

# HICA

## HICA HomeCare - Doncaster

### 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 carried out on 15 March 2016 and was announced. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. The service was previously inspected in January 2014, when no breaches of legal requirements were identified.

HICA HomeCare - Doncaster provides domiciliary care to adults in the community. The service provides personal care, domestic services and shopping. The office is based at Hatfield, near Doncaster and is accessible by public transport. The service is provided by HICA a company that provides a range of social care services nationally. At the time of the inspection the service was being provided to around 200 people, most of whom were receiving personal care.

There was a registered manager who oversaw the service from the office. 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 sent out questionnaires to ask people what they thought about the service and received six back from people who used the service, one from a relative and one from a community professional. These all indicated there was a very high level of satisfaction with the service.

People's needs had been assessed before their care package commenced and people and their relatives told us they had been involved in formulating and updating the care plans. The information included in the care records we saw was individualised and clearly identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package amended to meet their assessed needs. Where people needed support taking their medication this was administered in a timely way by staff who had been trained to carry out this role. The service had clear medication policies to ensure staff could offer support to people safely.

We found the service employed enough staff to meet the needs of the people being supported. This included consistently providing the same care staff, who visited people on a regular basis.

There were appropriate recruitment checks in place when employing new staff. We found staff had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills. Staff knew how to recognise and respond to abuse appropriately. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Staff told us they felt well supported and received an annual appraisal of their work performance. Staff had

also received supervision sessions and spot checks to assess their capabilities and offer support.

The requirements of the Mental Capacity Act 2005 (MCA) were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were confident to raise any concerns they may have had. We saw the complaints process was written in a suitable format for people who used the service.

People were encouraged to give their views about the quality of the care provided to help drive up standards. Quality monitoring systems were in place and the registered manager had overall responsibility to ensure lessons were learned and action was taken to continuously improve the service.

## 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

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. Individual risks had been assessed and identified as part of the support and care planning process.

The service had clear medication policies to ensure staff could offer support to people safely.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. There was enough qualified, skilled and experienced staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

Where appropriate, staff provided support to people to help make sure their nutritional needs were met.

People were supported to access healthcare professionals.

### Is the service caring?

Good ●

The service was caring

People who used the service and their relatives told us they were happy with the care and support they received. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs, and knew

people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's support plans had been updated regularly and were written in a format that was suitable for them to understand.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint. It was written in a format that was suitable.

### **Is the service well-led?**

**Good** ●

The service was well led.

The organisation had clear values and staff understood and followed these.

People were regularly asked for their opinions of the service

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

# HICA HomeCare - Doncaster

## 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.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A member of CQC's support team attended the inspection as part of their personal development. The inspection took place on 15 March 2016. The provider was given 48 hours' notice because we needed to be sure that someone would be in when we visited. We also needed to ensure the registered manager was available at the office for us to speak to them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received a provider information return (PIR) from the provider which helped us which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sent out questionnaires to ask people what they thought about the service and received six back from people who used the service, one from a relative and one from a community professional. We spoke with 13 people who used the service by telephone and one person, who was visiting the office at the time of the inspection.

At the office we spoke with the registered manager and deputy manager. We also met the area director. We met several members of office staff and care staff and interviewed three members of care staff in private.

We looked at written records relating to six people who used the service, including the plans of their care. We saw records related to the management of the service, such as audit information, incident and safeguarding records, feedback from people who used the service, and compliments and complaints. We looked at the personnel records for 10 staff members.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe with the staff, who were available to offer support when needed, and the people who completed questionnaire were happy with the safety of the service.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken training in safeguarding people and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to a co-ordinator, the deputy manager or the registered manager. Staff we spoke with had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe when using the procedures. One staff member told us they had experienced a situation where they raised a concern about the conduct of another member of care staff, and the organisation had dealt with this appropriately.

One member of care staff told us there was a call centre for emergencies outside of office hours and this was helpful. In one instance the staff member did not get an answer when they called at the home of a person who used the service, and the call centre were able to contact the person's family and establish that they had gone out.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. The deputy manager told us about a new 'outcomes' form for complaints and safeguarding incidents, which had been introduced to help make sure that any lessons were learned from such incidents, and shared with staff.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

For the most part, where any issues had arisen as to an applicant's suitability to care for vulnerable people there was evidence that the risks had been considered and appropriate safeguards had been put in place to ensure people's safety. However, we found that one staff member's file did not include very clear records of how decisions had been reached about their recruitment. We discussed this with the managers who said this would be addressed.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. Discussion showed that the registered manager and deputy manager were fully aware of their accountability if a member of staff was not performing appropriately.

The registered manager told us that recruitment was an on-going process. The deputy manager showed us a new form, which had been introduced to gain people's feedback about new starters. They told us that this

was a way of involving people in the recruitment process.

All new staff completed a full induction programme that, when completed, was signed off by their line manager. The induction is a mixture of classroom days and observation and shadowing experienced staff.

The service had a medicines management policy which enabled staff to be aware of their responsibilities in relation to supporting people with medicines. Staff confirmed that they had received the appropriate medicines management training, which was refreshed at regular intervals. Several staff were attending medicines training at the branch office on the day of our visit. We saw medication administration records (MAR) were used to record when people had been supported with this task and we checked to ensure there was an accurate record. These were monitored by the management team. The registered manager told us that if staff were found not to have signed medication records appropriately when they had supported people with their medicines, they were provided with refresher training.

We saw evidence that spot checks were carried out by the care supervisors. These checks were designed to monitor areas such as whether care staff used their personal protective equipment (PPE), including disposable gloves appropriately, and that they had their phone with them. Staff we spoke with told us that two care staff undertook visit where a person needed to be lifted by use of a hoist, to make sure this was done safely.



## Is the service effective?

### Our findings

People were supported to live their lives in the way that they chose. Everyone we spoke with said the staff had the right skills to do the job and all of the people who completed questionnaires indicated the service was effective.

We found that where staff were involved in preparing and serving food people were happy with how this took place. Everyone we spoke with told us the staff supported them to eat and drink enough. We also saw staff had completed basic food hygiene training as part of their induction to the agency and this had been updated periodically.

Staff at the office told us how they worked with other external agencies such as GPs and district nurses to make sure people who were at risk of poor nutrition or dehydration were being supported appropriately. Daily records were completed which stated what the person had eaten and drank each day and staff described how they would raise issues with healthcare professionals or the person's family if they needed to.

The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as dementia care, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager told us that all new staff employed were registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff working in care settings.

Records we looked at confirmed staff were trained to a good standard. Managers at the agency and most care workers had obtained nationally recognised certificates to levels two and three. One member of care staff we spoke with felt that the training they had received was excellent.

One staff member we spoke with said they had received training relevant to people's specific needs. This included training about diabetes, epilepsy, Parkinson's disease, dementia, and cancer. There were annual refreshers for core subjects for all staff, such as moving and handling and safeguarding people.

People we spoke with confirmed their care needs were met and they felt staff received the training they needed. However, one person's relative said they felt the younger care staff needed more training.

Most staff we spoke with told us that they had worked for the agency for several years. They said they enjoyed supporting people in their own homes. They received guidance and support from their managers and colleagues. Staff told us managers were available whenever they needed to contact them.

One staff member said they received regular one to one staff supervision every two to three months. We looked at the records of formal one to one staff supervisions which were undertaken with staff. They were completed to a good standard. Observations of work practice had also taken place in people's own homes. We saw copies of these spot checks on the files we looked at.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

We spoke to the registered manager about gaining consent to care and treatment. They told us that staff had received training in the MCA. However, they said that most people they supported had some capacity to say or demonstrate how they wanted their care delivered in their own homes.

Where people received support who had limited capacity we found that the agency used the guidance and principles of the MCA. The staff we spoke with during our inspection had a working knowledge of the MCA in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this. People we spoke with who used the service said the staff listened to them, asked for consent and respected their choices.

## Is the service caring?

### Our findings

We spoke with people who used the service and they told us they were happy with the care and support they received. They told us they felt that staff cared about them. One person told us the staff were, "Very caring." Another person said they had, "A really good care team." Everyone we spoke with told us staff talked to them and showed an interest in how they were. One person said, "The staff really put themselves out." All of the people who completed questionnaires indicated the service was caring.

The registered manager told us that staff were employed to work in locations close to their home and most staff visited specific people, so that people had consistency with who supported them. All of the people we spoke with told us staff were always respectful and treated them as individuals and that they felt free to make their own decisions and had control over their daily routines.

Staff we spoke with knew people they supported well and were able to describe in detail how they provided individualised support. For instance, one staff member we spoke with told us they had worked for the organisation for seven years and had worked with one of the people they supported since that time.

Another member of care staff told us that they had worked for the organisation for 12 years and really liked it. They said they liked helping people. They told us that they supported one person who used the service voluntarily, on their days off, facilitating activities such as visits to the cinema. They were planning visits together, to a safari park and the seaside when the weather improved.

One member of care staff told us that when they started working with a person, whose needs they were not familiar with they received an outline of the person's needs from the office. They said there would also be a care plan in the person's home, and they would speak with the person and ask what they wanted and needed. One member of care staff said they felt it was the person and their needs that were most important thing, and getting to know them.

Staff described in detail how they supported people who used the service. They gave examples of how they approached people and how they carried out their care, so that they were respectful and maintained the person's dignity. For instance, one member of care staff told us, that when attending to a person's intimate care, they preserved the person's dignity by keeping them covered up and shutting curtains. The staff member said this was covered in their training, and was also what they felt themselves, about how it should be done. Everyone we spoke with who used the service told us staff always maintained their privacy and dignity when providing personal care.

We saw that people's diverse needs were taken into account in their care plans and all members of staff complete equality and diversity training workbooks. Staff we spoke with told us people were asked if they preferred a care worker of a particular gender and were free to make this choice.

Everyone told us they received information from the staff and from the service, in a way that they could understand. We saw one person had specific communication needs and their plan was in an 'easy read'

format, with pictures, to assist with their understanding and involvement. Everyone we spoke with told us they were involved in developing and reviewing their care plans. The plans described how the person wanted to receive their care and support and told us who were important to them and things they liked to do.

One person told us they had the same member of care staff, who made them a cup of tea, helped them with their shower, their shoes and socks, and their hearing aids. The person told us the member of staff sometime accompanied them to the shops, or for dinner at a local day centre. They said the staff member was never usually late. The person was clear that their staff member listened to their preferences and let them decide things for themselves.

Managers from the office carried out observations of staff working with people in their own homes. They judged how staff maintained people's dignity and respected people's wishes. Staff received feedback from managers which identified any areas for development. We looked at a number of completed observation forms and saw staff were performing in a way that the provider expected.

## Is the service responsive?

### Our findings

We found people who used the services received personalised care and support. They were involved in planning the support they needed. Everyone we spoke with said staff asked for their opinions.

Before people received the service, the care supervisors went out and completed a needs assessment. These assessments helped to inform the care plans, which were put in place with the involvement of the person, and people who were important to them, such as close relatives. We looked at the care plans for five people. It was clear that the plans were person centred and reviewed as the person's support needs changed. One member of care staff told us they had sometimes asked for more time for calls. They felt that the organisation had been very responsive to people's needs changing.

The registered manager told us there was a comprehensive complaints' policy and procedure and this was explained to everyone who received a service. It was written in plain English. We saw evidence that complaints had been investigated and responded to appropriately.

We asked if people were encouraged to raise concerns, if they knew now how to make a complaint, and if they had, whether they were happy with how it was dealt with. Most people said they had not had to raise any concerns. For instance, one person said they had no complaints as they were, "Totally satisfied with the service." One person's relative told us, "[My relative] doesn't have any problems with service, it's all good."

People told us they would be happy to talk to the care staff if they did have a complaint. One person said they knew what to do if they needed to complain and were confident that their care staff would help if needed. Another person said they would call the office if they had a problem. They added, "I'm very lucky. I get regular girls 90% of the time."

People who used the service told us they had been satisfied with how the registered manager had dealt with concerns they had raised. One person said, "I've never had a problem. They have always dealt with anything I've raised. My team always turn up on time." We reviewed the file of one person, who had made a complaint about the competence of a member of care staff. The records we saw indicated that this issue had been dealt with sensitively, and changes were made.

One person's relative said they would ring the office in case of complaint, but did have minor criticisms about how a concern had previously been dealt with. Two people told us they were happy with the service, but would have liked adjustments made to the scheduled times of their calls. We shared this information with the registered manager, after the inspection.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their managers. This included at staff meeting, when staff popped into the office, and when their manager carried out observations of their practice in people's homes.

## Is the service well-led?

### Our findings

The service was well led by a manager registered with the Care Quality Commission. The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by the agency. They were supported by a deputy manager. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People who used the service, relatives and staff all described the managers of the service to be approachable, open and supportive. We asked people who used the service if they could talk to the registered manager. They all said they felt that they could. They all told us they felt that they were kept informed about what was happening.

One member of care staff told us that the organisation had grown a lot since they first started, which meant that there were now a lot more formal procedures. They told us that they had never been asked by their managers to do anything beyond what they had been trained to do. They were confident to take any issues to their co-ordinator. If they were not available, the staff member said they would contact the deputy or registered manager.

The registered manager told us they worked to a set of values which included a commitment to making a positive difference in people's lives. Staff we spoke with confirmed that they understood the standards and values that were expected of them. Staff told us, team meetings and supervision were used to encourage them to share their opinions and suggest ideas they had. Staff told us they had regular patch meetings, which were used to discuss issues for that particular patch and team. The deputy manager told us that, generally attendance at these was good.

Most staff we spoke with were aware of the organisation's 'Shine Initiative.' The managers explained to us that this was a philosophy that underpinned HICA's commitment to continuous improvement. It included volunteering, raising awareness and raising funds to improve the lives of people using the service. As, not all staff we spoke with were aware of all aspects of the initiative, the registered manager said they thought it would be timely to update staff on how the initiative had developed.

We saw the 'Good News' file kept by the management team. It included 'Thank you' cards from people and their families, photographs of people's birthday celebrations and trips out, which had been arranged by staff. There were photographs of the work two members of staff had undertaken to improve one person's garden. This was done in their own time, and they had received an award from the provider for this, through the Shine initiative. We saw newspaper articles complimenting the work of the care staff. We also saw a recipe book that had been put together with contributions from people who used the service and staff at all levels. There were photos of people making cards for a Christmas card competition, which people had been supported to enter by staff. We were told that this year there will be a sunflower competition.

The registered manager sought feedback from people and those who mattered to them in order to enhance

their service. People we spoke with told us they were asked for their feedback about the service. Everyone we spoke with told us they felt listened to and things were made better by talking to staff.

We also saw evidence of a range of methods being used to seek people's views. This included initial six week reviews, and the service had contacted people periodically by telephone to ask if they were happy with the service provided and if they wanted to change anything. We were told care reviews at people's homes were approximately every six months, which included asking people about their satisfaction with the service they received.

There were a range of other quality assurance and audit checks undertaken to make sure the service provided to people was safe and of good quality. For instance, people's files also contained records of 'spot checks' carried out by managers during care staff's visits. The spot checks encouraged people to share their views and raise ideas about improvements that could be made.

The service told us they had reviewed their internal processes to ensure that when events happened they responded in the most effective manner. They had implemented a spreadsheet that recorded all forms of concern in relation to the service including medication errors, safeguarding, complaints and compliments, this allowed the service to identify trends and themes and subsequent solutions. During the inspection we confirmed that this review process was effective, and where improvements were needed, these were addressed and followed up to ensure continuous improvement.