

Humbercare Limited

Humbercare Ltd Hull Office

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

Humbercare Ltd, Hull Head Office provides help and support to adults with a variety of complex needs who may need an intensive care and support package to maintain independence to people living within the local community. Services provided include assistance with personal care, help with domestic tasks and carer support to people living in their own homes in areas of the City of Hull.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People who used the service were supported by staff who understood the importance of protecting them from harm. Staff had received training in how to identify abuse and report this to the appropriate authorities. Staff were recruited in a safe way and all checks were in place before they started work. The staff had received an induction and essential training at the beginning of their employment and we saw this had been followed by periodic refresher training to update their knowledge and skills. People were supported by sufficient numbers of staff.

People who used the service were supported to access health care professionals when needed and were supported to have maximum choice and control over their lives. Staff supported people in the least restrictive way possible; the policies and procedures within the service supported this practice.

Staff had a good understanding of people's needs and were kind and caring. There was a strong emphasis on key principles of care such as compassion, inclusion, respect, dignity and enablement. The service developed and maintained strong links with external organisations and within the local community. Complaints were investigated and resolved wherever possible to the complainant's satisfaction.

People who used the service, and those who had an interest in their welfare and wellbeing, were asked for their views about how the service was run and the care they received. Regular audits were carried out to ensure the service was safe and well run.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Humbercare Ltd Hull Office

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 checked whether the registered 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 9 and 12 June 2017. We gave notice of the inspection the day before so the service could ensure someone was available in the office to assist with the inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed PIR within the timescale given. We requested information from professionals involved in the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with two of the four people who used the service, the nominated individual, registered manager, senior practitioner and five support workers. Following the inspection we spoke with and received comments from two health and social care professionals.

We looked at three care files which belonged to people who used the service. Other important documentation relating to the four people who used the service such as their medication administration records (MARs) were also looked at.

We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We also checked a selection of documentation relating to the management and running of the service. These included eight staff recruitment files, training records, the staff rotas, minutes of meetings with staff, accident and incident records and quality assurance audits.

Is the service safe?

Our findings

At this inspection we found people continued to be supported in a safe way. The rating continues to be good

People who used the service told us they felt safe with the staff team supporting them. Comments included, "Yes, the team I have at the moment I am ecstatic about. I have a major issue with trust and am completely phobic about people I don't know. If I'm not prepared, this can set off my mental health condition." Another told us, "Yes I'm safe, I have my own front door and staff are there with me to help me."

People were safe because systems were in place to reduce the risk of harm and potential abuse. All staff had received the up to date safeguarding training and had a clear understanding of the procedures to follow if they had any concerns. Care plans and risk assessments were in place which provided guidance to staff so that care and support was provided to people in a consistent and positive way.

A robust recruitment and selection process was in place that ensured staff employed had the right skills and good character to support people who used the service. People who used the service told us that staffing was provided in line with their agreed individual packages of care, based on their assessed needs. Staff rota's confirmed people were supported by core staff teams in order to provide consistency and continuity to people receiving services.

People received their medicines safely and as prescribed from appropriately trained staff. The service had a comprehensive medicines management policy which ensured staff were aware of their responsibilities in relation to supporting people with medicines.

Medicines were obtained, stored, administered and recorded in line with good practice. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis. These indicated what the medicine was for and the maximum dose.

Where possible, people who used the service were encouraged and supported to take responsibility for their own medicines. There were staged self- medication programmes and some people were being supported with these.

Regular medication audits were completed to check medicines were obtained, stored, administered and disposed of appropriately.

Where accidents and incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager and the senior management team to ensure suitable risk assessments were in place and appropriate action had been taken.

Is the service effective?

Our findings

At this inspection we found people continued to be supported in an effective way. The rating continues to be good.

People who used the service told us they received effective care from skilled and knowledgeable staff. Their comments included; "No one walking this earth has ever been able to do what they (staff) do for me. They listen to what people are saying" and "They are kind and talk to me. They help me out, so I don't have to worry about things, keep me on track with all the things I need to do and when I go out."

The registered provider had a comprehensive training programme in place. Staff told us they had been provided with invaluable training which had included mandatory training, for example medication management, moving and handling and risk assessment. In addition to this they completed training in epilepsy, mental health, conflict resolution and other specialised topics relevant to their role. Staff we spoke with commented, "Humbercare instil training and supervision, it's a huge thing to be listened to and have the opportunity to discuss things and people's progress or setbacks" and "Any training we need or consider would be beneficial to our personal development would be facilitated." Another told us, "The training is second to none."

Newly recruited staff completed induction training which was based on good practice guidelines. During the induction their competency was assessed and any on-going support or further training required was provided. Staff confirmed they received regular supervision and appraisal. Staff told us they felt well supported by the registered manager and senior staff within the organisation.

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, 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. For people living in the community who need help with making decisions, an application should be made to the court of protection.

We found staff had a good understanding of their duty to promote and uphold people's human rights. At the time of our inspection no one using the service had been assessed as lacking capacity. When we met with people using the service we observed staff gaining people's consent before support was provided.

People who used the service were supported to plan menus, do their own shopping and were offered a balanced and varied diet of their choosing. We were told by people using the service that staff supported them with meal preparation, in line with personal preferences.

We saw people's care plans contained information about their health needs and how staff were to support them to maintain a healthy lifestyle. Previous and current health issues were documented in people's care

plans and details of when health care professionals had been contacted when support was needed. People who used the service were supported to access their GP and attend health appointments when they required support with this.

Is the service caring?

Our findings

At this inspection we found people continued to be supported in a caring way. The rating continues to be good.

People we spoke with told us they liked the staff and enjoyed their company. Comments included, "I am totally involved in all aspects of my care and consulted all the time. I like things done in a particular way and that is what happens." Another person told us, "The staff are kind and they talk to me about what I want to do." Staff commented on the progress that one person had made. Having previously always asked what they could do. They were now much more confident and would tell their staff team what they would like to happen.

Staff interacted with people in a sensitive and compassionate manner and engaged with them in a caring way. We observed staff showed a positive regard for what was important and mattered to people, listened to people, read their body language and offered reassurances and encouragement when people were worried or anxious.

We saw people who used the service and staff had developed positive and respectful working relationships. Staff spoken with were able to describe to us how they met the individual needs of people with varying needs, for example relating to individual spiritual support, dietary requirements, personal care and mental health well-being.

Staff we spoke with were able to describe how they would uphold people's dignity for example, knocking on people's front doors and awaiting a response before entering, respecting their wishes when they wanted time on their own, asking people what they would like to do and ensuring they were covered when any personal care was delivered. People using the service told us staff respected their privacy and dignity and spoke to them in a respectful way.

Comments received by professionals included, "Consideration and caring around my client appear to be the main priority for Humbercare staff. My client can present with challenging behaviour at times. I feel that Humbercare staff have got to know the client really well and not only supports them with practical tasks, but offers emotional support. I can honestly say following the involvement from Humbercare, my clients life has improved tenfold." Another commented, "I feel that the staff at Humbercare are compassionate and caring and that the clients wishes and feelings are at the centre of their practice."

Information was available about the use of advocacy services to help people access independent advocacy services for advice when this was required.

Is the service responsive?

Our findings

At this inspection we found people continued to be supported in a responsive way. The rating continues to be good.

People we spoke with told us they were supported to engage in a variety of community based activities they enjoyed. One person we spoke with commented, "I do lots of things, go to the cinema, go out for tea and a pint, feed the ducks, go out for coffee, whatever I want to do" and "I have just had another holiday, this time I asked to go to Butlins and two staff took me. I had a really good time."

Care plans we looked at confirmed that people were assessed by the registered manager prior to being offered a package of care, to ensure their needs could be met and responded to. When people had been referred to the service from other care provision, a series of transition visits were planned in order to develop positive working relationships with people and assess their needs. People who used the service in these situations, were also supported to obtain housing and equip their new home prior to moving in, with support from staff and community based support agencies.

Following the initial assessments, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. People who used the service we spoke with, told us how they had been involved in developing and contributing to their care plan and how they were involved in reviews and updates, when this was required. Staff told us they found care plans informative and they provided the necessary information to help staff know what was important to people.

When changes to people's needs or new ways of supporting them had been agreed, this information was transferred into their care plans without delay. This helped to ensure staff had current and accurate information about the support people required and the way it should be delivered. A staff member we spoke with said, "The care plans are very good. I think part of the reason for this, is because people are involved in decisions about their care" and "The right environment and positive influences can support people to have a fuller and better life. You wouldn't believe the difference in the person I am working with, everything is so much more positive for them."

We found concerns and complaints were taken seriously, explored and responded to in a timely manner. People who used the service told us, "I have only once needed to complain. It was investigated and dealt with fully." Another person told us, "What would I have to complain about? If I'm not happy about something I talk with my staff and we sort things out, there are no problems there."

Is the service well-led?

Our findings

At this inspection we found continued to be supported by a well-led service. The rating continues to be good.

People who used the service told us they thought Humbercare was well-led. One person said, "Yes I know who the manager is, I have met them before, they are interested in what we think about the care we receive."

Staff told us the registered manager was approachable, supportive and led the service in a person centred way. Another staff member commented, "[Name of registered manager] and [name of senior staff] are brilliant, they are always there for you at the end of a phone whenever we need them. They are always happy to talk and answer any questions."

People who used the service were actively involved in developing the service. People were asked to provide feedback on the service through questionnaires. We saw evidence that their feedback was collated and used to develop the service when possible.

The registered provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. We saw that audits of care plans, risk assessments, health and safety and medicines were completed on a monthly basis.

Team meetings were held that reviewed individual topics. The registered manager told us, "The meetings are very practical. We look at what the staff need to know and any changes, or new information we need to share." Staff told us the meetings were a useful tool to share information with their colleagues and discuss what was working with people or not.

The registered manager and staff attended various meetings run by the local authority commissioners and members of the local community. The meetings were held to ensure the service's relationship with the local community was positive. Other meetings attended included networking with key agencies. This included attending meetings with the police, probation service, Multi-Agency Public Protection Arrangements and with children's services. This enabled staff to keep up to date with current good practice in their roles and any issues that may impact on people using the service.

The service had a registered manager in place as required under the conditions of their registration. 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.'

We reviewed the accident and incident records held within the service and found that the service had notified the Care Quality Commission of notifiable incidents as required.

