

Humber Healthcare Limited

Chamberlain Business Centre

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 took place on 20 June 2017, and was announced. This was the first inspection of this service at this location.

The service is registered to provide personal care to people in their own homes. People received support lived in the East Riding of Yorkshire. On the day of our inspection there were 41 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to keep people safe from harm and protect them from abuse. The provider had relevant policies and procedures in place to advise staff and issues were raised with the local authority if necessary, which helped to protect people.

The provider had robust recruitment procedures in place. Checks were completed that helped to prevent unsuitable people from working with vulnerable adults.

People's needs were met by sufficient numbers of skilled staff. People received care and support from all the staff who worked at the service, which meant people had their needs met by staff who knew them.

Where people had been assessed as requiring assistance with their medicines, these were administered safely in line with their prescription. Staff followed the services policies and procedures in relation to this.

New staff shadowed experienced staff until they were competent in their role. Spot checks and observations were completed to develop the staff skills and to make sure people received effective support. Training in all relevant areas was provided for staff.

Staff received supervision and appraisal. This allowed staff and the management team to discuss any training or performance issues.

Care workers understood the requirements of The Mental Capacity Act 2005 (MCA). Staff worked within the principles of the MCA and supported people to make their own decisions.

People were supported to eat and drink to help maintain their nutritional intake.

People's privacy and dignity was maintained. People's care records were monitored and reviewed. Changes in people's needs were reported to the relevant health care professionals to help protect people's health and wellbeing.

The provider had policies and procedures in place regarding complaints and issues raised were dealt with.

Staff understood the management system in place and understood their roles and responsibilities.

There was an 'on call' system outside of office hours. This allowed people, their relatives or staff to gain help and advice, at any time.

Quality assurance checks were in place to help provide a consistent service and identify any areas for improvement. People's views were sought about the service and people we spoke with told us they were happy with the service they 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 felt safe when being cared for by the staff.

Staff received training in how to protect people from abuse and harm.

Risks to people's health and wellbeing were identified and were known by staff.

Staff received training in medicine management and supported people with their medicines, as necessary.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge needed to support people. They undertook training, supervision and appraisals to maintain and develop their skills.

People consented to their care and support and staff understood the importance of this.

People's nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and caring.

Staff promoted people's independence and choice and treated them with dignity and respect.

Staff told us they enjoyed caring for the people they supported.

Is the service responsive?

Good ●

The service was responsive.

People's individual likes, dislikes and preferences for their care and support were recorded and respected.

People's views and experiences were taken into account in the way the service was provided and delivered. .

A complaints procedure was in place and informed people how to raise issues.

Is the service well-led?

Good ●

The service was well-led.

The registered manager understood the requirements of their role and registration with the CQC. Care workers understood their roles and responsibilities and when to escalate any concerns.

The provider sought people's views. People were happy with the service they received.

There was a variety of methods in place to share information concerning the service with people and care workers within the organisation.

Chamberlain Business Centre

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 took place on 20 June 2017, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider was asked to complete a Provider Information Return [PIR]. 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 considered this information prior to our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk at the service. We contacted the local authority who raised no concerns about this service.

During our inspection we spoke with the provider, registered manager and with five staff. We looked at the care records of three people, which included their care and support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people. We also visited one person receiving a service in their home. We spoke with three people who received a service, and with one relative of a person by telephone to gain their views.

We looked at records relating to the management of the service, quality assurance documentation policies and procedures and complaints information. We inspected staff rotas, three staff files including staff training records, staff supervision and appraisals. Information relating to staff recruitment was also

inspected.

Is the service safe?

Our findings

People we spoke with told us they felt safe being looked after by the staff. We received the following comments, "I receive safe care, the staff are lovely", "I feel safe in the staff's company" and "The staff are vetted properly and trained."

The Provider Information Return (PIR) which was received prior to our inspection informed us staff were expected to maintain the safety and wellbeing of customers and themselves.

During our visit we saw staff completed safeguarding training, which helped them identify and monitor people for signs of potential harm or abuse. We saw there were detailed policies and procedures in place regarding safeguarding, including a whistle blowing [reporting concerns without fear of reprisal] policy, which helped to inform the staff. The registered manager confirmed there had been no missed care calls to people which had resulted in safeguarding issues being raised. Staff we spoke with told us they would report issues to the management team, local authority or to Care Quality Commission (CQC) straight away. A member of staff said, "I have had safeguarding training. I would not hesitate to report abuse."

We saw staff wore uniforms and had photographic identification badges. This helped people to recognise the staff who attended to help them worked for the service. Information required for staff to gain access to people's homes for example, codes for key safes, were held securely to protect people's safety. Staff made a declaration that their vehicles were road worthy and that they had the correct type of car insurance in place.

We saw risk assessments were in place regarding people's health and known risks to their wellbeing, such as trips, falls and choking. Risk assessments regarding people's home environment were undertaken to inform staff of any potential issues, for example, aggressive pets, trip hazards and electricity or gas supply issues. This helped to maintain people's safety and prevent issues or accidents from occurring. Staff were aware if people had medical equipment in use it had to be serviced and maintained to ensure it remained safe to use.

We found there was a computer system in place which alerted the office staff if a call to a person was not covered. This prevented missed calls from occurring. Staff were provided with their rota of calls to undertake. If there were any issues staff used their mobile phones to keep in contact with the office and they let people know about issues or delays.

We saw mandatory training was provided to help staff maintain people's health and safety. This included information about the action staff must take if a person was unwell, required a GP or ambulance. The office staff were fully trained and were able to undertake calls or advise and assist staff if an emergency occurred. Staff we spoke with said they were supported in emergency situations.

Staff were provided with personal protective equipment, such as gloves and aprons to help promote good hygiene and infection control. The registered manager told us they checked that staff had enough of this equipment to prevent the risk of infection.

Staff we spoke with said they understood their responsibilities regarding the medicine management. Staff who were supporting people with medicines had completed a medicine management course. People's care records contained information about their prescribed medicine; this informed staff how and when medicine was to be administered. We saw senior staff audited the medicine records of people during their spot check visits and staff supervision. Also the registered manager told us they were implementing a further audit of people's medicine records, to follow on after this process, to ensure people received their medicines as prescribed and to ensure staff were following the service's guidance about the safe handling of medicines.

We spoke with the manager about what action they would take if a disruption to the delivery of the service occurred due to unforeseen circumstances, for example a power cut or computer failure. They confirmed the information about the calls required and the staff was backed up by computer and was held in paper format. They said the service could be run from the provider's home or by the on call staff in place. This information was not documented. Following our visit we received a copy of the business continuity plan which we found covered all eventualities. This helped to confirm there were robust plans in place to maintain the service.

We found there was an 'on call' system in place outside of normal working hours. This was manned by the senior staff, manager and provider, as necessary. People who used the service, their relatives and staff could phone for help and advice at any time. The 'on call' staff had access to the relevant information to help them deal with issues.

Staffing levels were monitored by the management team. Staff we spoke with confirmed there were enough staff to meet people's needs. We observed the staff rotas and spoke with staff to confirm there were enough to provide an effective service. One member of staff said, "There is enough staff." Another said, "We work as a team and cover each other." We saw recruitment was on-going to slowly grow the service. Senior office staff were able to undertake calls to people, if necessary. We were informed staff absence, sickness or annual leave was covered by any of the staff team; everyone using the service was attended to by all the staff, which helped to maintain continuity of care.

We observed recruitment processes were thorough and included potential employees completed an application form. Gaps in their employment history were examined and records of interviews were made. References were gained and a police check from the disclosure and barring service (DBS) was undertaken before staff were permitted to start work. This helped to ensure staff recruited were suitable to work in the care industry.

Is the service effective?

Our findings

People we spoke with and a relative confirmed the staff were effective at meeting their needs and said the service was efficient. We received the following comments; "I know my staff. They come they arrive very early in the morning, when I like them too", "I have the same carer, they arrive when they are meant to and if I change the times they are there. If they are going to be late the office lets me know. They have training so they are kept up to date. My carer is very experienced." People confirmed they were encouraged to do what they could for themselves to maintain their independence whilst being supported by staff.

We spoke with the provider about the training provided and they told us, "I am precise about how people should be looked after. People have to express their needs and staff ask before they do anything. I do all the training and meet every employee. The induction of staff occurs over two days, discussion is the main thing. I sign off the training for staff and I let the senior staff know if more training is needed. Best practice is important and I encourage the staff to develop their knowledge and skills."

We saw staff were provided with appropriate training during their induction period and new staff shadowed experienced staff to gain knowledge and skills about how to care for people. New staff were assessed to make sure they were competent before they were able to attend to people by themselves.

We saw training was provided in a variety of subjects, such as; health and safety, safeguarding, first aid, infection control, food hygiene and medicine management. Training about other health conditions, for example; dementia, diabetes, end of life care and Huntington's disease was also provided so staff understood the conditions people they supported may have. This helped staff to deliver effective care to people. We saw a training plan was in place to assist the management team to provide training updates to staff in a timely way. Staff we spoke with told us there was always training they could access and said they had to keep their skills up to date. One member of staff said, "I had induction training and then buddied a senior carer for two weeks. I had in house training covering, for example, health and safety, deprivation of liberty and medicine management. There was a vast amount of information provided."

We found regular staff supervisions occurred; yearly appraisals were also conducted. This allowed the registered manager and staff to discuss any training needs. Feedback was provided to help improve the staff's performance. A member of staff said, "Supervisions are undertaken and I have had two spot checks (unannounced reviews of their work undertaken by senior office staff). It is good the management team do this. I have had no problems whatsoever. I am looking forward to my appraisal."

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. Staff confirmed they had completed training in the Mental Capacity Act 2005 (MCA). Staff we spoke with described how they gained people's consent to provide help and support. They told us if people lacked capacity to give consent then their family members and relevant health care professionals were involved in

making decisions on their behalf. This helped to protect people's rights.

We saw people who required support with their nutrition were assessed at the start of their service. Staff monitored how people were maintaining their dietary and fluid intake and this was kept under review. We found people's support plans provided information about their individual dietary needs and any swallowing problems they may have. If staff had concerns they contacted the office and relevant health care professionals to gain advice. This helped to ensure people's dietary needs were met. A person we spoke with said, "The staff always offer food and drinks, I can make my own".

The provider's office was located on the ground floor of a business park. This enabled easy access to people who wished to visit the service and office space was available for private conversations. There was parking available for people, visitors and staff to use.

Is the service caring?

Our findings

People we spoke with confirmed the staff were caring and kind. We received the following comments; "The staff are fantastic, caring and helpful. They always ask what I would like doing and make sure I am okay. They are very professional, friendly and kind. They are lovely. They deserve a medal they really do", "The staff are cheerful and jolly" and, "I have very good carers, they are absolutely excellent. They are polite and respectful." All the people we spoke with, and a relative, said they were satisfied with the caring nature demonstrated by all the staff at the service.

During the visit we spoke with the provider who told us, "We look after people the same as any of our family members. I promote this ethos to the staff." This was reiterated by the registered manager and all the staff senior staff at the office. A member of office staff said, "We have a lot of good staff, they are willing to help, they are always happy and positive."

Staff we spoke with told us they enjoyed working for the service, especially with the people they supported. One said, "I love meeting people and making them as comfortable as possible. It makes you feel good, and them too. It is very good caring for people. It is excellent, I really enjoy working here." They told us they felt valued by the management team and confirmed they were able to speak with the provider, registered manager or with senior staff at any time, which made them feel supported.

Information was provided to people in a folder which was kept at their home; this told them about the service provided. The information was supplied to people as their service commenced. People and their relatives were able to ask questions about this information so it helped them to feel informed. Information about local advocacy services was provided for people so they could gain support from an independent representative to air their views, if they required.

We saw policies and procedures were in place to advise staff about maintaining people's privacy and dignity and maintaining their confidentiality. For example, a member of staff described how they covered people with towels when helping them to wash so they were not exposed. Staff we spoke with understood the importance of this. Staff were also able to describe to us people's individual preferences, likes and dislikes for their care and support. Staff understood that providing individualised care to people made their support effective and meaningful. This helped people to feel cared for.

The registered manager told us they looked for caring qualities in applicants who applied to work at the service. They said potential staff did not need to have a care qualification as long as they had a caring nature that could be developed with help and support from the staff team.

End of life care was provided to people, the staff we spoke with told us they took pride in supporting people and their family members during this time. People were cared for at home and in line with their wishes.

Is the service responsive?

Our findings

People and their relatives told us the service and staff were responsive. The following comments were received; "Someone assessed me, they decided with me what I would need and this was discussed and agreed. Staff have helped me to get my health back on track. They have encouraged me, they have said, 'you might like to try this'. They have a book to write in about my care. I have gained more independence", "(Name) writes in my folder when they have given my care. Staff have researched my condition and know what triggers to look out for" and "The service is pretty good, the staff know what they have to do and they are aware of my care."

We found before a service was provided an assessment of the person's needs was undertaken. People were visited and they and their relatives were able to discuss the care and support required and ask questions. Information from relevant health care professionals was obtained, along with support plans from the local authority and information from discharging hospitals. This ensured staff understood the care and support people needed to receive. Staff then created care plans and risk assessments that were personalised to people's needs. People's individual likes, dislikes and preferences for their care and support were recorded and respected. We saw information about the care people required was available to office staff, which ensured all parties were fully informed.

We saw people's care records were generally updated as their needs changed. We found one person's records required reviewing and the manager ensured this was addressed during our inspection to ensure the care records reflected this person's current needs. We found information about people's GP's and health care professionals involved in their care were recorded which allowed staff to contact them for help and advice. Staff told us how they monitored people's health and they confirmed they acted on any changes in people's needs by reporting this to the relevant health care professionals, family members and to the office staff. This helped to maintain people's health and wellbeing. A member of staff said, "You get a great feeling when you see people getting better and have contributed to that. We are clear about people's needs. They get to know us." We saw staff recorded the care and support they provided in the person's care records at their home. The provider confirmed people's care was constantly reviewed. They said, "Reviews are held as people's needs change. The staff tell us if something has changed and we go out straight away."

We found people's vital information was recorded and this was provided in emergency situations to health care professionals and hospital staff, to ensure people received the care and support they required.

The registered manager told us that all staff were rotated to cover all the people using the service. This made sure they all understood everyone's needs. Staff we spoke with said this allowed them to build up a professional relationship with people using the service and their relatives.

The provider had systems and a policy in place to respond to complaints. Information and guidance was available in a service user guide which was provided to people in their homes. The registered manager showed us a complaints form that enabled them to record, investigate and implement outcomes and learning from complaints. This helped prevent any re-occurrence. We saw the provider, registered manager

and staff routinely encouraged feedback from people so complaints about the service were prevented from occurring because minor issues were dealt with swiftly. One person receiving a service said, "I cannot see how I would ever want to make a complaint, but I would say if I was unhappy with something." Another person said, "I have no complaints."

Is the service well-led?

Our findings

People told us they were satisfied with the service they received and they confirmed their views were sought and were acted upon. We received the following comments; "It is a good service. There is good team work", "The service is pretty good. I got a questionnaire; I would give feedback" and "I could not fault it (the service). I am happy with it."

We found people were placed at the centre of the service provision. The provider was involved with how the service was maintained and developed and they worked with the registered manager and staff to monitor the quality the service provided. The registered manager told us only people whose needs could be met were accepted. The registered manager told us staff were recruited in a timely way to ensure there were enough staff to meet people's needs and provide a reliable service to people. Senior staff we spoke with said the staff all worked together and everyone was willing to help, always being flexible and happy to assist. We were informed the management team were able to undertake calls to help support people, if necessary.

We found the senior staff undertook 'spot checks' of staff practice and staff were observed delivering care and support to people. This allowed senior staff to see how people consented to their care. Staff we spoke with confirmed the 'spot checks' undertaken were unannounced and told us they helped them develop their practice and communication skills. A member of staff said, "They (senior staff) have to come to carry out spot checks on my calls. It is good they do this." Compliance with the provider's uniform policy was also checked at this time, to make sure staff were properly attired when representing the service. We saw any issues found were addressed.

We saw there was a computer system in place which was used to rota people's calls. We saw this system would not allow calls to be unscheduled. This helped to prevent calls to people from being missed. We received the following comments about the on-call system and the availability of management; "Senior staff are available all the time twenty four hours a day seven days a week. I feel well supported" and, "We have a twenty four hour phone number we can ring."

Staff meetings were held; some staff said they found it difficult to attend sometimes because people's calls had to be covered. Staff said they could talk with the staff in the office, with the provider or registered manager at any time and this ensured they were able to discuss any issues and receive updates regarding important information and people's care.

We saw there was a range of audits in place. People's care records, medication administration and computer records were monitored, assessed and reviewed. We found if any shortfalls were identified action was taken to help to prevent issues from occurring in the future. The registered manager told us how they were enhancing the checks in place regarding medicine administration records (MAR) charts and people's medicines to enable them to have a further overview of this area of service provision. The registered manager also reviewed information regarding accident and incidents. We saw appropriate action was taken to make sure staff reassessed people's needs or contacted health care professionals to help maintain people's wellbeing.

Staff we spoke with understood the ethos of the service and the management structure in place. They told us the service was well managed and they confirmed they felt supported and appreciated. One member of staff said, "The management team are good. I really enjoy working here." Another said, "We work as a team."

We saw people using the service were sent surveys to gain their views. We looked at the results of the last surveys that were sent out on 17 May 2017. We saw the responses received from people were positive. Comments included; 'We receive an effective service from named carers whom he likes', 'Staff are reliable and excellent' and 'We receive an excellent reliable service'. We found staff were also provided with a survey to help them raise their views. This helped the management team to maintain and develop the service.