported to access healthcare appointments and to maintain a healthy diet which reflected their choices and preferences.

People said staff treated them with dignity and respect. Staff spoke warmly of the people they cared for and said they enjoyed their role and felt supported by management team to provide a good service.

Staff respected people's individuality and diversity and care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care.

People told us staff were quick to respond when they were unwell and supported them to access other healthcare professionals when required.

People told us staff and the management team were approachable and if they had any concerns they would be listened to and dealt with appropriately.

People told us they enjoyed living in the scheme and spoke positively about the new management team and the improvements made. The provider ensured regular checks were completed to monitor the quality of the care that people received. Areas identified for improvement were acted on.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service has improved to Good.

The management team ensured regular checks were completed to monitor the quality of the care that people received, and action had been taken where areas were identified for improvement.

People and staff were able to provide feedback on the way the service was managed and were positive about the overall service.

Staff felt supported by the management team and were clear on their roles and responsibilities.

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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 inspection took place on 13 September 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also contacted the local authority about information they held about the provider.

We spoke with six people who received care and support and one relative. We spoke with the operations manager, the registered manager and one support worker on the day of the inspection. As part of the inspection we also spoke to one support worker and two relatives by telephone. We looked at the care records for three people to see how their care was planned. We also looked at two staff recruitment files, medication records for three people, audit records and minutes of tenants' meetings.

Is the service safe?

Our findings

At the last inspection on 03 December 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us they felt safe with the support of staff. One person said, "I feel safe because [staff member's name] knows how to look after me." Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager or with external agencies. Staff said they were confident that action would be taken. One member of staff said, "The [registered] manager would most definitely take action."

Staff were knowledgeable about the help and assistance each person needed to support their safety. This was confirmed by one person we spoke with who told us the support given to ensure their risks were reduced and the support they received to stay safe. People's risks were recorded in their care plans and staff said the assessments gave them the correct level of information to provide care and support and they were aware of any changes to people's care needs.

People told us there was enough staff available to support them. The provider had a small team of staff who worked shifts so at least one member of staff was on duty at all times. In addition, when extra support had been agreed, for example, supporting people to attend appointments or community activities, an additional member of staff would be on duty to support the person.

Staff told us there were sufficient numbers of staff available to meet the care needs of the people they provided a service to. They told us when staff were off work the staff team all supported one another and their shifts were covered by other staff, including staff from the provider's sister service which was located nearby.

We looked at three staff records and saw employment checks completed by the provider ensured staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited. We found the provider needed to strengthen the process further and ensure a full employment history was completed for all staff. The registered manager said this would be actioned immediately following our inspection.

People were supported by trained staff to take their medicines. One person told us "I get my medicines...staff do it for me because otherwise I would forget." Staff told us they had received training in supporting people to take their medicines and this was monitored and checked.

People told us they were supported by staff to keep their homes clean and tidy. Staff told us they had had access to cleaning products and protective equipment, for example, gloves and aprons, to reduce the risk of

cross infection when providing personal care and support.

The registered manager had records in place to monitor any accidents and incidents. One person told us when they had a fall this was recorded by staff and they told us of the actions taken. We saw information collated looked for any trends and learning so that action could be taken to minimise the risk of any further occurrences.

Is the service effective?

Our findings

At the last inspection on 03 December 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

All people we spoke with told us staff knew the care they needed. Staff told us they felt supported in their role, understood their responsibilities and had regular supervisions. Staff told us they felt able to access advice and guidance on people's care whenever they needed because the registered manager was always available to them. One member of staff said, "You can always ask questions or for support. They are both [registered manager and operations manager] very approachable."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff had completed MCA training and were aware of their responsibilities to ensure people's consent was sought before providing care and support. People we spoke with told us how they agreed to their care and one person told us, "Staff do ask and listen. I get choices." Another person confirmed this and said, "I get choices."

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 manager was aware of the process they would need to follow if someone needed support with their decision making.

Some people were supported by staff to eat and drink enough to keep them well. People confirmed staff supported them to choose their meals and encouraged them to have a healthy diet. One person said, "I'm on a diet and staff encourage me to eat salads. [Staff member's name] helps me with healthy eating." We saw another person was on a fortified diet to gain weight and staff supported them to take prescribed drinks to supplement their diet. One relative we spoke with also confirmed that their family member was supported to prepare meals reflecting their culture and faith.

People told us how staff had supported them to contact healthcare professionals for assistance. One person told us of their health condition and how staff had supported them to the GP to get information to help them. We saw from people's care plans that people had regular appointments with opticians, GP and community health teams. On the day of the inspection, one person complained about pain from a long-standing health condition. We saw staff supported them by offering pain relief and offering to arrange a GP appointment.

Is the service caring?

Our findings

At the last inspection on 03 December 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Everyone we spoke with told us they liked living at the scheme and they were supported by considerate staff. One person told us, "Staff are kind. I can talk to everyone, I have no favourites." We saw people were comfortable around the staff supporting them and we saw positive interactions. We saw one person hug a member of staff and they told us, "[Staff member's name] is brilliant and very kind." People spoke about staff with affection and told us they had developed positive relationships with them. One person told us, "[Member of staff's name] is like a mom to me." Another person commented, "Staff are my friends."

People were involved in care reviews and understood their plans of care. One person told us, "I have signed to agree my care." We spoke to the operations manager who told us that they had identified the care plans could be improved, to be more personalised and better record people's involvement. They advised they were currently in the process of implementing new care plans at the provider sister service and this would then be rolled out at this scheme too.

Staff spoke warmly about the people they supported and provided care for and were able to detail people's needs and how they gave assurance when providing care. One member of staff said, "I listen to them, I give them time and space to talk." We saw examples throughout the day when staff were able to provide reassurance to people when they became anxious or upset.

People were supported to maintain and increase their independence. One person said, "Staff encourage us. [Staff member's name] shows me, now I can do it. They teach me how to independent which is good." Another person told us how they felt their independence had increased. They told us how staff encouraged them to keep their room clean and make their own meals. They proudly told us, "I cook and clean."

People told us staff supported them to access the activities available within the scheme. We saw pictures of a recent baking day where people had baked cakes together in the communal kitchen. One person also told us about other activities they enjoyed such as movie nights and games. One person also told us people living enjoyed Sunday lunch together. They said, "[Staff member's name] does a nice Sunday lunch. I love it." The registered manager said activities were important to support people's wellbeing and enabled people to get together and ensured people didn't become isolated.

All of the people and relative's we spoke with told us staff were considerate and treated them with dignity and respect. Staff also described ways in which they treated people with respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people. People also told us staff were respectful of their home and belongings.

Is the service responsive?

Our findings

At the last inspection on 03 December 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People told us staff involved them in their care and cared for them in the way they wanted. One person told us of the individual support that staff provided, and this was also detailed by staff. A second person told us of the progress they had made with the support of staff. They said, "My family are really pleased with the progress I have made. Staff encourage me."

Staff spoken with were able to describe people's preferences and how they liked to be supported. One member of staff told us, "We know people well – I know when things are not right with people." One person confirmed this and said, "Staff talk to me according to my understanding. Staff know when I am feeling emotional."

Staff were able to tell us about the level of support people required, for example people's health needs. Staff told us information was shared so that people would continue to receive the right care. One member of staff said, "Communication is very good."

Staff told us people's care plans were kept up to date and gave the right level of information to support people. We looked at three people's care records which showed they had been updated when a change had been required. We discussed the care plans with the registered manager; they advised they were in the process of reviewing the records. They told us they were looking to introduce a new care plan format which included more input from people and would also include more photographs and pictures to make the information more accessible to people.

Staff respected people's individuality and diversity and this was confirmed by one person who told us, "Staff know my [cultural] background. Staff help me." Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. For example, we saw external healthcare advice had been sought in supporting one person to move the timings of their medication to support a religious festival. Staff had sought and followed the healthcare advice and had reviewed the support provided and liaised with the healthcare professionals throughout the period.

People said they felt able to complain or raise issues should the situation arise, however people we spoke with told us they had no complaints. One person told us they had, "Any problems, tell staff and they will help." Another person told us they would speak to staff because, "You solve things by chatting."

Staff told us they had not had reason to raise any concerns but felt they could approach the registered manager with any concerns if they needed to. One member of staff said, "[If people] come to me with any problems I will 100% to sort it for them in any way I can." We saw that no written complaints had received but the provider had a policy in place to ensure any complaints received would be logged, investigated and responded to.

We looked at information made available by the provider to support people. We saw information was available to people throughout the scheme, for example, guidance was available in the communal kitchen. We looked for information signposting people to other services, such as complaints information, to see if this information is accessible to the people that use the service. We noted that the complaints information was not available in an easy ready format. We spoke to the registered manager about this and they advised that this would be addressed following the inspection.

Is the service well-led?

Our findings

At our last inspection in 03 December 2015, we rated this key question as 'requires improvement'. The inspection had found quality assurance systems were in place, but some records required for the effective running of the home were not organised and medication was not always easily and robustly accounted for. We had also found that although the service promoted an open culture, the service did not always support and encourage people, their relatives and staff to share their views and experiences about the way the service was managed. At this inspection we found improvements had been made; therefore, the rating for this question is now 'good'.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

Since the last inspection there had been a change in the management team with a new registered manager and a new operations manager. One relative praised the improvements made, they commented, "Things are definitely on the up. It's all for the better." Staff also commented on the improvements made. One member of staff said, "Things are much better under the new managers." They told us this was because the new managers were more person centred in their approach. Staff said they felt supported by the management team who they could go to for any advice or support and also any concerns or issues.

People and staff were able to provide feedback on the way the service was managed. The new management team had introduced a quality survey programme for people to give feedback. We saw one person had completed a form giving positive feedback. Following receipt of the form analysis was completed including scoring of the response to give an overall satisfaction level and to pick up required actions. Staff told us they were able to feedback about the management of the service in staff meeting which they advised were two-way discussions with staff able to give feedback and suggestions. One member of staff said, "I don't hold back [giving my opinions]."

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made. Where areas requiring improvement were found we saw that action had been taken. For example, where gaps had been found on medication records, this had been identified and action taken. We also saw medication retraining had been arranged for staff. Files and information were organised and kept securely.

People told us they enjoyed living at the scheme with the support of staff and felt it was well managed. One person told us, "I like living here, I feel comfortable and staff make time to see us and help us." Another person said, "It's nice living here, [Registered manager's name] is good."

The registered manager said they kept their knowledge up-to-date by attending training and they felt supported by the provider in making changes. They also accessed information and updates from the CQC

and NICE (National Institute for Health and Care Excellence) websites to support development of the service. Records we saw showed the management team worked with other agencies to support the well-being of the people living at scheme. For example, we saw referrals to GP, opticians and community health teams.