

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

We carried out an announced inspection of the service on 30 November 2017. 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. All of the people currently using Hidmat Care Limited receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Hidmat Care Limited has been registered with the CQC since 31 January 2016; however they did not commence providing the regulated activity of personal care until 10 October 2017. Prior to this inspection we received some information of concern which meant we inspected this service earlier than we had planned to. We concluded during the inspection that the information we had received was not substantiated and we completed the first full inspection of this service since it had become registered with the CQC.

At the time of the inspection Hidmat Care Limited supported five people who received some element of support with their personal care.

Staff had not always been recruited safely. Some staff had received training in the safeguarding of adults but some staff were in the process of completing this training. Some of the risks to people's safety had been assessed although some lacked specific detail about the people assessed needs.

People told us they felt safe when staff were in their home. People required minimal support from staff with their medicines, however where needed, medicine administration records were not always appropriately completed. Some staff had received infection control training and assessments of the environment people lived in were carried out to ensure they were safe.

People felt staff supported them effectively their physical, mental health and social needs. The registered manager had an awareness of current legislation and best practice guidelines. Not all staff had completed the required training to carry out their role; however, staff were in the process of doing so. People received minimal support with their meals and where staff support was needed this was done so effectively. The registered manager told us they would work with other health and social care agencies, when the need arose, to ensure people's health needs were regularly monitored and transitions to other services were effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice, however clearer documentation was required to ensure all decisions made clearly evidenced that they were

in each person's best interests.

People felt staff were kind, caring, respectful and treated them with dignity and respect. People felt able to make decisions about their care and support needs and were confident their views would be acted on appropriately. Staff had formed positive relationships with people and people's diverse needs were respected. People were encouraged to do as much for themselves as possible. People were not currently provided with information about how they could access independent advocates.

People felt staff communicated well with them and felt confident when they raised any issues with the office based staff that these would be acted on. People were treated equally, without discrimination and their personalised preferences were recorded in their support records. The registered manager had limited knowledge of the Accessible Information Standard; however some efforts had been made to ensure people with communication needs and/or sensory impairment were treated equally. People felt able to make a complaint and were confident it would be dealt with appropriately.

This is a new service that is led by a registered manager and provider who are keen to improve the quality of people's lives, ensuring people's human rights are respected and to gain people's views and to act on them. The registered manager acknowledged there were improvements needed but assured us these would be addressed. People and staff spoke highly of the registered manager and felt they were approachable and interested in what they had to say. The quality assurance processes that were in place were not yet working effectively to help identify the concerns raised within this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff had not always been recruited safely. Some staff had not yet completed safeguarding of adults training.

Some of the risks to people's safety had been assessed although some lacked specific detail about people's assessed needs.

People felt safe when staff were in their home and required minimal support from staff with their medicines.

Some staff had received infection control training and assessments of the environment people lived in where carried out to ensure they were safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had completed the required training to carry out their role; however, staff were in the process of doing so.

People felt staff supported them effectively their physical, mental health and social needs.

People received minimal support with their meals and where staff support was needed this was done so effectively.

People were supported to make choices.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind, caring, respectful and treated them with dignity and respect.

People felt able to make decisions about their care and support needs and were confident their views would be acted on appropriately.

Staff had formed positive relationships with people and people's diverse needs were respected. People were encouraged to lead do as much for themselves as possible.

People were not currently provided with information about how they could access independent advocates

Is the service responsive?

Good ●

The service was responsive.

People felt staff communicated well with them.

People were treated equally, without discrimination and their personalised preferences were recorded in their support records.

Efforts had been to make information accessible for people with a sensory impairment.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The quality assurance processes that were in place were not yet working effectively to help identify the concerns raised within this report.

The registered manager and provider were keen to improve the quality of people's lives to ensure people's human rights were respected and to gain and act on people's views.

People and staff spoke highly of the registered manager and felt they were approachable and interested in what they had to say.

Hidmat Care Limited

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.

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. All of the people currently using Hidmat Care Limited receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This comprehensive inspection took place on 30 November 2017 and was announced. We gave the service one days' notice of the inspection as we needed to be certain staff would be available. The inspection was carried out by one inspector.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

Before the inspection we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

After the inspection we attempted to speak by telephone with three people who used the service or their relatives. We successfully spoke with two people who used the service.

During the inspection we spoke with two members of the support staff, the administrator, the registered manager and the representative of the provider.

We looked at all or parts of the records relating to all five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Risks to people's health and safety had been identified through initial assessment when they first started to receive a service. We saw these initial assessments had started to be developed into more detailed risk assessments to enable staff to support people safely. However, more progress was needed to ensure that all of the risks to people's safety were appropriately assessed and managed. For example, we saw a person was at risk of falls. Whilst reference had been made to this in their support plan and risk assessment, the information was limited and did not explain in sufficient detail how to reduce the potential risk to the person's safety. The registered manager acknowledged that more needed to be done to ensure all known risks to people were appropriately assessed and actions recorded within the support records to ensure people were supported safely.

People told us they felt safe when staff were in their home. One person said, "Oh yes, very safe". People were supported by staff who understood how to protect people from avoidable harm and how to keep them safe. Staff could explain the different types of abuse and the signs they looked for when caring for people in their homes that might alert them the person was subject to abuse. They also said they would immediately report to their manager if they suspected abuse was taking place. One staff member said, "I would never ignore it, I would always report it."

A safeguarding policy was in place. This policy supported staff in ensuring people were protected from abuse, neglect and harassment. Some staff had received safeguarding adults training whilst others were in the process of completing it. The registered manager was aware of their responsibilities to ensure the appropriate authorities were notified of any allegations of abuse. Due to the short time the service has been operating, the registered manager had not needed to do so.

There were sufficient numbers of staff in place to support people. Some of the staff had experience of supporting people in either a residential adult social care setting, or within people's own homes. The registered manager told us, due to the infancy of the service, they had only employed people either they or the provider knew personally. They felt this was the best way to ensure, in the short term, whilst the service was growing, that people were supported by staff the registered manager and provider trusted. However, we noted the recruitment process was not robust enough to reduce the risk people of receiving support from unsuitable staff. Before people commenced their employment, criminal record checks had been completed, however staff did not always have sufficient references in place. Some staff had written references from previous employers to reassure the provider of their suitability. However, others, who had not worked before, did not always have sufficient character references in place as an alternative. The registered manager acknowledged that whilst either they or the provider personally knew these staff members, their recruitment process required amending to ensure that sufficient background information had been obtained before they commenced their employment.

People told us they had a consistent team of staff supporting them each day which reassured them and made them feel safe. One person said, "Having the same person each day is a big help."

Due to the low numbers of people who currently used the service staff worked part time and had the same calls each day. The staff told us they had started to get to know the people they supported and due to having a consistent rota of visits each week, they were able to provide people with safe care that met people's individual needs.

People were provided with the information they needed to keep themselves safe. People were introduced to staff before they came to their home and they had been advised what uniform staff wore and that staff would be wearing company identification. The contact details for the office staff were given to each person and an emergency number was also available if people needed to speak with someone outside of office hours. People told us they felt able to speak with staff if they felt unsafe or had concerns.

People's care records contained information so that if they required a visit to hospital or another health or social care service, information was available to help ensure they would receive appropriate care and support. The registered manager acknowledged that more needed to be done to address the limited risk assessments that were in place to ensure that any transition to another health or social care service would be carried out as safely and effectively as possible.

Care records contained guidance for staff on how to support people who may present behaviour others may find challenging, however we were advised that people supported within this service required minimal support in this area.

People told us either they or their family members supported them with their medicines and needed little or no support from staff. The registered manager confirmed this and told us at the moment staff did not need to support people with their medicines. However, we did note in one person's support records that they occasionally required support with applying cream. When the staff member had done so, the information was recorded on the person's daily notes and not on a medicine administration record (MAR). MAR are used to record when a person has taken or refused to take their prescribed medicine. When staff support people with any medicine an accurate record must be kept. The registered manager told us they would put this record in place although at the time of writing this report we had not received confirmation that they had done so.

Staff were in the process of completing infection control training and training to ensure food was prepared hygienically and safely. This will help them to reduce the risk of the spread of infection within people's homes and also ensured when people needed support with preparing meals, they were able to do so safely. Due to the size of the service and the limited number of staff in place, an infection control lead was not currently in place, however the registered manager agreed once the service started to grow then assigned lead roles for areas such as infection control would help expand staff knowledge and expertise in this area.

No accidents or incidents had occurred at the service since it started trading in October 2017. The registered manager assured us they had the processes in place to investigate these to reduce the risk to people's safety. The registered manager also told us they were keen to ensure that they and their staff learned from any mistakes made as providing people with safe care was their number one priority.

Is the service effective?

Our findings

People told us they were happy with the way staff supported them and they arrived on time for their calls. One person said, "They are never late and know how to look after me."

However, more needed to be done to ensure that all staff received sufficient induction and training to carry out their role. Not all staff had completed training in key areas such as safeguarding adults and mental capacity. However the registered manager assured us that training was booked for those staff that needed it. They told us that due to the people currently supported needing minimal support at the moment; they did not feel people were at risk. However, they also acknowledged that some staff training needed addressing to ensure that all staff were appropriately trained to carry out their role.

Once all mandatory training was completed, the registered manager told us the provider would support all staff to continue their professional development by completing diplomas (previously known as NVQs) in adult social care. A structured supervision programme would also be put in place with staff receiving supervision of their role every two to three months. Due to the short time the service has been trading, this was not yet being carried out.

The registered manager was aware of current professional guidance from bodies such as the National Institute for Health and Care Excellence. They acknowledged that some people had specific health needs and staff would benefit from more structured professional guidance to ensure care was provided in line with current best practice guidelines and legislation. The registered manager assured us all people were protected from the risk of discrimination as a result of their individual health conditions and ensuring all people were treated equally was a fundamental part of their role.

Due to the type of service provided people received minimal support with food preparation as this was primarily carried out by relatives that people lived with. Care records did contain guidance for staff on how to support people with making healthy food and drink choices. People's food likes and dislikes were also recorded. Where staff prepared food and drink for people this was recorded in the daily records.

The registered manager told us they would welcome support and guidance from other health and social care agencies to further develop their staff's knowledge, but also to ensure people received effective care and support at all times. We identified one person who had a specific health condition and we felt the information for staff within their support records was limited in this area. The registered manager told us they would seek professional advice and guidance in relation to this condition to ensure that staff were able to support them effectively.

People told us staff supported them with making decisions about their care and support and they were never forced to do anything they did not want to do. One person said, "They always listen to me."

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. 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. Applications to deprive a person of their liberty by domiciliary care agencies must be made to the Court of Protection. At the time of the inspection no applications had needed to be made.

The majority of the people supported by this service had the ability to make decisions for themselves. We noted one person had been assessed as having 'memory loss' and 'dementia'. The person's support records contained an assessment which was designed to ensure that the decisions made for them adhered to the principles of the MCA. However, we noted the records did not contain information about how a decision had been reached, whether it was agreed the decision was in the person's best interest and who had been involved. The registered manager acknowledged that more needed to be done to improve their knowledge in this area and told us they would familiarise themselves more closely with the requirements of the MCA.

Is the service caring?

Our findings

People told us they felt the staff cared about them and had a genuine interest in their well-being. One person said, "The person who cares for me is lovely and kind."

People had varying communication needs although all were able to communicate verbally with staff. The staff we spoke with told us they were able to hold meaningful conversations with people. One person said, "[Name] has dementia. I have got to know them and can spot when occasionally they say things that probably don't seem to make sense. I just let them finish what they were saying and then carry on."

People felt staff were respectful of their views, acted on them and had built positive relationships with them in the short time they had been supporting them. People told us staff listened to them and did what they asked them to do. People had guidance within their support records about their personal choices and preferences and they told us staff understood their individual preferences.

People were able to contribute to decisions about their care either directly or with support of the relatives they lived with. Although a formal review process had not yet been put in place due to the limited time the service had been trading, regular telephone calls were made to people by the registered manager to ensure they were happy with the service they received. The registered manager told us no major issues had yet been raised with them, but if they were, they would be acted on.

There were not currently any people who were either unable to make their own decisions or did not have a relative to speak on their behalf. However, the registered manager told us if they identified people who did not have support available to help them to make important decisions, then they would ensure an independent person was contacted and offered to the person to speak on their behalf if they wished them to. These people are called advocates. We did note that the provider had not yet provided people with information about how they could contact an advocate independently of staff support if they wished to. The registered manager told us they would address this and make this information available for people.

Due to the small number of people supported at the time of the inspection the registered manager told us staff were flexible and willing to change their shifts to suit the people they supported. The registered manager was confident that the staff assigned to each person had the skills and understanding of their needs to provide them with a high quality of service. The registered manager told us there were not currently people who had any cultural or religious needs that needed to be taken into account when planning rotas, but, if new people had specific needs, then this would be addressed wherever possible.

People felt staff treated them with dignity and respect. One person said, "They are kind and gentle. They put me at ease."

Staff spoke respectfully about the people they supported and were able to explain how they ensured each person was treated with dignity and respect. People's care records contained guidance for staff on how to support people effectively without impacting the person's ability to carry out tasks for themselves. This

included the level of support people needed and wanted with their personal care. One staff member said, "I am a very caring person. I listen to people and I think they trust me to do a good job. I treat them like family."

People's care records were treated respectfully within the provider's office. People's care records were handled respectfully ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. Once this had been agreed with people and/or their relative, support plans were put in place. These plans took into account their ability to carry out tasks for themselves and always looked to promote their independence wherever possible. The plans also contained people's preferences and choices and included how they would like to be supported. People's preferred daily routine was recorded in detail to enable the staff to support people in the way they wanted. Plans were in place to ensure that these records were regularly reviewed, giving people the opportunity to amend their care and support provision if they wanted to.

People told us staff supported them in a way that improved their quality of life. One person said, "It is a relief to have this help when I need it."

People felt communication with the office staff was good and they welcomed the way any issues they raised with them were dealt with. One person said, "If I call or need anything it is sorted for me."

We saw people's care records contained details about their personal preferences and their life history. Their cultural and religious preferences had also been discussed with them and plans were in place to support people if they wanted it. The registered manager told us one person enjoyed discussions about God and they had ensured the staff that went to support that person were able to engage in meaningful conversations about this area. The registered manager also showed us the 'service user guide' which contained a 'Charter of Rights' which explained to people what their human rights were, how staff should respect them, and if they did not, what action to take to raise the issue. This open and welcoming approach to people's diverse needs ensured people were free to lead their lives as they chose with respectful staff supporting them.

Staff told us and records confirmed that people did not receive assistance with their chosen activities or hobbies and interests as part of their care and support package. However, a staff member told us they always "stayed a few minutes longer to talk" with the person they supported. They told us they talked about current affairs or the things that may be bothering them and they felt the person enjoyed these chats.

The people we spoke with confirmed that staff did not support them with their hobbies and interests, but also told us that staff were aware of what interested them and they used this information well. One person said, "I enjoy our little chats."

Some people supported by the service had a mental or physical disability. Staff could explain how they ensured that people were not discriminated against and the provider ensured all people were treated equally and had the same access to relevant information. The registered manager had a limited knowledge of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We saw some steps had been taken to support people with a sensory

impairment. For example, one person's support plan contained large print, was bright and colourful and used pictures to help explain about the care and support that was being provided. The registered manager told us they would continue to expand their knowledge of this Standard to ensure information continued to be accessible for all.

People told us they felt confident to raise a complaint if they needed to and that it would be acted on. One person said, "I've not needed to complain, but I would if I had to."

The registered manager told us they had not received a formal written complaint. They told us they had regular contact with all people and/or their relatives and recorded their comments. We viewed these comments and saw people were happy with the service they received. The provider had ensured the complaints process was accessible for people and provided in the service user guide when they started to use the service.

Due to the type of service provided end of life care was not provided. However, the registered manager told us they would consider arranging end of life training for their staff if there was a need to support a person with this.

Is the service well-led?

Our findings

Due to the limited time this service has been trading we were unable to fully assess the impact the provider and registered manager have had on this service. However, during the short period they have been supporting there have been some examples of good care. People spoke positively about the staff and the office based team including the registered manager and they felt they received a good standard of care and support from staff.

However, more needed to be done to ensure people were protected and the risks to their health and safety reduced. More detailed risk assessments and a more structured approach to recruitment, induction and training were required.

There was a registered manager in post who was caring, enthusiastic and well-meaning and clearly had the best interests of people at heart. She was supported by a provider who was keen to improve, to grow the business and to continue to support people in a way that encourages independence, keeps people safe and improved their quality of life. The registered manager and the provider have a shared vision of how they want to move the service forward and we were assured following our visit that the improvements needed would be carried out quickly and effectively.

People gave their views about the quality of their care and support via regular telephone calls with the registered manager. The feedback from these calls was positive. The registered manager told us they planned to send out annual questionnaires to obtain a more strategic overview of the service and to help identify any themes where people were not receiving the standard of care that should be expected.

People and staff spoke highly of the registered manager. One person said, "She seems very nice." A staff member said, "I like her, she is easy to get on with and listens." People felt she was approachable, caring and hardworking and someone they could talk with if they had any concerns about their care. Staff felt she was always open and honest and offered encouragement and support to carry out their roles effectively.

Quality assurance processes were in place but we were unable to judge their long term effectiveness. What we did conclude was that whilst these processes were in place, it was not yet clear who would be completing them and how they would help to improve the quality of the service provided. These processes had not identified the areas of concern we have raised in this report. The registered manager told us they would review these processes with the provider and address why they had not identified these issues and ensure they did in the future.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had an understanding of their role and responsibilities as a registered manager with

the CQC and other agencies, such as the city council safeguarding team.