

Hebe Healthcare Limited

Hebe Healthcare Cape Hill

Inspection report

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West Midlands
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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

This inspection took place on 12 September 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who use the service if we could contact them.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 10 people who were living in their own homes within a 'supported living' facility in the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

There was a registered manager. 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.

People were supported by staff who had received training in how to recognise signs of abuse. Staff were aware of their responsibilities with regard to reporting any concerns and maintaining people's safety. Risks to people were assessed and updated on a regular basis and communication systems were in place to ensure staff were in receipt of the most up to date information regarding people's needs.

For those people who were supported to take their medication, systems were in place to ensure this was done safely. Systems were in place to ensure people were supported by sufficient numbers of staff who had been recruited safely.

Staff felt well supported in their role and benefitted from an induction that equipped them for their role. Staff received regular training and specific training was sourced to ensure staff were equipped to meet people's particular health care needs.

Staff routinely obtained people's consent prior to offering support and demonstrated a good working

knowledge of the Mental Capacity Act 2005.

People were supported by staff who were aware of their healthcare needs. The registered manager and project manager went to great lengths to ensure people received the healthcare support they needed.

People had warm and caring relationships with the staff who supported them and described them as kind and caring. People were treated with dignity and respect, were involved in the planning of their care and were supported to maintain their independence.

People's care needs were regularly assessed and reviewed. People were supported and encouraged to maintain their interests by staff who knew them well. People felt listened to and their views were regularly sought on the quality of the care they received.

There was a system in place for investigation and recording complaints. People were confident that if they did raise concerns, they would be dealt with appropriately.

People were complimentary about the registered manager and considered the service to be well led. Staff felt supported in their role and listened to. The registered manager had created a number of links with other professionals in order to benefit service delivery.

Audits were in place to assess the quality of the care and support people received.

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.

People were supported by staff who had been trained to recognise signs of abuse and were aware of their responsibilities regarding this. Staff were aware of the risks to people on a daily basis and how to support them safely. There were systems in place to ensure people were supported with their medication safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training which equipped them with the skills required to meet people's needs. Staff understood the principles of the Mental Capacity Act 2005 and what this meant to people on a daily basis. People were supported to access healthcare services to help them maintain good health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they described as kind and caring and who supported them to lead their lives as independently as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care. People's care needs were regularly reviewed and their views gathered on the quality of the service provided. People were confident that if they raised a complaint, it would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People were complimentary about the service and the registered manager and considered it to be well led. Staff felt well supported and listened to and were given clear guidance on their roles and responsibilities. There were a number of audits in place to assess the quality of the service provided to people.

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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 12 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in a supported living setting and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

We reviewed information we held about the provider, including any notifications about incidents and accidents, safeguarding matters or deaths. We asked the local authority their views about the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service, the registered manager, the project manager and three members of care staff. We reviewed a range of documents and records, including the care records of four people using the service, two medication administration records, two staff files, training records, accident and incident records, complaints, compliments and quality audits.



Our findings

People were supported by sufficient numbers of staff who knew how to keep them safe and were aware of the risks to them on a daily basis. One person told us, "I feel safe" and another person told us, "It's nice being here, I feel safe, it's nice coming back home".

Staff spoken with were aware of their roles and responsibilities with regard to keeping people safe from harm. Staff told us they had received training in how to safeguard people from abuse and were able to describe to us the signs and behaviours people may display if they were suffering from abuse. A member of staff told us that if they had any concerns, "I would raise it with the manager" and another said, "If I needed to I'd call the Police".

One person told us, "Before it started [package of care] the manager came out and did a massive risk assessment with me". We saw that risks to people using the service were identified and assessed on a regular basis. For example, the registered manager described the risk to a particular individual who woke during the night. They told us, "We discussed the risk and put an alarm on the door to alert us to when they got up", adding, "I would rather put in extra support and ensure people were safe". We saw that the appropriate agreements were sought before this was put in place. For another person, who was vulnerable when in the community, a management plan was in place which provided staff with guidance on what actions to take to minimise potential risks. A member of staff told us, "[Person's name] doesn't fully understand what they are doing so we have to safeguard them; someone has to constantly be with them and make it a safe environment for them".

We saw there was a system in place for the reporting of accidents and incidents. Where accidents and incidents had taken place, we saw that they were reported, recorded and actions taken where appropriate.

People told us that in the event of an emergency, there was always someone to contact from the service. Staff were aware of the processes to follow in case of emergencies. A member of staff told us, "There is always someone on site 24 hours a day for people to access, should they need additional support".

People told us they had not experienced any missed calls and that staff were always available to support them. One person told us, "They [staff] are really good, they are always here to help me" and another said "I've had no problems at all with calls". We saw that staff absences were covered by existing staff. The registered manager told us, "If someone is on leave, we put it out to staff to cover, we have quite a lot of staff and you always get someone to pick it up". Staff spoken with confirmed this.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. Staff spoken with confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they had started work with the service, and we saw evidence of this.

One person told us, "They [care staff] help me with my medication and make sure I have them on time". Another person told us, "Staff do all my medication, it's locked in the cupboard and they sign the MAR [Medication Administration record]". Where one person required their medication to be administered 'as required' we saw staff were provided with detailed information and full instructions about what circumstances the medication should be administered. People's medication records held detailed information including the reason for the medication, how it benefitted the person and in what circumstances it should be administered. We saw that these records were regularly reviewed. We saw for a person whose pain had increased due to illness, additional support and pain relief was immediately sought by staff. Staff spoken with confirmed that they had received training in how to administer medication and their practice was regularly observed. One member of staff told us, "We check the chart, administer the medication and sign for it".



Our findings

People we spoke with were complimentary about the staff who supported them and told us they thought they did a good job. One person told us, "The staff are really good here" and another said, "The staff are here to help you".

Staff told us they benefitted from an induction that equipped them with the skills required to meet people's needs. They told us their induction taught them everything they needed to know about the people they supported, gave them the opportunity to familiarise themselves with the provider's procedures and included a number of opportunities to shadow more experienced staff. One member of staff told us, "I was ready [to go on shift] and they made sure I understood everything". Staff told us they felt well supported by the registered manager and project manager and received regular supervision. A member of staff told us, "They [management] ask if there are any issues to raise, it's all very supportive". The registered manager told us, "I do group supervision sometimes; it means you know everyone is working off the same sheet".

People were supported by staff who felt well supported in their role. Staff told us they benefitted from training that provided them with the skills to do their job effectively. Where specialist training was required to support people, this was put in place. One member of staff told us, "We've recently had nurses in to support us caring for [person's name]" and another said, "We constantly have training; all year round". We saw that there was a training matrix in place which enabled the registered manager to keep tabs on staff training and ensure it was up to date and relevant to meet the needs of the people staff supported.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legal authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty [DoLS] were being met and found that they were. Staff told us they had received training on this subject demonstrated an understanding of DoLS.

We found that mental capacity assessments had been undertaken and decisions recorded to be made in people's best interests. Staff were able to describe in detail, the circumstances which led to an application being put in place to deprive a person of their liberty. They were able to describe the process that was

followed including working with other professionals to ensure all were acting in the person's best interests. People were supported by staff who obtained their consent prior to supporting them and people spoken with confirmed this. One member of staff told us, "We enable people to do things but if they don't want to we can't force them".

We saw that where people required support at mealtimes, assistance was provided. One person told us, "They will help me with my meals if I need it". Staff spoken with were aware of people's nutritional needs and how to support them appropriately. A member of staff told us, "Sometimes we have to sit with [person's name] as she drinks/eats too quickly so we have to tell her to slow down, as she's at risk of choking".

People were supported by staff who knew their healthcare needs and how to support them to maintain good health. One person told us, "[Care staff names] support me with any doctors' appointments" and another person told us, "They [care staff] have been really supportive over the last few months, I've had a number of health issues. They got the ambulance out to me a few weeks ago and then they were in and out of the room to check on me to check I was alright". Staff confirmed people were supported to maintain good health and to attend regular medical appointments, for example with the doctor, dentist and optician and we saw evidence of this.

We saw staff had supported one individual to access specific healthcare services for a particular ailment. We saw evidence of great efforts being made to access health care for this person and to reduce the person's anxieties when it came to being seen by their consultant. The registered manager and project manager described to us the procedures they had to go through to get the person seen to enable a diagnosis to be made and we saw evidence of this. We saw that staff worked closely with a number of professionals to support this person. The registered manager told us, "It's fantastic to sit with them all and it's great to see everyone working together". Staff recognised that the main issues for the person were their anxiety. The registered manager told us, "The anxiety is an issue for [person's name], the [illness] isn't. If we think something is causing them an anxiety we don't do it or find a way round it".

Staff told us that communication was good and they were kept informed of any changes in people's care needs. One member of staff told us, "Communication is good, we have a book and it's quite good. It's like a family here, we all help each other". We saw that the changes made in people's care plans in respect of their health care needs, were completed in a timely manner. We saw any changes were communicated to staff through a 24 hour status report and staff were also instructed to read and sign updated care plans to confirm they understood the changes made. This meant that staff were kept up to date with people's healthcare needs and were able to respond to them effectively.



Our findings

We observed that people had warm and friendly relationships with the care staff who supported them and described them as 'kind' and 'caring'. People knew who the registered manager was and spoke positively about her, the project manager and the staff who supported them. One person told us, "[Registered manager and project manager] are the best people to live with. I have a laugh with them and I feel like I'm close to them" and another person said, "The staff are great, they are doing really well, and make sure I have the best care". Another person described to us the reasons why they decided to move into their own home and be supported by the service. They told us they already knew the service well and it was an easy decision to make, adding, "Home was calling me, I decided to come here". Staff spoke fondly and with great care regarding the people they supported. The registered manager and project manager described to us how important it was for them and for care staff to support everyone who used the service, and in particular, a person who was ill at that time and required specialist care. The registered manager said, "We will do whatever we can to ensure [person's name] is loved and feels loved".

People told us they considered themselves to be part of a family, despite living in their own separate flats. One person told us, "Staff are all friendly and helpful, some more than others, I can always have a chat with them. They are approachable and always ask how you are and if they can do anything to help". Another person told us, "[Registered manager and project manager's names] are the best people. I have a laugh with them and I feel like I'm close to them".

The registered manager told us she considered one of the key achievements of the service was to support people to live as independently as possible. She told us, "It's about enablement and progression". We saw that people were supported by staff who helped them maintain their independence. One person told us, "The staff make sure I pay my rent and my television licence" and told us how staff supported them with their food shopping. They told us, "I do my own food shopping and they [care staff] make sure I eat properly". They appreciated the support they received from the registered manager and care staff. Another person said, "They [care staff] help me cook things, and help me with my finances".

People told us and we saw evidence that they were fully involved in the planning their own care and making their own decisions. One person told us, "I always have a choice". We saw that for people who were unable to communicate directly with staff, efforts had been made to produce care plans in a pictorial format. For those people who required it, communication care plans were in place. One member of staff told us, "[Person's name] can't speak but uses facial expressions".

Staff described how they treated people with dignity and respect whilst supporting them, for example, covering people appropriately whilst providing personal care and asking if they would prefer male or female carers. One member of staff told us, "We will always ask, 'can I enter your flat, would you like some support? If people say 'no' we leave it a little while and then go back and ask again". People spoken with confirmed that staff treated them with dignity and respect.

We were told that no one at the service currently used advocacy services, but saw that information was available to people to access them in the welcome pack that was provided by the service.



Our findings

People told us they contributed to the planning of their care and staff supported them the way they liked. We saw that there was a pre-assessment process in place to ensure that the service was able to meet people's needs, prior to them receiving a package of care. This included obtaining information from the person and their social worker. We saw that prior to being supported by the service, efforts were made to match people with care staff that they would get on with and had the right skills to support them effectively. We saw and people confirmed, they were able to have a say in this and choose who they wanted to support them. We saw that people's care records were orderly and easy to navigate. Care plans were produced in a pictorial format for those people who required it, to enable them to understand the content. We saw that these formats had enabled people who use the service to be involved in the planning of their care.

We saw that people were involved in reviews of their care and support. The registered manager told us, "Every three months we have a service user consultation, an informal chat and ask if people feel part of the planning of their care and what else can we do to help them achieve [their goals]".

Staff were able to provide us with a good account of the people they supported, their likes, dislikes and what was important to them. One person told us, "I'm sport mad and the staff know it. Me and [care staff name] have a bit of fun and talk about the football". A member of care staff described a particular person they supported who loved animals. We saw that arrangements were made for the person to attend college to complete a course that they were interested in. We spoke with this person and they confirmed this. They told us they were looking forward to going to college, adding, "I'm a bit nervous but they [care staff] are going to help me with my homework". We saw that people were supported with their cultural beliefs. One person was supported to fast during a religious festival. A member of staff told us, "[Person's name] asked me to get them up at 3.30am so that they could eat".

One person told us how staff helped them care for their pet. They told us, "They help me look after my rabbit, they give me prompts" they went on to tell us how staff had supported them to take their pet to the vet and told us how much this meant to them. Staff spoken with confirmed this and told us how important the person's pet was to them. This meant people were supported by staff who were aware of what was important to them in their daily lives. People told us staff knew them well and were responsive to their needs. One person told us, "They [care staff] are very kind, I wasn't well and the carer came in and said, 'I'll do your mopping for you, as your back is bad'". Another person told us, "They [care staff] understand when I struggle and they help me".

Although people lived in their own flats, there were communal areas in the building that were used and efforts were made to create and maintain friendships within the building. People spoke of a recent celebration that had been put on for a particular individual and another person told us how much they enjoyed the communal lunch that staff arranged every Sunday. They told us, "We usually get together for Sunday lunch, we all chip in".

People were aware of the complaints system in place and were confident that if they did raise a complaint, they would be listened to. One person told us, "They [management] do act on things". They went on to describe a particular complaint they raised and told us it was dealt with promptly and to their satisfaction. They told us, "I spoke to the [project manager's name] and she sorted it. She knows I'm one of those people who speaks their mind". We saw that the service had also received a number of testimonials, complimenting the service. The registered manager told us, "People tend to come and see us with any concerns".

We saw there was a system in place to gather the views of the people using the service. Questionnaires were sent out to people using the service, prior to their three monthly care consultations. The registered manager told us, "The tick box questionnaire is great, but to sit with people and talk to them gives them chance to have their say".



Our findings

People and staff were very complimentary about the registered manager and the project manager. They told us they considered the service to be well led. One person told us, "The staff are lovely. They do a lovely job and are helping me sort out lots of things" and another person said, "I have [registered manager and project manager's names]. They are really good people". The registered manager told us she divided her time between this service and other sites that she was responsible for. Both she and the project manager spoke highly of each other and told us they were a good team. The registered manager told us, "I know if I wasn't here, [project manager] would fight for people's rights and would speak up". The registered manager spoke highly of the staff group who supported her and ensured that staffs hard work and commitment was recognised and acknowledged. For example, we saw that she had recently written to staff thanking them for the care and support they provided stating 'I would like to say thank you to all staff for giving [person's name] a fantastic day on Saturday, she looked so happy'.

Staff told us they felt well supported by the registered manager and were encouraged to raise any concerns they may have in supervision or staff meetings. One member of staff told us, "Anything we come across we think needs to be addressed we will raise with the manager and she will sort it" adding, "We support her [registered manager] and she supports us". The registered manager told us, "There's a section in supervision that covers safeguarding issues, and staff are asked if they are happy with how the service is run and the managers. We always give staff the chance to raise any concerns and they always know our numbers and can contact us". A member of staff told us, "This is the only place where I'm not going home stressed; I'm tired, but not stressed. It's very supportive, nothing is left to one person, it's well led, open and honest". Another member of staff said, "They [management] do the best they can, they ask our opinion if we have any problems or issues about people who use the service".

There were a number of systems in place to ensure that staff were aware of their roles and responsibilities. For example, staff were made aware on a daily basis of the support required for individual people who used the service, who was responsible for supporting who and any updates or appointments staff needed to be aware of. The project manager told us, "It helps because we all work as a team, we support each other". A member of staff said, "We have good systems in place, I can't complain, we have a laugh and joke with management and we work as a team. Management are always happy and cheerful". This meant that there were clear lines of communication in place which were effective in ensuring staff had the most up to date information required to support people effectively.

We saw a number of instances where the registered manager had worked to build relationships with other

professionals and told us this had resulted in most of the referrals to the service coming directly from those individuals. The registered manager told us, "We have a good relationship with social workers and community psychiatric nurses so if I get a referral through, I know they are giving me all the information I need". We saw that the service had recently applied to become accredited to the National Autistic Society. The registered manager told us, "We have a couple of people with autism, this have given us the green light to move forward on our accreditation".

We saw that the registered manager had a system of audits in place to monitor, review and evaluate the quality of the whole service including medication audits and accidents and incidents. The registered manager told us, "There is a weekly care plan checklist, so if there is any amendment in the care plan, we check it's been done and also check what staff have written as well". We saw that staff competency checks took place on a regular basis, providing the registered manager with the confidence that staff were supporting people appropriately. There were systems in place that identified who needed to be notified of any changes and if any identified training was required for staff to support the changes. For example, in respect of one person, whose healthcare needs had changed, we saw that additional training and support was sought to ensure staff had the correct skills to meet the needs of the person to enable them to be cared for in their own home. We saw that individual learning took place of accidents and incidents but there was no overall analysis of trends. The registered manager advised that she would look into this.

The service had a history of notifying us of events that they are required to by law.