

Hidmat Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Hidmat Care Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 10 people were receiving support with personal care.

People's experience of using this service:

People's needs associated with risk had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage any known risks. Recruitment processes were not robust enough to ensure people employed were safe to work with the people who used the service. Where people required medicine, this was administered as prescribed, but the provider did not always follow their administering medicines policies and procedures. People and their families felt safe with the staff that cared for them. Safeguarding systems were in place. People were protected from cross contamination because staff followed infection control policy and procedures. Systems were in place to monitor Incident and accidents.

Care plans were not consistent with information of people's needs. Staff were knowledgeable about the people they cared for. However, when they cared for people living with a condition, such as, dementia or required specific use of equipment, such as, a catheter, pressure stockings or specific foot wear, the care plan lacked instruction how staff should care for these people. This was a recording issue. Protected characteristics under the Equality Act 2010, were considered when identifying people's needs and preferences, such as, preferred language if their first language was not English. People consented to their care and support, but where they lacked capacity, mental capacity assessments for decisions they needed to make, or decisions made in their best interest were not fully completed.

Staff attended an induction and training relevant to their role, but lacked specific training in conditions such as, dementia. People were supported to eat and drink according to their culture, religion and preferences. The provider worked with other professionals and implemented recommendations to help achieve a positive outcome for people's health and wellbeing.

People were cared for by kind, compassionate and caring staff. People had an opportunity to discuss their care and support on a regular basis. Advocate support was acquired if people needed support to express their views. People were shown respect and their dignity was protected always

Care was planned and personalised, but not always consistent in the way people wanted. Systems were in place to monitor and address complaints. End of life care plans needed development. This was discussed at team meeting and training was to be identified.

There was a registered manager in post and they had an oversight of the service, which they planned to develop and improve further. The registered manager was open and transparent to all shortfalls we found at the inspection. Audits and quality checks were completed. People were involved in discussions about their care and support. Staff felt supported by the registered manager and confident to raise issues and concerns. The provider worked with other professionals and developed networks within the community.

Rating at last inspection: Requires Improvement (Published 16 January 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw sufficient improvement had not been made since the last inspection. This meant the service still required improvement. This is the second consecutive time this service has not received a rating of Good.

Follow up: We have asked the registered provider to send us an action plan telling us what steps they are taking to make the improvements identified as needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Hidmat Care Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: The inspection was carried out by one 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 care service.

Service and service type: Hidmat Care is a domiciliary care service and provides personal care to people living in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before we inspected we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information, which included statutory notifications. A notification is about important events, which the provider is required to send us by law. We used this information to inform our inspection plan.

We spoke with one person who used the service and three relatives. We also spoke with the provider's representative, registered manager, care coordinator and two care staff.

We looked at five people's care records to check that the care they received matched the information in their care plans. We reviewed three staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection November 2017 we found although care plans had identified measures to mitigate risk, information was limited and did not explain in specific detail how to reduce any potential risk to people's safety. At this inspection we found there was still limited detail regarding known risks for people. One person's care plan stated the person needed two care staff due to decreased mobility and poor standing tolerance. It also stated the person became anxious when transferring using the stand aid and required reassurance. However, there was no detail explaining how staff should do this or risk assessment to mitigate any risk. Another person's care plan stated care staff were to ensure a person's special footwear and compressed stockings were put on daily, but there were no instructions how staff should do this or what the risk would be if the person went without the special footwear. This meant the service still had not reduced any potential risk to people.
- Where people used a catheter, the instruction for staff was for them to drain the bag if full. There were no instructions for how staff should do this, or the risk involved. This could place the person's safety at risk.
- Staff we spoke with did not understand when we asked about known risks for people or where they should find this information. This meant there was a risk that appropriate control measures may not be in place.
- Information in the Provider Information Return (PIR) stated, 'Review risk assessments to ensure that they are up to date and people's needs remain the same if not it will be altered to highlight the change.' We found this had not always happened.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The environment in people's homes was checked regularly to ensure that it was safe and hazard free.
- There were plans in place for emergency situations, such as, fire evacuation and these were personalised.

Using medicines safely

- People received their medicines as prescribed. People who received medicines told us they did so when they needed them, and that staff signed to say it had been given. However, the instructions for how staff should support people was not clear and concise. One care plan stated staff were to administer medicines and to prompt the person to take them. Another care plan stated, 'assist with medicines by physically giving to person and placing in hand or mouth'. They used assist, prompt and administer to identify the support they gave to people but used all these words generically to clarify the one action of support in all medicine care plans we looked at. This meant it was not easy to identify what level of support the person required. The provider's policy identified a much clearer level of support. This meant the provider was not following their medicine policy.

- People's medicines were clearly recorded in their medication administration record, which helped to reduce risks for people receiving the wrong medicine.
- Staff confirmed they had completed medicine administration training and could identify the reason people were taking their medicines.
- Staff told us the medicine administration records (MAR) were collected each month and checked by the office to ensure there was no errors.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely.
- There were systems in place to plan staffing levels according to individual's needs.
- People told us staff arrived on time and stayed for the duration of the calls. One person said, "Staff stay longer sometimes. I do not feel rushed at all."
- A recruitment policy and procedure was in place, but interview records were not fully completed. One staff file had not got a fully completed application form. None of these issues had been discussed at the interview stage. We could not identify if people were fully suitable for their role. The recruitment process was not robust or followed as per the provider's policy for recruitment. We spoke with the registered manager and they told us they would review the recruitment policy and staff files to ensure all gaps were fully completed.
- Relevant safety checks were in place, such as, an up to date Disclosure and Barring Service (DBS) and reference requests.

Systems and processes to safeguard people from the risk of abuse

- People were supported to keep safe from harm.
- People told us they felt safe with the staff that provided their care. One person said, "I feel very safe."
- Staff had a good understanding of how to keep people safe. One member of staff described different types of abuse and who they would report concerns to.
- The registered manager was clear about the actions they would take should a person experience abuse or harm, as systems were in place to safeguard people from the risk of harm.

Preventing and controlling infection

- People were protected from the risk of cross contamination. Staff described equipment they used when providing personal care. People said, "Gloves and aprons were worn for personal care." One staff member told us they received a flu injection each year, because they worked with older people.
- People confirmed equipment was worn when staff provided personal care or food preparation. This helped to reduce the risk of the spread of infection.
- Staff had received infection control training and the provider had policies and procedures in place to support good practice.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions were taken to reduce the risk.
- There were processes in place that assured us lessons would be learnt if accident and incidents occurred. The registered manager told us they had implemented a grab sheet after a person went in to hospital. This was for relevant information to be shared with other professionals who were assisting the person whilst in hospital or moving between service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- Care plans were not consistent with information on people's healthcare conditions, and mental health needs. For example, where there was information about continence or if a person was prone to a urinary tract infection. There was no information regarding catheter care or when pressure stockings were to be used or how staff should support people. Where a person became nervous or anxious there was no information how staff should reassure the person.
- The registered manager told us they had a good relationship with healthcare professionals and when the need arose they made referrals to the GP or district nurse. They said they implemented recommendations from healthcare professionals and included them in people's daily routines to help them achieve positive outcomes. For example, if a person was at risk of skin damage staff would check the area daily and record on an inspection chart. If any changes of deterioration were noted, they reported to the district nurse.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA.
- Where able, people had completed consent forms to demonstrate they agreed with their care.
- People that lacked capacity had the relevant MCA assessment in place, but information had not been fully recorded. For example, MCA assessment were blank this was a recording issue. Where Lasting Power of Attorney (LPA) was implemented there was no documented evidence of the level of the (LPA) to ensure decisions were being made in a person's best interest. (If you are unable to manage your own affairs, an LPA (Lasting Power of Attorney) appoints someone of your choice to do it for you) We spoke with the registered manager and they acknowledged they had undertaken the relevant assessment but failed to record this appropriately. The registered manager said they would address this. They also said they would contact relevant families with LPA and identify the level of consent they had. This was to ensure decisions were made in the persons best interest and their wishes were adhered to.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started using the service.
- People's needs, and choices were not always met and adhered to, as some detailed information was missing from the care plans.
- People's care plan contained information for specific health conditions, dietary requirements and daily

routines. People who lived with the condition of diabetes had information provided for them on the risk of high or low blood sugars.

- Staff were knowledgeable about the people they cared for. Staff described people's daily routines to make sure they received the care and support they needed.
- Assessment of people's needs fully included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded.

Staff support: induction, training, skills and experience

- Staff received opportunities to update their skills and knowledge through training they received.
- One relative said, they felt staff lacked knowledge in specialism areas, such as, dementia. Staff confirmed they had not attended training for dementia care. We spoke with the registered manager and the provider's representative and they said they would identify this with their trainer to address the issue.
- Staff had undertaken extra training for pressure area care. Staff could identify what they should look for if skin integrity deteriorated. There were protocols for them to follow to ensure they provided effective care.
- Staff confirmed they had attended an induction when they first started working for the company. One staff member told us they shadowed other experienced staff and were introduced to the person they cared for before they provided care on their own.
- Supervision and spot checks were taking place on a regular basis.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and monitored. The registered manager described how they monitored changes in people's weight and how they protected people from poor nutrition. They said, "We monitor people's food intake if they are at risk of malnutrition. We refer to the GP if we have any concerns. Care plans identified if a person needed a soft diet or was unable to chew.
- People told us staff prepared their food choices and gave them options of what they would like to eat and drink.
- Staff confirmed they asked people what they would like to eat and drink to ensure their nutritional needs were met. One staff member said, "People's dietary requirements are written in their care plan. Another member of staff said, "We ask people what they would like, we discuss what is available and how they would like it cooked, for example microwaved, sandwich or a cooked meal." Records we viewed confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us they were happy with the care provided. One relative said, "I am extremely happy with how [relation] is looked after." Another relative said, "I am sure if it was needed the staff would call the doctor and let me know if there were any concerns."
- People were supported to access healthcare professionals when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "I have built up a close relationship with the staff, nothing is too much trouble. They never rush me during the call and sometimes stay longer than they should for a bit of a chat." The person went on to say, staff treated them with the utmost respect and always maintained their dignity.
- One relative said, "I really feel the staff care. The staff really look after my relation's well. I don't know if it is the cultural thing, but it is in the staff's nature to make sure they do what they can for people." Another relative said, "I can't believe the difference it has made having Hidmat Care. The staff are amazing." A third relative told us they had real confidence in all the staff that helped their family member. They said, "I cannot fault them they [staff] do all we want them to and [relation] is so much happier since they started coming [to provide the care]."
- Staff were very positive and showed a good understanding of the people they cared for. One staff member told us the people they cared for liked consistent staff. They described how they reassured people and made them happy. When other staff were to attend they informed the person what was happening.

Supporting people to express their views and be involved in making decisions about their care

- People had the opportunity to discuss their care needs and review their care regularly. One person said, "I have a care plan and the staff complete the paperwork each time they visit. I agreed to my care needs when I first started having the care." The person had nothing but praise for the staff and the service provided.
- People were supported and helped to express their views, where required they would be supported by outside advocates. The registered manager told us no one required the advocate service at the moment, but they would research information and appropriate support should this be required.
- The registered manager told us they liked people to feel listened to and that they mattered. They did this by encouraging staff to build relationships with people and provide person centred care plans. Staff confirmed they had a good relationship with the people they cared for.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People and relatives gave positive feedback on how staff cared for them or their family member.
- Staff told us they encouraged people to be independent and do things for themselves. One staff member told us how a person liked to be independent. The staff described how they supported the person to keep their independence by letting them shower and shave themselves, but to be on hand if needed.
- Staff supported people with personal care requirements discretely and ensured they kept doors and curtains closed.
- People's records were stored securely to ensure their confidentiality. The registered manager had

processes in place to ensure all records were managed in line with the Data Protection Act and GDPR.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were empowered to make choices, their independence was encouraged and they were able to take control of how they wanted to lead their lives. The registered manager told us they encouraged people to participate in social activities and that staff had supported people with this on occasions. For example, shopping trips and supporting them with their religious needs.

- People had care plans were personalised, however some areas of care lacked detail. For example, if staff were to support people to maintain their personal hygiene and dignity there were no instructions or risk assessments in how staff should do this. People's communication needs were assessed, and it was clear how information should be shared with them.

- Staff described how they supported people whose first language was not English. They said they were from the same cultural background, so they understood their language needs. Staff also understood that there were certain cultural needs that were part of people's religion and staff supported people with this. For example, cleansing of the body and prayer.

- Care plans were person centred and reviewed regularly. The registered manager told us they were implementing a new system that would highlight when care plan reviews were required this would ensure care plans were reviewed and updated when needed.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to complaints and concerns.

- The registered manager told us there had been no complaints or concerns raised, but they would respond quickly to small concerns to ensure issues did not escalate in to larger complaints.

- People and relatives were aware of the complaint procedure and were confident how to use it if needed.

End of life care and support

- There was nobody receiving end of life care when we inspected.

- People's wishes about the care they would like at the end of their lives had not been discussed and recorded. The registered manager told us they had identified this was an area they needed to address.

- End of life care had been discussed at team meetings and training was to be identified. Meeting minutes we reviewed confirmed this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The service had relevant monitoring systems in place to ensure they provided effective care, such as a new call monitoring system.
- The registered manager said they had put an action plan in place since the last inspection in November 2017 and were working to specific targets areas each month to make sure the service was more organised. We found although some areas had improved there were still concerns regarding the detail of the information provided. For example, risk assessments did not always identify the level of risk and how the risk impacted on the person. The quality assurance processes in place were not robust. At our last inspection we found it was not yet clear who would be completing them and how they would help to improve the quality of the service provided. At this inspection we found this had not been fully addressed. The action plan dated November 2017 identified who would be responsible for completing the audits. However, it was clear they had not followed the action plan and implemented effective quality assurance processes as they had not identified the concerns we found during this inspection.
- The recruitment process had been updated, but there were gaps in employment that had not been discussed during the interview. There were no interview notes to identify if the staff member was suitable for employment. The service were not fully following the provider's recruitment policy. Staff files had not been audited to identify these concerns.
- Risk assessments still lacked specific detail the provider was not following their action plan dated November 2017. They were not following their policy and procedures to mitigate risk and ensure they provided a good quality service.

This is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us their experience of the service was good and they received care that was tailored to their individual needs.
- People and their family told us the care provided was very good. One relative told us the care was sufficient for their family's needs.
- Care was reviewed to make sure it was current and up to date. For example, observation of care. Speaking with people and their families and monthly auditing of daily notes and care plans by the registered manager.

The provider had not displayed their previous rating on their website. The registered manager told us they

would address this. We checked their website after the inspection and they had provided a link for people to access the last report.

- The registered manager told us they were aware of notifications they should submit to the Care Quality Commission (CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report." Records viewed confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. They were aware of their responsibilities and had an oversight of the service and a plan to develop and improve the service further.
- Staff spoke positively about the culture of the service and described how much everyone cared about the people they supported and wanted to ensure they had good lives. One staff member told us how they had supported a person who came home from hospital. They said, "We worked flexibly to assist the person's needs and changed their call times for the day to make sure the person was settled at home after their ordeal."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care planning and day to day care. Care plan reviews had taken place monthly.
- People and their families had the opportunity to feedback their experiences by completing satisfaction surveys for how well the service was run. One person told us, "The manager was always available to speak to if they had any queries or concerns."
- Staff told us they felt supported by the registered manager. One staff said, "The manager always keeps in touch and updates us with any changes especially when people's needs change." Another member of staff said, "We have regular telephone contact with the manager and monthly team meetings."
- The registered manager told us they encouraged staff to work well together as their relationship may impact the people who use the service. The registered manager also ensured they had regular contact with staff to keep communication lines open for staff to feel comfortable and able to raise issues and concerns if the need arises.

Working in partnership with others

- The registered manager and the provider's representative told us they worked closely with other professionals. They said where required people had a record of other professional visits, such as, GP, District Nurse and Occupational Therapist. Information is kept for staff and other professionals to relay and request information and attend further visits.
- Management worked closely with other professionals to monitor and update care needs and implement changes as and when required. Staff told us there were times when they worked alongside the district nurse team regarding tissue viability, when people were at risk of their skin breaking down.
- Staff gave examples when they had contacted a GP because a person had become ill.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (2)(a)</p> <p>Risk assessments relating to the health, safety and welfare of people were not always completed to assess the planning and delivery of care and treatment that reflected people's needs.</p> |

| Regulated activity | Regulation |
|--------------------|---|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1)</p> <p>Quality assurance processes were not effective to make sure the service identified shortfalls in a timely manner and were in line with their policy and procedures.</p> |