

Hills Independent Homecare Service

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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

Hills Independent Homecare Service is registered to provide personal care to people living in their own homes.

At the last inspection, which took place on 23 September 2015, the service was rated good. At this inspection, which took place on 24 October 2017 to 3 November 2017, we found the service remained good. At the time of our inspection, 23 people were receiving care.

People continued to be cared for by staff who provided care and support that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely.

People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. There were sufficient staff available to meet people's needs. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were effectively supported with decision making and supported to have as much choice and control of their lives as possible. People were supported to have enough to eat and drink and access healthcare when they required it.

People received care and support from staff who were caring, kind and gentle. Staff treated people with respect and dignity. Staff knew the people they supported well. They understood, and met, people's individual preferences and support needs.

There was a registered manager in post at the time of the inspection. 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.

The service was well managed. The provider continued to have a robust complaints procedure in place. There were effective systems in place to monitor the quality of the service people received and continually improve the service provided.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place between 24 October 2017 and 3 November 2017 and was carried out by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office and we needed to be sure they, or someone suitable, would be present for our inspection. This service is owned and managed by two people in a partnership arrangement. One of these is also the registered manager. The registered manager was not present during our inspection. However, the other partner was present, and is referred to throughout this report as the 'partner'.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also received survey responses from four people who used the service and two of their relatives or friends. We used all of this information to help us plan our inspection. We also asked for feedback about the service from the Cambridge County Council and Healthwatch Cambridgeshire.

During our inspection we spoke with a partner of the company. Following our inspection visit we spoke on the telephone with four people and one person's relative. We also spoke with three care workers and the registered manager.

We looked at three people's care records and two staff recruitment and training records. We also looked at

records relating to the management of the service including audits and meeting minutes.

Is the service safe?

Our findings

The service remained good at safeguarding people from harm. People and a relative told us that they and their family members felt safe when they received this service. One person said this was because, "[The staff] come in and see if I'm alright."

There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from avoidable harm, they had received training and they understood what to look for. They all told us they would report any issues to their manager and were confident the partners would take the appropriate action. All staff knew how to escalate concerns should the need arise. The partner was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The service remained good at assessing risks to people and using equipment to help reduce risks. Staff assessed individual risks to people and kept updated records to show how risks had been reduced. A relative told us how the staff had supported them to access equipment to assist their family member to move safely. The use of this equipment was assessed and reflected in the person's care plan. Our conversations with staff members showed that they followed the guidance in place and took appropriate actions to maintain people's safety.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Staff members told us that they had undergone an interview process and satisfactory checks were obtained to ensure that they were suitable to work with people receiving care.

People and staff members told us that there were enough staff to safely meet people's needs. People told us that staff visited them at agreed times. One person said, "They come on time. I'm always sorry to see them go." Another person told us, "They're occasionally late because of the traffic. They can't help that. [The partner] lets us know." Staff told us that there were enough permanent staff to cover staff leave.

The service remained good at managing people's medicines. People told us that staff members gave their medicines on time. One person said, "I get [the medicine] out for them but they always remember to apply it." People who needed support with their medicines received this from staff who were competent to provide this. Staff completed records to show that medicines were administered in line with the prescriber's instructions.

Is the service effective?

Our findings

The service remained good at providing staff with training and support. People told us that staff knew them and looked after them well. Staff told us, and records verified, that they received enough training to give them the skills to carry out their roles. One staff member said they had received training with a previous employer but said they had learned additional things from the training they received with this service. Staff told us they worked alongside a more experienced care worker until they felt comfortable and were deemed competent to provide care unsupervised. Staff told us they continued to feel supported by both partners. One staff member said, "There's always someone at the end of the phone you can ask [for support and advice]." All were confident they would be listened to and that their concerns would be addressed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in their own homes, an external agency would make the deprivation of liberty (DoL) application to the Court of Protection. The partner told us that no-one was, or needed to be, deprived of their liberty at the time of our inspection.

People's rights to make decisions about their care and support continued to be respected. Staff had received training in MCA and DoLS and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions. One staff member said, "We assume everyone has [the] mental capacity [to make decisions]. We think about how to provide people with the information so they can make a choice [about how their care is provided]."

People told us that staff supported them to eat and drink where this was part of their care plan. Records showed that consideration was taken in regard to people's nutritional needs and preferences. For example, we saw one person's care plan directed staff to serve sausage with the skins removed.

People's health conditions continued to be monitored and healthcare support was accessed when required. A relative told us, "If I'm worried about [my family member] I phone [a partner] and she gets through to GP for me." People's care records showed that they had access to the advice and treatment of a range of health care professionals, including occupational therapists. This meant that people were supported with their healthcare needs.

Is the service caring?

Our findings

The service remained good at caring for people. People were very happy with the service they received. Two people and a relative rated the service as "nine out of 10." The two other people gave it "10 out of 10." A relative told us the service was, "Quite satisfactory. I wouldn't change them."

People described good relationships with staff and described them as, "Caring" "Gentle" and, "Kind". One person said, "[The staff] are very good. We get along quite well. [The staff and I] are all used to each other. They know what I want." Another person told us, "When they've finished [assisting me] they make me a cup of coffee. That's welcome. I'm not at my strongest in the morning." We saw the staff member's caring approach extended to family carers. For example, we read a care plan that advised care workers to, 'Ensure [relative] is coping on a day to day basis and report concerns.'

People told us that staff didn't rush them and continued to treat them with respect. One person said, "Yes, they treat me with respect. We are on Christian names terms and we like that." Another person said, "[Staff member] is very understanding and gives you time to explain or ask things." Staff were mindful of people's wishes and gave us examples of how they respected these. For example, one staff member told us that one person was embarrassed when they undressed for personal care. Staff told us they stood behind, or to the side of this person and kept them covered whenever possible.

Two of the staff we spoke with said they would be happy with a family member receiving care from this service. One staff member said this was because of the calibre of the staff the service employed. They told us, "[The partners] don't just [employ] anyone, they make sure they are good [and] caring. The other staff member told us that all staff provided good care and that some staff did extra tasks such as tidying up and making people's beds. However, because not all staff did these additional tasks they said they would not want a family member to receive care from this service.

People received information about the service prior to care starting. One person told us, "[A partner] came and talked it all over. She went through what they would do and wouldn't do. I had a list to go through. She okayed everything on it." The partner told us that each person had a folder in their home that contains information including the provider's statement of purpose, a contract and how to contact them.

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs. Everyone we spoke with was satisfied with the service they received and three people described the service they received as, "Very good." One person told us, "[The care workers] really respond to my needs. The [staff member] this morning gave me a body wash and washed my hair for me. She's very observant. I had slippers on and she asked if I would prefer shoes. They are very good at remembering what they've done before and at thinking ahead and anticipating my needs."

Staff spoke knowledgably about people, their preferences and their care needs. However, some staff told us this information did not always correspond with that in people's care plans. We spoke with the registered manager after our inspection and they advised us they had just reviewed these people's care plans. People told us that they received care from a consistent staff team who knew their needs. We therefore judged the risk of people receiving inappropriate care to be minimised.

The partner told us they encouraged staff to promote people's independence. This was reflected in the wording of people's care plans. For example by using such words as, 'prompt as [person] tends to forget' and, 'encourage'. One person's care plan gave staff very detailed guidance on how to assess the person's varying mobility and the equipment to use depending on how the person was that day. The person told us, "I'm trying to manage for as long as I can. The [care workers] are very kind."

The provider continued to have a robust complaints procedure in place. People were aware of how to complain and the partner told us this information is in people's folders in their homes. One relative told us, "If ever I call [the partners] for anything they're absolutely brilliant." The partner told us there had been no complaints about the service in the last 12 months. They told us, "I think it's because we keep in regular contact with [people]" and gave them the opportunity to raise any concerns before they became complaints.

Is the service well-led?

Our findings

People's and relatives' responses to the partner's annual survey were very positive and echoed our findings. They sent and received back 21 surveys. All respondents rated the service as 'good' or 'very good' in all areas. People made comments such as, "We were very satisfied with the way in which [the partner] and her team helps us." "[I] couldn't be without them." And, "[I'm] completely happy with the service."

The partner was passionate about maintaining the quality of care the service provided. She told us that where possible, they would follow up on any negative responses in the surveys. She said, "We need to make sure what we're doing is right by the people who use this service." People told us that the partners gave them regular opportunities to feedback about the service. One person said, "[A partner] has been to see me from time to time to check if I'm happy [with the service]."

People and staff told us the partners were approachable. A relative said, "The nicest thing of all is that I can speak to [a partner] day or night to ask her advice. I think we're very lucky. Every day we give thanks for this service." Staff told us the partners were supportive. One staff member said, "The two bosses [partners] have got your back. If you've got a problem they sort it out. They're different to other bosses. They care about the [people we provide care to]." They told us there were regular staff meetings and opportunities to discuss anything that is worrying them or make suggestions about the service. We concluded that staff members were supported and that the service continued to be well run.

The partner told us they were looking to continually improve the service. For example, they said they had started doing spot checks on staff but were looking to formalise this process as part of staff supervision and development over the next year.

There was a registered manager in post at the time of the inspection. 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. The service was registered to be run from one of the partner's homes. The partners used a separate 'satellite' office for staff meetings. In line with the provider's registration, care was not organised from this office.