

HICA

HICA Homecare - Grimsby

Inspection report

Allied House
Wilton Road
Grimsby
North East Lincs
DN36 4AW

Tel: 01472811818
Website: www.hica-uk.com

Date of inspection visit:
27 June 2016
28 June 2016

Date of publication:
07 September 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

HICA Home Care - Grimsby is a not for profit care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides home care services within Lincolnshire as well as North and North East Lincolnshire.

The last inspection was completed in February 2014 and the service was found to be compliant with the regulations inspected at that time. This unannounced inspection took place on 27 and 28 June 2016.

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

In late 2015 the service had successfully tendered for the local authority commissioners home care contracts which dramatically increased the number of people they provided care to. The service tupeed another organisation's staff who were unsuccessful in the tender process. When HICA Home Care – Grimsby reviewed care packages and staff training records it became apparent that a large number of people required an annual review and staff required refresher training in a range of subjects. Action was taken during the inspection to ensure this would be rectified in a timely way.

Staff had been trained to protect people from abuse and avoidable harm. Known risks were managed to ensure people were supported safely. Staff were knowledgeable about the registered provider's safeguarding procedures and knew what action to take if they suspected abuse had occurred.

People received support from suitable numbers of staff who had been recruited safely. Staff had been trained to administer medicines safely. People received their medicines as prescribed; however, medication administration records (MARs) were not always completed accurately.

Although staff had completed a range of training such as safeguarding vulnerable adults, health and safety, infection control, food hygiene and nutrition, dementia, mental health awareness, privacy and dignity and fire awareness; a high number of staff required refresher training to ensure their knowledge and skills were up to date. Staff received effective levels of supervision and professional development.

People who used the service were encouraged to eat a healthy, balanced diet. When concerns were highlighted relevant professionals were contacted for their advice and guidance. Staff supported people to attend healthcare appointments when required.

Staff understood the importance of gaining people's consent before care and treatment was provided. The principles of the Mental Capacity Act were followed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who used the service were supported by appropriate numbers of staff who had been recruited safely.

People were protected from abuse and avoidable harm by staff who had been trained to recognised poor care and abuse.

People were supported to take their medicines as prescribed. However, some gaps in recording were identified.

Good 

Is the service effective?

The service was not always effective. The registered provider's training records provided evidence that staff needed to complete refresher training to ensure their knowledge and skills were up to date.

Staff received adequate levels of one to one support, supervision and annual appraisals.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act were followed.

A range of healthcare professionals were involved in people's care and support.

Requires Improvement 

Is the service caring?

The service was caring. People were cared for by staff kind, caring and attentive staff.

Staff knew how to maintain people's dignity and understood the importance of respecting people's choices and decisions.

People's preferences for how their care and support should be delivered were recorded in their care plans.

Good 

Is the service responsive?

The service was not always responsive. People's annual reviews

Requires Improvement 

had not been completed when required.

People were involved in the creation and on-going development of their care plans.

The registered provider had a complaints policy in place and people were provided with information regarding how to complain. Complaints were not always responded to in a timely manner.

Is the service well-led?

The service was not always well-led. The quality assurance systems were not completed on a large enough scale to ensure shortfalls were highlighted or to drive improvement within the service.

Staff we spoke with told us the management team were approachable and treated them fairly.

The registered manager was aware and fulfilled their responsibilities to report notifiable incidents as required.

Requires Improvement ●

HICA Homecare - Grimsby

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 was 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 unannounced inspection took place on 27 and 28 June 2016 and was carried out by an adult social care inspector.

Before the inspection we spoke to the local authority commissioning and safeguarding teams to gain their views on the service.

We asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken which was completed and returned in the required timescales. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we spoke with eight people who used the service and three of their relatives. We also spoke with the registered manager, the nominated individual, the deputy manager, five members of care staff and three members of office staff.

We looked at six people's care plans along with the associated risk assessments and 15 Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, action plans, stakeholder surveys, recruitment information for six members of staff, staff training, supervision and appraisal records as well as a number the registered

provider's policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I feel safe, I know who is coming and they are always on time so I know who is at the door and know I can let them in." Another person said, "They [the staff] use the machine [hoist] to move me about and I get a bit nervous but they reassure me and make sure I'm ok, they do make sure I'm safe." A relative commented, "There is a key safe and the girls let themselves in and come straight through to tell mum they are there. We all know Mum is safe and are happy someone checks on her when we cant."

Staff confirmed they were aware of their obligation to report any suspected abuse or poor care they became aware of. During discussions staff described the registered provider's policy for reporting abuse and told us they were confident that the registered manager would ensure their concerns were fully investigated. One member of staff said, "I would report anything I saw straight away, you don't ever expect to see anything but I would definitely report it", "I have had reported things in the past, not working here but I know what to do if I see anything" and "I would report it to by manager, I would make sure the person was ok and report it."

Risks were assessed and action was taken to reduce the possibility of their occurrence. We saw that a property risk assessment was carried out before care and support was provided. The assessment covered a range of areas internally and externally such as trip hazards, lighting, damaged or areas in need of repair and family pets.

The accidents and incidents that were recorded were reviewed to ensure appropriate action was taken. The registered provider had a health and safety committee that assessed the actions taken in relation to each incident that was logged of a serious nature. We spoke with the registered manager regarding the low number of incidents that were recorded as no accident or incident, that had been recorded in the previous 60 days [from the date of our inspection], they said, "We have just moved offices and we must have another accident and incident book because that isn't right, I'll look into it." Failing to record incidents that staff witness or become aware of could lead to people not receiving the care or medical attention they require in a timely manner.

Plans were in place to deal with emergency situations such as adverse weather conditions, staffing issues or local incidents. The registered manager told us, "There was a huge local event in Grimsby last weekend; we treated it as an emergency situation and drafted in extra staff. The teams did really well, everything was managed and no calls were missed."

People were supported by suitable numbers of staff who had been recruited safely. We reviewed five staff files and saw evidence to confirm appropriate checks were completed before prospective staff were offered a role within the service. The registered manager told us, "When we took over the service I checked all the staff files to make sure we had references and DBS [Disclosure and Barring Service] checks in place, five staff didn't so I got them done straight away." This helped to ensure people were supported by staff who had not been barred from working with vulnerable adults.

A care co-ordinator said, "My job is to make sure all the calls are covered, when someone [a member of staff] rings in sick or has a problem I get the call covered. It's a bit like fitting the pieces of a jig saw together" and went on to say, "Any calls I can't get covered, I get my t-shirt on and get out there myself; I have done all the training."

People were supported to take their medicines as prescribed by staff who had completed relevant up to date training to ensure they had the skills to administer them safely. However, we reviewed 15 people's MARs and identified gaps in 10 of these records. We checked the corresponding daily records and were able to see that staff had recorded that they had administered people's medicines when required but this gap in recording could lead to errors occurring and people not receiving their medicines as prescribed.

We discussed our concerns with the registered manager and the nominated individual who provided assurance that action would be taken to ensure MARs were completed accurately. The registered manager informed us that when internal auditing had highlighted issues with medication administration in the past staff had been retrained and their competency assessed. They assured us that due to the errors we had highlighted a detailed audit would be completed and retraining provided to staff as required.

Is the service effective?

Our findings

People told us they were supported effectively by staff. Comments included, "The staff are great, they do everything I need. They are all very good", "They all seem to know what they are doing; they do what I need without any fuss", "The girls [staff] I get are brilliant, they do everything I need and more, nothing I ask is too much trouble" and "I usually have the same people and after a while they get to know how I like things done. I am very happy and think they do a wonderful job."

The registered provider's training matrix showed that a high number of staff required training in a wide range of areas including, safeguarding vulnerable adults, the Mental Capacity Act 2005 (MCA), moving and handling, infection control, person centred care, fire awareness, first aid, and dementia. We spoke with the nominated individual about staff training records. They explained, "We are having the same issues here as we did in the Hull branch, we have recently changed our training policy, staff will receive training updates every year so the training matrix looks like the staff training is really poor but we know it isn't." They also said, "I thought the issue had been fixed but clearly it hasn't, I'll speak with the training department because it is making us look bad." The registered provider had reviewed their training policy and had made the decision to provide refresher training more frequently which meant that training records appeared to be out of date.

The nominated individual told us, "It has been a logistical nightmare; we have over 150 staff that we have to train in numerous areas but we are getting through it." This was due to the large number of staff tupeed from another registered provider. After the inspection was completed we received an update from the registered manager who confirmed, 'A Quality Training Manager role had been created which would commence in July 2016. The role would ensure all staff had received the training they required, in line with the registered provider's policies, to meet people's assessed needs and deliver safe, effective care.

The registered provider's supervision and appraisal policy stated all staff would receive three supervisions and one annual appraisal each year and included community supervisions and team meetings as an effective way to support staff. Records showed all annual appraisals were planned and would be completed before 2017. A care co-ordinator said, "I do supervisions with the staff in my team, we discuss any concerns they have, what's going well, if they need any training and just make sure they are ok" and went on to say, "Supervision or team meetings are done at least every three months so we see all the staff quite regularly."

Staff told us they understood the importance of gaining people's consent before care and treatment was provided. One member of staff told us, "We have to get consent for everything we do. I just explain what needs doing and make sure they are ok with it." Another person said, "I see some people with limited communication so they don't always have to say yes, I judge how they react and maintain eye contact with them, it's obvious if they don't want something doing."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who needed help with making decisions an application should be made to the court of protection. 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 were being met. At the time of our inspection no one who used the service was subject to a court of protection order.

People who used the service were supported to access to a number of healthcare services and were supported by staff to attend health related appointments when required. A member of staff told us they would report any concerns or changes to the person they were supporting so that professional advice and guidance could be sought. Another member of staff explained, "I work nights so when we go to emergency calls I will inform the office of what has happened and make sure they contact people's GP's or community nurses as well as updating families of what's happened." This provided assurance that when concerns with people's health or general well-being were identified relevant professionals were contacted for their advice and guidance.

People were supported to eat a balanced diet and encouraged to maintain a healthy lifestyle. We saw records were completed so that people's nutritional and dietary intake could be monitored. A member of staff told us, "It's difficult sometimes; I always encourage people to eat fruit and vegetables and to drink plenty of water, especially when it's hot." Another member of staff said, "People do get stuck in their ways, one person I see has bacon sandwiches every day but it's their choice and I have to respect that." A third member of staff commented, "I do try and encourage people to eat healthily but it really depends what they have in, I will cook whatever they ask for if it's in the house."

Is the service caring?

Our findings

People told us they received care and support from caring staff who understood their needs and knew their preferences. One person said, "I see the same person [staff member] nearly every day and we get on so well, we talk about all sorts and I always look forward to her coming." A second person said, "The woman who comes is brilliant, we know each other quite well now and she is a gem." A relative we spoke with said, "The girls [staff] who come to see mum are amazing, she calls them the dancing ladies because they have a sing song and a dance with her, she loves them all."

People told us they were treated with dignity and respect. The registered manager told us, "We know that everyone doesn't live the same way, some people are very house proud, some are not and some people need our help to live the way they want to live. Our staff respect everyone as individuals and never judge people in their own homes." A member of staff said, "I treat everyone with respect, I try and treat everyone the way I would want my family to be treated." Another member of staff commented, "Respect is part of everything I do, how I speak to people, how I act in their home, how I deliver their care; everything."

The registered manager explained, "HICA has a SHINE programme [described on the registered provider's website as an aspirational philosophy that underpins our organisational commitment to continuous improvement and a personal pledge to 'make a difference'] and we do what we can to help people. One person we support lives in an area where everyone's gardens are beautiful but theirs is a little tired. We got some money from the SHINE fund and raised some more here in the branch; the staff have agreed to give up their spare time to transform their garden. The person is very excited about it and so are the staff."

Staff understood the importance of encouraging and supporting people to maintain their independence. A member of staff told us, "Helping someone to maintain their independence is one of the biggest things I do. I will try and get people to help me make their lunch, just little things like get the butter out the fridge or pop the kettle on" and "When I give personal care if they can brush their teeth or wash their face I make sure they always do it." A person we spoke with said, "There are some things I need help with and some things I can still do, it important for me to not lose who I am, I am very grateful for the support I get because it allows me to stay in my home."

Staff showed genuine concern for people's well-being and responded quickly to their changing needs. On the second day of our inspection a member of staff had arrived to complete a care call and found the person in need of medical attention. They called for an ambulance and stayed with the person until it arrived then travelled with the person to the hospital. The registered manager told us, "If there is no family around the staff will always go to the hospital with people, it's important they have a friendly face there that they recognise."

The care plans we saw contained step by step guidance for staff to ensure people received the care and support they required in line with their preferences. Detailed profiles had been created for each person who used the service that included their family life, where they grew up, went to school, their hobbies and interests, employment history and known aspirations. This helped to ensure staff knew the person they were

supporting which enabled them to engage people in meaningful conversations. A member of staff told us, "The care plans are very good, they are detailed and all of the important things are in red so if you haven't been before you can see what needs doing really easily and find out what people like so can have a chat."

Systems were in place to ensure people's private and confidential information was held securely. A confidentiality policy was in place at the service for staff to refer to as required. The nominated individual told us, "We are training the staff to use the new mobile phone system which is great for security and so that the staff have accurate up to date information." The new system held people's care plans and other important information securely to ensure it could only be accessed by relevant people. A member of staff said, "I work nights and when people call us in an emergency having all their information available before we get there will save time and allow us to give the person the support they need straight away."

Is the service responsive?

Our findings

People who used the service or those acting on their behalf confirmed they were involved in the initial and on-going planning of their care. One person said, "Someone came and asked me lots of questions, I told them what I needed then the girls started to come round, it has all gone pretty smoothly." Another person said, "I have a care plan here in the house; we have meetings [with HICA Home Care – Grimsby] which my daughter comes to." A relative told us, "I am fully involved with mum's care, I met her co-ordinator and told them what mum can do and what she needs help with, we have another meeting planned because we want more hours, we are really happy with everything."

People told us they knew how to complain or raise concerns about the service. One person said, "I rang up this morning, I was waiting for the person to turn up and they were half an hour late. It [staff turning up late] does happen every now and then but I understand how busy they all are." Another person said, "I haven't ever need to complain but I suppose I would just ring the office."

People or those acting on their behalf were involved with the initial assessments which were completed to ensure the service could meet people's needs. The initial assessment captured people's abilities, support needs and levels of independence. The information was then considered along with the placing authorities' assessment to develop a number of individualised care plans. A member of staff commented, "We are usually contacted by social services, they tell us who people are, what their needs are and when they want the calls. From there we meet with the person and their family and put a package together."

Each care plan we saw had an associated risk assessment so that known risks could be managed effectively. The care plans provided step by step guidance to staff to ensure people's independent living skills were supported whilst their preferences for how their care was delivered were respected. Care plans also contained information about the equipment people required and any relevant professional advice and guidance.

When people's care and support package commenced they received a one week, six week and six month review then reviews were completed on an annual basis. Records showed that at the time of our inspection 69 annual reviews needed to be completed. This meant we could not be sure if care reflected people's needs, wishes and preferences. We spoke with the registered manager who told us, "Because of all the new clients we have we are behind with some reviews but we have a plan in place and will make sure that we get caught up. We had five care supervisors and we currently have one. We are recruiting but it has left us behind." The nominated individual said, "We will put the reviews onto our action log and I will personally keep an eye on it until everyone has had a review." Failing to have accurate care plans that incorporate people's current needs could lead to people not receiving the care they require and their needs not being met.

The registered provider had a complaints policy in place at the time of our inspection. Complaints information was provided to people at the commencement of the service. We saw that a personalised letter was sent to each person or their appointed representative from the registered manager which outlined how

to raise concerns and how complaints would be handled.

We reviewed the complaints that service had received and saw that the majority were responded to appropriately in line with the registered provider's policy. Records indicated that the complainant were satisfied with the response they had received. However, we saw that one person had not received a response to their complaint for eight weeks. The registered manager explained, "We have contacted the person and explained that the investigation has been delayed due to staff sickness but it has been longer than I would have liked."

A member of staff said, "We try and fix any small complaints whenever we can but anything that is bigger than I can deal with I will report to the office so they can contact the client."

Is the service well-led?

Our findings

People who used the service told us they were happy with the care and support they received and believed the service was well-led. One person said, "Things have got better since HICA took over, the communication still needs to get better but they are on the right track." Another person commented, "I think it is great [the service] I would be lost without them coming." A relative said, "It is such a relief knowing someone is going in to see mum, it means dad can go do what he needs to do and we don't have to worry. They ring me and keep me updated, it's great."

At the end of 2015 HICA Home Care – Grimsby tendered and were awarded a contract by the local authority commissioners and tupeed staff from another provider. This dramatically increased the number of staff employed and the number of care packages. The registered manager said, "The amount of work the office staff have got through is phenomenal; we didn't really know how bad things were when we took over but it was more work than we expected." The nominated individual explained, "We believed it would take us about 12 months to turn things around and make this a good service, our failure has been the speed that we have managed to make the changes" and went on to say, "We have an action log for the service and are aware of the issues which we are slowly rectifying."

The nominated individual described the on-going improvements within the service and told us about the resources allocated to ensure improvements in a timely way. They said, "I have spoken with the chief executive to request more support and we have created a new role to ensure the quality across all of the homecare services improves" and explained that the registered provider had recently created a safeguarding role which would ensure all safeguarding incidents would be reviewed and be accountable to the board of directors. This helped to ensure that the registered provider was aware and influenced the way the service responded to specific incidents.

Staff were empowered by regular team and patch meetings that allowed them to raise concerns, discuss ways of working and share ideas for any improvements that could be made. One member of staff told us, "We have all gone through a lot of changes but I think it has been managed well, we have lots of meetings and know we can ring the office anytime we need anything." Another member said, "I think I am a good advert for HICA; I was dead against moving and working for someone new but I've changed my tune. The manager [registered manager] and office staff have been great, we get more support than we ever have and anything we ask to be done, like contacting families or doctors in done so I'm happy working for them." Other staff told us, "Things are so much better now, HICA have been amazing, they are a great company to work for" and "I didn't want to move to HICA, they were taking over and that was it but they are great to work for, very supportive and things have definitely improved."

Staff told us they enjoyed working for the registered provider and confirmed their efforts, hard work and initiative were recognised. We saw miniature trophies in the office and were told that they were awarded to staff on a weekly basis. Carer and co-ordinator of the week were recognised and the registered provider acknowledged their contribution by awarding them the trophy. A member of office staff said, "It's nothing major but saying well done to some who has worked hard and gone the extra mile is important."

The service utilised a range of quality assurance methods to monitor and develop the standard of care and support people received which included; auditing, spot checks, a concerns log and questionnaires. The registered manager told us, "We have recognised issues through our quality assurance systems like the need to work closer with community professionals, we looked into this and re trained a number of staff then did spot checks to ensure it had improved."

We found that the registered provider's internal audits were not completed on an appropriate scale to provide an accurate representation of the service. For example, we saw a maximum of seven Medication Administration Records (MARs) were audited on a monthly basis even though the service supported over 200 people to take their medicines. The registered manager said, "It's obviously an area we can improve on, we have the right process in place we just need to increase the numbers." However, we reviewed 15 people's MARs and found 10 of those had not been completed accurately and contained gaps. We checked the corresponding daily records and were able to see that staff had recorded that they had administered people's medicines as required but the gaps in recording could lead to errors occurring and people not receiving their medicines as prescribed. We discussed our concerns with the registered manager and the nominated individual who provided assurance that action would be taken to ensure MARs were completed accurately and the audits were completed on a larger scale to ensure the continual development of the service.

The internal auditing systems had failed to highlight the number of annual reviews that were required and that accident and incidents may have not been recorded as required. The nominated individual told us, "We are developing a system where all our KPI's (Key Point Indicators) will be monitored, safeguarding concerns, medication errors, accidents and incidents, complaints, staff training and supervisions." This provided assurance that the issues within the service would be identified enabling action to be taken in a timely way.

We saw evidence that staff's performance including their attendance, attitude and care delivery were monitored periodically. A member of staff explained, "We have random spot checks, they make sure the client is happy and got everything they need and they make sure the staff turned up on time, had the proper uniform on, gave people their medication, signed the charts and did all the things they needed to do."

After the inspection was completed we received updates from the registered manager acknowledging the issues found during the inspection and the actions taken by the registered provider to rectify the concerns. For example, the introduction of a new quality monitoring role to ensure compliance within the service, a revised training matrix and training policy as well as action plans that would be monitored internally by the registered provider's nominated individual.

As required under the registered provider's registration a registered manager was in place at the service. They were aware of and fulfilled their responsibility to report specific incidents and events to the Care Quality Commission.