

HICA

HICA Home Care - Hull

Inspection report

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place over two days on 01 and 03 December 2014 and was unannounced. At our last inspection in December 2013 the service was meeting the regulations inspected.

HICA Home Care Hull is a not for profit care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides personal care and support services to people living within Hull and the

East Riding of Yorkshire. The agency also supports some people who live in supported living projects to enable them to maximise their independence and help to live in the community.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were medication errors that placed the people who used the service at risk of potential harm. This is a breach of Regulation 13 of the Health and Social Care Act 2008, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

Known risks to people who used the service had been assessed to ensure their safety was promoted and staff knew what action to take in order to manage these and enable people to make sensible decisions about their lives.

There was evidence that a person centred approach to the delivery of support was provided, to ensure people received their support in a way that focussed on their known wishes and feelings.

Recruitment checks were carried out on staff to ensure they did not place people at risk and were not included on a list that barred them from working with vulnerable adults.

Staff had received safeguarding training to enable them to recognise issues of potential abuse and know how to report these for investigation. Staff knew how to raise whistle blowing concerns about the service when required.

A variety of training was provided to staff to enable them to have the right skills to carry out their roles and support people who used the service. Staff received supervision and appraisals to enable them to develop their careers, however staff told us that meetings with them were not occurring as frequently as planned which meant that clear direction and leadership to them may not be provided.

People who used the service told us they had positive relationships with their regular carers, although they told us a lack of consistency of staff and poor communication about last minute changes were sometimes made about which staff would be providing their support, which they were not always informed about in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all areas of the service were safe.

Some people had received a number of late calls or missed calls which meant they had not always received their medicines in an accurate or safe way or as prescribed.

Staff received training about safeguarding people from harm to ensure they knew how to recognise and report potential abuse and whistle blowing concerns about the service.

Information about known risks to people who used the service were assessed to ensure staff knew how to manage these safely and support people to make sensible decisions.

Requires improvement



Is the service effective?

Not all areas of the service were effective

A range of training was provided to enable staff to have the right skills to safely carry out their roles. Staff were aware of the requirements of the Mental Capacity Act 2005 to ensure people's human rights were promoted and upheld.

Staff received supervision and appraisal of their skills to ensure they had up to date information to undertake their roles and responsibilities.

Some people told us about an inconsistency in regular carers and support that was provided, which meant they did not always know which staff would be available to support their needs.

Requires improvement



Is the service caring?

The service was caring.

People who used the service said they liked their regular staff and looked forward to them coming to support them.

People told us staff were respectful of their privacy and treated them with kindness, compassion and respect to ensure their personal dignity was promoted.

People were consulted about their support and involved in making decisions about how this was provided.

Good



Is the service responsive?

Care plans provided staff with information about people's care and support needs.

Requires improvement



Summary of findings

Staff had positive relationships with people and were knowledgeable about their personal interests and preferences.

Whilst people who used the service and their relatives felt the care staff were approachable they told that us office communication with them needed to be improved and that it was not always responsive to calls that were missed and did not always respond to them in a timely manner about this.

Is the service well-led?

Not all areas of the service were well led.

Care staff were sometimes unclear about who to talk to about potential concerns.

People told us that communication with the office was sometimes unclear about last minute changes concerning their support.

Potential concerns about changes in people's support were not always followed up and addressed in a timely way.

Requires improvement



HICA Home Care - Hull

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 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 01 and 03 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist pharmacist inspector.

Before the inspection, the registered provider was asked 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. The local authority safeguarding and quality teams and the staff working in the

local NHS were also contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were four hundred and fifty nine people using the domiciliary care service, together with six people who received a service from the supported living scheme. During our inspection visits we went to the registered provider's head office and spoke to the registered manager, an area manager, senior staff and four care staff who were visiting the office for training. On our second day of inspection we went out with a senior member of staff to visit the homes of two of the people who used the service and we then spoke with eleven people who used the service and their relatives on the phone. We also spoke with a hospital social worker and a member of the local authority commissioning department.

We looked at the care files belonging to five people who used the service, staff records and a selection of documentation relating to the management and running of the service.

Is the service safe?

Our findings

Prior to our inspection we were told by the local authority about concerns in relation to medication errors, late and missed calls and inconsistencies of the care staff. We were told this had resulted in people being placed at potential risks due to them not always receiving their medication as prescribed and an occasion when medicines had not been ordered in a timely way.

We looked at the care and medication records (MARs) of five people who used the service to see how they were supported to take their medicines by the agency. We observed the MARs all had clear doses written down and no “as directed” doses that could have led to possible confusion.

We observed staff recording on the MAR was sometimes hard to distinguish and poorly documented, which meant it was hard to tell whether medication had been administered or refused, with no reasons recorded in the notes section of the MAR for this. The five MARs inspected showed a number of gaps where medication had not been recorded as being administered, with only one correctly completed. We saw this issue had been identified by the registered provider’s own audit carried on 26.11.14. This showed that of the 15 charts checked by a newly appointed Quality and Compliance Manager; only 20% had no gaps. We saw examples of poor staff documentation in people’s MARs that placed them at risk of potential harm, including one for a person whose pain relief medication had been recorded twice on two occasions under two separate entries, which meant there had been a risk of the person being administered too much medication.

We passed a concern from a whistle blower to the local authority in February 2014 about a medication error which had potentially serious consequences to a person who used the service. We were told by the local authority this had resulted in an action plan being developed by the registered provider and further training being developed to help staff safely carry out their roles in relation to the administering of medicines.

We were told the service had recently submitted a safeguarding alert to the local authority, following concerns involving a potential multiple application of a replacement controlled drug patch to a person who used the service, which could have led to an overdose. We found an

investigation by the registered provider about this had highlighted the medication may have been administered earlier than prescribed, together with a lack of clarity of staff recording in relation to this. We saw evidence the registered provider had subsequently introduced body maps for staff to record details concerning the use of applied medication patches. At the time of our inspection, the outcome of the local authority safeguarding investigation had yet to be fully determined for this.

We spoke to a person who was a diabetic and had used the service for a number of years. They told us there had been a change of carers recently. They said, “They (the service) introduced a schedule two weeks ago, but it has already changed ...and they are not sticking to it.” This person commented, “The girls (care staff) are very good ... it’s communication from the office that’s not good.” They went on to say the inability to receive their support in a planned way impacted on their ability to have their medication at times that enabled them to remain safe and, “We’re on tenterhooks all of the time.”

The day following our second visit to the service, we were contacted by a relative about care staff failing to turn up to give medication to their husband as required, which had resulted in them having to make last minute changes to their routine and not being able to go out as intended. They told us they were unhappy about this and had requested meeting with the provider about this. We were subsequently told by the registered provider the missed call had been due to reported sickness by the regular care worker and that alternative arrangements had been offered, however these had been refused.

The above findings represent a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

There was evidence care staff had received training in safeguarding vulnerable adults, to ensure people who used the service were protected from potential harm or abuse. We found safeguarding policy and protocols were available to help guide staff when reporting safeguarding concerns, which were aligned to the local authority’s guidance and procedures about this. There was evidence the registered provider had appropriately notified the local safeguarding team and worked to resolve issues with them and enable

Is the service safe?

the service to and improve including use of disciplinary action when required. One person we spoke with was positive about the way staff had responded to a potential safeguarding issue when they had not been able to gain access to their property. They told us the care staff had contacted their sister to enable them to get in. They said, “Generally I can’t fault the carers.”

We found evidence assessments about known risks to people who used the service had been developed at the commencement of their support, to ensure care staff knew how to deliver support safely to people in a way that was agreed and that people’s personal freedoms, choice and control were not restricted. We saw the assessments included details about people’s home environment, medical issues, ability to mobilise safely and communication needs, which the registered provider told us were reviewed and updated annually, on follow up ‘spot check’ visits by visiting care co-ordinators, to ensure they remained up to date, although two people told us they were unable to recall whether they had received a follow up spot check.

We saw evidence appropriate recruitment procedures were followed and checks carried out before new staff were

allowed to start work with the agency, to ensure they did not pose an identified risk to people who used the service. We saw evidence this included obtaining clearance from the Disclosure and Barring Service (DBS) about past criminal convictions and were not included on an official list that barred them from working with vulnerable people. We found that references were followed up and checks of potential applicants’ personal identity and past work experience were made, to highlight unexplained gaps in their history before an offer of employment was made.

We spoke with the registered manager about the number of missed calls that had been reported and what they were doing to rectify this situation and put things right. The registered provider told us they had recently restructured the office staff team and employed an operational quality and compliance manager to enable potential shortfalls in delivery of support to be promptly acted on and addressed. The registered provider also told us they were in the process of recruiting additional staff to ensure there were always enough staff to meet people’s needs and had informed staff in the commissioning department of the local authority they were unable to currently take on new clients or extra calls, due to a shortage of staff available.

Is the service effective?

Our findings

People who used the service told us that overall staff were good. All but one person told us that staff were respectful and did not rush. One person stated, “Callers are punctual, flexible and consistent” whilst another person told us, “Staff are fantastic...I am quite satisfied, timekeeping is generally good.” Other people, however, told us about an inconsistency of regular staff and that timekeeping was sometimes an issue. One person said, “I would be lost without them, on the whole I am very grateful.” However, they went on to say, “The office does not always do what’s needed. They need shaking up ...I don’t know who’s coming ...I’ve had the world and his wife through the door.” Whilst another person commented staff were, “Not always the same carers ... I’ve had three different carers today... I have asked for a schedule but not received one yet.” We spoke to the registered manager about this issue and saw evidence this had been identified as an area for development for the service and that an action plan was in place to improve the service in this respect.

We saw staff completed a five day induction programme linked to a nationally recognised training organisation at the commencement of their employment, to ensure they were equipped with the skills needed to safely carry out their roles. We saw evidence this training was regularly updated and included staff modules such as the protection of vulnerable adults, aspects of health and fire safety, first aid, moving and handling, infection control, dementia care and medication. On both days of our inspection we saw groups of staff attending refresher training to enable their knowledge and skills to be kept up to date.

Staff said they undertook a period of shadowing more experienced staff before they were assessed as competent to work on their own. Care staff told us about meetings with senior staff to ensure their performance was monitored and they were familiar with their roles, and what was expected of them. We were told the registered provider

was due introduce competency based checks in the near future to ensure staff had the skills needed to carry out this role safely. We saw evidence that unannounced ‘spot check’ visits were carried out by care co-ordinators to people’s homes, in order to observe staff practice and ensure people were happy with the service they received.

People who used the service told us staff consulted and involved them in making decisions about their support and that staff took their time and engaged with them well to ensure their personal wishes and feelings were met.

We observed people’s care files contained signed consent to care plan agreements that had been developed from their individual assessments of need, to enable their personal choices and independence to be promoted and encouraged. There was evidence in people’s care files of information about their health and nutritional status, together with guidance for staff about action to take to ensure people’s needs and preferences were appropriately maintained. We saw that food safety training was provided to ensure staff were aware of safe food handling techniques.

We found the registered provider was in the process of implementing more detailed and comprehensive care plans for people who used the service, to enable staff to have more information about their individual needs and enable a more personalised service to be provided. We saw this included greater information about people’s human rights, following a recent supreme court judgement about the deprivation of liberty safeguards (DoLS), to ensure staff were familiar with this and what processes to take if they felt a person’s personal freedom and rights were restricted. We found staff demonstrated a good understanding about the principles of the Mental Capacity Act (MCA) 2005 and DoLS and how this was put into practice. We visited two people’s homes with a care co-ordinator, who told us about a visit they had made earlier that day about a potential concern about this element of practice, following an issue that had been raised by care staff.

Is the service caring?

Our findings

People and their relatives were overall very positive about the way they were treated by care staff. They told us staff were respectful of their privacy and treated them with kindness, compassion and respect to ensure their personal dignity was promoted. One person said they, “Get on like a house on fire” with their carers and that staff were, “Always smiling.” Another told us their regular carer was, “Absolutely fantastic and should have a gold star.”

We saw evidence the registered provider placed a high importance on values such as, respect, compassion and the maintenance of people’s personal dignity and saw that training on these principles was provided to staff. Care staff we spoke said they, “Loved their jobs” and we observed they demonstrated a good understanding of the need to ensure people’s confidentiality was upheld at all times. People who used the service confirmed staff respected their needs and listened to them and carried out their roles in a courteous and friendly manner. People told us they experienced positive and friendly relationships with their care staff but that consistency and availability of staff was an issue and that communication with the office staff about this needed to be improved.

There was evidence people who used the agency were provided with information about the service to enable them to know what to expect and who to contact in emergency situations if this was required. We saw that information in people’s care records contained assessments about their communication needs, including whether they required written information to be provided in large print or braille. We found that people’s care plans included information about their personal preferences and histories, together with details about a range of their individual social, religious and cultural beliefs to ensure their dignity and wishes for this were respected and promoted.

People told us staff involved them in making decisions about their support and engaged them in a friendly and meaningful way and provided choices about their support to ensure their wishes and feelings were met. People told us that staff interacted with them in a caring and supportive manner. One person told us they were very impressed with the emotional support they had received from a member of care staff following a recent bereavement they had experienced.

Is the service responsive?

Our findings

People who used the service told us they were aware of how to raise a complaint about the service. One person told us they knew how to raise a concern and were, “Confident that action would be taken to in relation to these.” A relative told us they had made a complaint in the past and were happy with the way this had been dealt with and that appropriate action had been taken by the service. We saw details about how to raise a complaint was included in information given to people at the start of their use of the service to ensure their concerns were listened to and acted upon. We found the registered provider maintained a record of complaints that were made and saw evidence the registered manager had followed these up and resolved them where this was possible. We saw evidence the registered provider analysed information received about complaints to enable potential trends to be highlighted and make improvements to the service.

Staff who we spoke with demonstrated a good working knowledge of the people who used the service they supported. We found information about people’s needs was recorded in their care files, together with details about their individual strengths and personal histories to enable staff to support their wishes for independence and self-control. People told us staff involved them in making decisions with things like routines for bathing, choices about food, involvement of others in personal care and how they liked to be addressed. This ensured a person centred approach to the delivery of support was provided, to ensure people received their support in a way that focussed on their known wishes and feelings. There was evidence in people’s care files of activity logs that were completed by care staff following their visits to enable the support delivered to be documented and checked. We saw the activity logs corresponded with the information

provided about people’s needs. Care staff who we spoke with told us about procedures used for reporting identified changes about people’s needs. They told us they would speak to their senior care co-ordinators if they identified an issue about this, to enable them to liaise and involve relevant professionals in the community when this was required. A senior member of staff told us about a visit they had made earlier that day, in order to address issues of concern that had been highlighted by care staff. We found that all of the care staff we spoke with demonstrated an eagerness and compassion for providing a service that was based on meeting people’s individual’s needs. One person who used the service told us they had, “Smashing regular staff” who understood their personal interests and aspirations and knew them well.

We saw evidence of reviews of people’s support that were carried out and were told that information about the promotion of their individual needs was being further developed to enable staff to provide a service that responded to people’s needs in an improved way. Whilst people told us that positive relationships were maintained with their regular staff, they did indicate that more courtesy and a customer focus was sometimes needed from the office staff. People told us that they were frequently not consulted about late or last minute changes to their support. Two people told us that office staff phoned them to speak to their carers whilst they were in the process of receiving their support, which one person told us was, “Absolute bad manners!” The registered manager acknowledged they were aware that issues concerning communication with people who used the service needed to be improved. We saw evidence that a remedial action plan had been developed to address shortfalls that had been noted in relation to the monitoring of people’s support that was provided, provision of medication and improved quality assurance processes.

Is the service well-led?

Our findings

People who used the service told us communication by the office needed to be improved. One person told us, “They (the service) do not always have a back-up plan.” Another person told us that office staff were, “Erratic” whilst another said communication with the office was, “A bit higgledy piggedly.” We spoke to the registered manager and their line manager about people’s comments in relation to the service. The registered manager told us about an action plan that had been developed to address shortfalls that had been noted in relation to delivery of people’s support and changes to improve and strengthen the operation of office management systems that had been recently implemented.

There was evidence of systems in place to enable the quality of the service to be monitored. We saw this involved a series of audits and checks on different aspects of service provision. The registered manager told us an internal service review had been carried by the registered provider earlier in the year, in response to concerns that had been noted and an action plan developed to enable the service to address shortfalls that had been highlighted. We were told the service review had identified key issues highlighted in this report in relation to consistency of staff, medication errors, poor communication with people who used the service, delays or last minute changes to people’s support, missed calls, medication errors and people’s concerns and complaints. We found evidence of recent changes in office staffing arrangements, including the recruitment of a new registered manager for the service and a quality and compliance manager responsible for monitoring medication issues and ensuring staff documentation was accurately maintained. The registered manager told us that further improvements were in the process of being implemented in relation to the re-introduction of a system

to enable ‘time critical’ medication calls to be monitored in real time, so that care co-ordinators were alerted if a carer had failed to log in as expected on the arrival of their visit. Whilst there was evidence of actions taken by the registered manager and registered provider to address the issues highlighted in the action plan, we found evidence that further work on this was still required, to enable the required improvements for the service to be sustained.

Whilst care staff told us about meetings with their senior management to ensure they were familiar with their roles and responsibilities and what was expected of them, they told us they sometimes remained unclear about who to talk to about potential concerns. Care staff told us about communication issues when they were trying contact their care co-ordinators about potential concerns, together with failures of subsequent action to address these in a timely way. For example, one member of the care staff told us they had tried phoning the office earlier that day three times before being able to get through. Care staff also told us that group patch meetings were, “Not occurring as often as was expected.” This meant there were potential risks of clear communication and direction not being provided to staff.

Staff told us the registered manger, “Really listened to them” and was making improvements to the service. The registered manager told us they had identified issues concerning shortfalls in relation to staff culture at the service. The registered manager told us about a competency framework for supervision of staff that was based on the organisation’s behavioural and staff attitude philosophy, which was known as “Shine.” The registered manager told us the care supervisory team were due to undertake additional training in the near future to enable improved communication and involvement with people who used the service and enable a more customer focussed response to be delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services were not protected against the risks of not receiving their medicines at the times they need them, and in a safe way. because the registered provider had not made appropriate arrangements concerning the recording, handling and safe administration of medicines used for the purposes of the regulated activity.</p> <p>Regulation 12 (F) (G)</p>