

Humbercare Limited

Humbercare Ltd Hull Office

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

About the service

Humbercare Ltd Hull Office provides help and support to adults with a variety of complex needs who may need an intensive care and support package to maintain their independence whilst living within the local community. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People continued to be kept safe from avoidable harm and abuse and staff appropriately managed risks. People's medicines were stored and administered safely. There was a small consistent team of staff who knew people well.

Staff had the required skills and knowledge to meet people's needs. Staff could ask for support when needed, had regular supervision and an annual appraisal. Support was tailored to people's needs and people had access to appropriate healthcare services. Staff were regularly updated about people's needs and helped people with their dietary needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind, caring, respectful and supported people in a non-judgemental manner. People were treated as individuals and staff had a positive regard for equality and diversity. People's independence was promoted, and their privacy and dignity were maintained.

People were encouraged to access local groups and facilities to maintain their relationships and reduce the risk of social isolation. Staff worked with people to set and achieve their goals. Complaints processes were in place and end of life care plans were being developed.

There was a positive and supportive culture within the service. The management team encouraged honesty and openness which was embedded throughout the service. Systems were effective in ensuring the quality of the service was maintained. All opportunities to develop the service were used and the views of people who used the service, staff and stakeholders were considered. The management team worked in partnership with local organisations to help develop and improve other local organisation services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Humbercare Ltd Hull Office

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had two managers registered with CQC. 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. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection. Inspection activity started on 2 March 2020 and ended on 3 March 2020. We visited the office location on 2 and 3 March 2020.

What we did before the inspection

We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

During the inspection

We spoke with two people who used the service and one health and social care professional. We spoke with five care workers (one assistant practitioner, two practitioners and two senior practitioners). We also spoke with one registered manager, the deputy chief executive and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at three people's care files and two people's medicine records. We looked at a selection of documentation for the management and running of the service and four staff files.

After the inspection

We were sent and looked at further information regarding end of life care, training, medication protocols and partnership working.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People continued to be kept safe from avoidable harm and abuse. Staff had the required skills and knowledge to identify safeguarding concerns and appropriately reported them to relevant professionals.
- The provider had a positive approach to safeguarding people and had arranged a review of their safeguarding processes. Their processes were found to be robust and supported learning throughout all the provider's services.
- The management team monitored accidents and incidents and used them as learning opportunities to help prevent reoccurrences.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were supported to take positive risks and their safety was maintained. For example, thorough risk assessments were completed before people went on holiday to ensure staff could maintain people's safety. Contingency plans were in place in the event of an emergency.
- Positive behaviour support plans guided staff how to reduce people's distress or anxiety. Pro-active strategies were person-centred and effectively used by staff. This had positive outcomes for people.
- Processes were in place to maintain the safety of staff. Staff understood how to maintain their safety and confirmed they felt safe whilst at work.
- Staff were trained in infection control and followed best practice.

Staffing and recruitment

- The provider's recruitment processes helped ensure only suitable staff were employed.
- People were supported by a small, consistent staff team who knew people well.
- Staff arrived on time and there were enough staff to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored securely in people's homes and these arrangements were made with people's agreement.
- Staff were trained in administering medicines and their competency was regularly assessed to ensure staff had the right skills.
- Regular medicine audits were completed, which identified most shortfalls and supported learning through identifying patterns and trends. Some medicine protocols were not in place, and we discussed with the registered manager developing the audits to identify and address this. This was promptly actioned during the inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed, and their preferences were considered when arranging their care. Assessments were used to develop care plans which supported staff to provide effective care. A professional said, "The service provides very specialised packages, which are tailored to people's needs."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's complex needs. New staff completed a thorough induction programme and all staff regularly completed a wide variety of training which was monitored by the provider.
- Staff were supported to develop their skills and careers. A staff member told us, "There is progression within the service. Assistants can become practitioners and there is a lot of progression available when there are vacancies."
- The provider promoted a supportive culture. Staff had regular supervision and an annual appraisal. A staff member said, "We can't go home and talk to others about our day, you have to have that from the team. Someone will always listen to you and without that we wouldn't manage."

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

- People received appropriate support to meet their dietary needs. Support was tailored to people's needs and included meal planning, budgeting, shopping and cooking. Care plans clearly documented the support people needed.
- People's independence with meals and drinks was promoted. Care plans clearly documented people's skills and the support they needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services to meet their needs. Staff communicated with professionals and sought advice when needed. A professional said, "Staff are brilliant at communicating with me and [other involved professionals] about any concerns, behaviours and risks."
- Staff worked closely with relevant professionals and provided effective care. A professional told us, "The service has been brilliant. I would be lost without them. They look at services for very complex people and have been very creative in their thinking how to support people."
- Staff were knowledgeable about people's needs and care plans were regularly updated. Regular handovers and emails ensured staff were kept up to date about the support people needed.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff sought people's consent. Staff ensured people had relevant information to enable them to make their own decisions. Staff respected people's right to make unwise decisions and supported people appropriately.
- Staff were trained in MCA and used this appropriately in their roles. Staff assessed people's capacity to make specific decisions and records were detailed and accurate.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 were at the heart of the service. A staff member told us, "It's about the people we support rather than meeting targets. Our job is about what people want."
- Staff were kind, caring and treated people with respect. One person said, "I like their (staff) attitude, their perseverance and the way they treat the clients. They're all lovely people."
- Staff developed good relationships with people. People were happy and relaxed when interacting with staff; they shared jokes and laughed together.
- People were valued as individuals and staff had a positive approach to equality and diversity. A staff member said, "We give people the chance to express themselves and to do what they want to do."
- Staff respected people's choices and supported them in a non-judgemental manner, which promoted open and honest relationships. The service had received positive comments regarding staff. In a feedback survey one family member had commented, "I have always felt that the majority of the staff are very caring, non-judgemental and well-intended."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity and privacy and only shared information with other staff and professionals on a need to know basis.
- Staff promoted people's independence through providing encouragement and appropriate support. For example, one person had been supported to develop financial skills and was now able to manage their finances with staff assisting them to set small, achievable goals on a regular basis.

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

- People were encouraged to make decisions and choices about their care. Staff supported people with their routines and offered different options.
- People were supported to develop their care plans and attended regular reviews with staff to ensure care was delivered in the way they wanted.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff helped people set goals, work to achieve them and reviewed their progress. This helped people to live more independently in the community. For example, goals included managing their money, reducing their alcohol intake and trying a new activity.
- People achieved positive outcomes. A staff member told us, "People are still living independently in their own homes which is proof the support is working."
- People were supported to follow their own routines and had choice and control of their care. Support was tailored to people's specific needs.
- Staff were knowledgeable about people's needs and preferences. People were included in developing detailed care plans which enabled staff to provide person-centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were tailored to people's interests. Activity calendars were created with people and included coffee mornings, religious events, discos, walking groups and trips to the seaside.
- People were supported to maintain their relationships with family and friends. Staff held meaningful conversation with people and supported people to attend local groups to reduce the risk of people becoming social isolated.
- People were supported to play an active role in the local community. A professional told us, "Staff are supporting [Person's name] to attend various groups and are supporting them to apply for volunteer work."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated and provided information in a way they understood. Staff photos were used for one person, so they knew who would be supporting them. Their care plan was due to be updated with this information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place so complaints could be appropriately investigated and responded to.
- The registered manager was proactive in ensuring people were able to raise complaints. They regularly

discussed the complaints process with people to ensure it was understood.

End of life care and support

- Staff were trained in providing end of life care to enable them to meet people's needs.
- Care plans to appropriately document people's wishes and preferences were being developed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and supportive culture. Staff felt supported and told us, "The management team are there when you want them" and "They're all really approachable."
- The management team looked after and valued their staff. The provider rewarded their staff through an employee of the month scheme. A staff member told us, "I feel valued as they trust you to make decisions and to do your job."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team promoted an open and honest culture. Processes were in place to respond appropriately if something went wrong and meet their legal obligation to let relevant people know.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems continued to be effectively operated and had maintained the quality and safety of the service. Audits identified issues and action was taken to address them.
- The registered manager understood regulatory requirements and reported information to CQC appropriately.
- The provider and management team continually worked to improve the service. Learning opportunities were used to develop the service; action plans were created and regularly updated to evidence the improvements made. Learning processes promoted accountability and appropriate timescales were set to address issues.

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

- The provider and management team included people in developing the service. Questionnaires were completed and analysed, with actions plans created to address any issues. Most feedback received was positive regarding the service and staff.
- Regular events were held for people, to promote social opportunities and gain further feedback about the service. Events were well organised and records showed what was discussed and included people's views. These were used to improve the service in the way people wanted.

Working in partnership with others

- Positive relationships with a wide range of professionals were established to improve people's opportunities and wellbeing. A professional said, "I had a lot of contact with [Registered manager]. There is a very stream lined process and they are very responsive, very good at communicating and supportive of staff."
- The service supported the development of care services through being part of local working groups. The service had shared good practice with stakeholders and worked closely with education services, providing training and work placement opportunities.