

Hebe Healthcare Limited

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Inspection report

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Date of inspection visit: 9 September 2015
Date of publication: 03/12/2015

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?

Requires improvement 

Overall summary

We inspected this home on 9 September 2015. This was an unannounced Inspection. The service was registered to provide care and support to people who live in supported living accommodation who may have a learning disability or mental health support needs. At the time of our inspection ten people were living in supported living accommodation.

The service was previously inspected in May 2014 and at that time we found the service was not compliant with four of the regulations we looked at. At that time the provider did not have suitable arrangements in place for managing care and support needs of some people who

used the service which impacted on others who used the service. Arrangements for assessing and monitoring the quality of service provision were not effective and concerns were also identified in respect of arrangements to ensure there were appropriate staffing levels at all times and arrangements that ensured that people were protected by the maintenance of appropriate records for care and treatment of people. The provider took action and at this inspection we found improvements had been made.

The registered manager was present during our inspection. A registered manager is a person who has

Summary of findings

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.

People we spoke with told us that they felt safe and relatives we spoke with confirmed this. We found that staff knew how to recognise when people might be at risk of harm and were aware of the provider's procedures for reporting any concerns.

There were sufficient numbers of staff available to meet people's individual needs on our visit. People, their relatives and staff confirmed this was the case.

People were supported by staff who had received training and had been supported to obtain qualifications to enable them to ensure that care provided was safe and followed best practice guidelines. Recruitment checks were in place to ensure new staff were suitable to work with people who needed support.

People received their medicines as prescribed. Action was taken to reduce the risk of potential errors where medicines were not needed routinely or not in a monitored dosage system.

People's needs had been assessed and care plans developed to inform staff how to support people in the way they preferred. Measures had been put into place to

ensure risks were managed appropriately. These ensured that people were involved in making decisions which minimised restrictions on their freedom, choice and independence.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People were supported to stay healthy and were supported to have access to a wide range of health care professionals.

The service was meeting the requirements in respect of people's right in line of the Mental Capacity Act 2005 Code of Practice with staff being aware of their responsibilities under Deprivation of Liberty Safeguards.

People told us, that they were happy with their home and their independence. We saw staff treated people with respect and communicating well with people. People told us they continued to pursue individual interests and hobbies that they enjoyed in life and they were happy with the range of activities available to them.

There was a complaints procedure in place. People told us they had opportunity to raise concerns and that they were listened to. Relatives told us they knew how to raise any complaints and were confident that they would be addressed.

We found that whilst there were systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the home was consistently well led. We found that improvements were needed.

Summary of findings

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.

We found that people using this service were safe. Staff knew how to recognise when people might be at risk of harm and were aware of the provider's procedures for reporting concerns.

There were established systems in place to assess and plan for risks that people might experience or present.

The provider had ensured there were enough staff to meet people's care and support needs.

Medicines were given as prescribed and people were assisted to become as independent as possible with administration of their medicines

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills they required to meet the needs of the people they supported. All staff felt supported and received supervision on a regular basis.

People were asked for consent before care was provided. Some assessments of people's capacity to make decisions and determination of their best interests had been undertaken.

People were supported and encouraged to have enough to eat and drink and maintain good health.

Good



Is the service caring?

The service was caring.

Staff had positive and caring relationships with people using the service and promoted compassion, dignity and respect.

People were routinely involved in planning how their care needs were to be met in line with their own wishes and preferences.

Staff had a good knowledge of the people they were caring for, including their preferences and individual needs.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain relationships which were important to them and promoted their social interaction.

Good



Summary of findings

People were involved in planning their care as their needs changed and had been actively supported to pursue their interests and hobbies within their home and the local community.

People and their relatives were aware of how to make complaints and share their experiences.

Is the service well-led?

The service was not consistently well-led.

Quality assurance systems were in place but some records required for the effective running of the home were not organised. Medication was not always easily and robustly accounted for.

The home promoted an open and transparent culture between people and staff; however, the service did not always support and encourage people, their relatives and staff to share their views and experiences about the way the service was managed.

People, relatives and professionals told us that the management team was approachable.

Managers were clear about their roles and responsibilities and staff knew what was expected of them.

Requires improvement



Hebe Healthcare 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 was planned to check 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 inspection took place on 9 September 2015 and was unannounced. The visit was undertaken by two inspectors.

Prior to the inspection we looked at the information we had about this provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people in the supported living accommodation) to obtain their views.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider.

Prior to our inspection we spoke with six relatives of people who received support and two health and social care professionals involved with people who used the service.

All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with six of the people who were receiving support and/or care, spoke at length with four members of staff and the registered manager. We spent time observing day to day life and the support people were offered. We looked at records about staff recruitment, training, care plans and some of the quality and audit systems at the service's office.

Is the service safe?

Our findings

We last inspected this service in May 2014. At that time we found the provider was breaching the regulations and not meeting people's needs as not all people were safe. Since that inspection the provider had taken action to ensure individual people who were at risk were protected.

People we spoke with told us they felt safe. One person told us, "I feel safe here, I'm never frightened." Another person said, "I'm 100% safe here, nothing frightens me." Relatives supported this and comments they made included, "[name of relative] is safe here, they love their home" and "[name of relative] is definitely safe living at Hebe."

We spoke with four members of staff; all had received safeguarding training and were able to identify the types of abuse that people receiving care and support were at risk from. Staff understood their responsibility and told us that if they had concerns they would pass this information on to a senior member of staff and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe.

Potential risks to people who used the service had been assessed and action had been planned and taken to keep people safe, whilst still promoting people's freedom, choice and independence. As part of supporting people, staff helped people to become independent. One person told us, "Staff encourage me to be independent and look after and clean my own room." Another person told us, "I do my own laundry; we all have a day each when the communal laundry [room] is ours [to use]." Staff told us that they would be quick to report anything that might affect people's safety and that they had free access to information and guidance about risks.

Staff could describe plans to respond to different types of emergencies and we saw staff responding appropriately to an emergency on the day of the inspection. Staff told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes for people were detailed.

There were sufficient numbers of staff on duty to meet the individual needs of people using the services. A person living at the home told us, "There are always staff around when I need some help." Another person told us, "Staff call and see me throughout the day." Relatives supported this and comments included, "There are always staff around when I visit" and "Yes plenty of staff, and they are always helpful." A member of staff we spoke with told us, "There are plenty of staff on duty to meet people's needs."

The registered manager told us that they use a specific staffing level assessment tool to establish their current staffing levels. The numbers of staff on duty were based on the specific needs of the people who used the service and we saw records that detailed a breakdown of people's individual care needs and care hours needed to support them. Staff rotas showed that staffing levels had been consistent over the four weeks prior to our visit.

The recruitment records we saw demonstrated that there was a robust process in place to ensure that staff recruited were suitable for their role. These processes included: checks on the identity of staff, obtaining references from former employers and checking with the Disclosure and Barring Service (formerly Criminal Records Bureau).

We looked at the systems for managing medicines and found overall that people received their medicines as prescribed. We identified that there was the potential for errors to be made where medicines were not needed routinely or not in a monitored dosage system because the service had not ensured that they recorded the amount of medicines that needed to be carried forward on the next 28 day cycle. Improvements to reduce the risk of errors were actioned by the manager before we left the service.

People had secure and locked medication storage facilities in their own accommodation and each person also had keys to their accommodation. Most people only required care staff to prompt them to take their routinely prescribed medication. People had been assessed to ensure that they were confident and able to manage their own medication. One person told us, "Staff just remind me to take my medicines, I can take them myself." Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure staff were able to administer medicines safely.

Is the service effective?

Our findings

We last inspected this service in May 2014. At that time we found the provider was breaching regulations, we identified that there had been inadequate staffing arrangements made to ensure that one of the people who used the service remained safe. The provider took action to ensure that staffing levels were sufficient at all times.

We spent time talking with people about how the skills and abilities of staff in being able to deliver effective care to the people who received support. A person we spoke with told us, "Staff know what they are doing." Staff we spoke with told us that there was a variety of training and qualifications offered to them. One member of staff told us, "I have recently taken on a new role and I have received lots of training and support from the manager." The registered manager told us, "I have identified funding for training qualifications at level 3 and level 5 in care and leadership and this will support the staff to develop." Staff told us managers observed staff's practice from time to time, which demonstrated that the impact of training was monitored. We asked staff if they received regular supervision, all staff we spoke with told us they had received regular supervision and felt very well supported.

Staff told us they received handovers from senior staff before they started each shift and said communication was good within the team. Staff told us that the handovers ensured that they were kept up to date with how to meet people's specific care needs. Prior to the inspection a concern had been raised about the delay in obtaining assistive equipment for a person. We found that the service had arranged an appropriate assessment and had chased the responsible agency for its supply but despite their appropriate efforts that had not resulted in the equipment being supplied.

We looked at one person's financial records and we saw that staff made every effort to make sure people were empowered and included in making decisions how their money was spent. Staff described the process for managing people's money consistently and records demonstrated that the process was followed.

Staff we spoke with had been provided with training on Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), and staff were knowledgeable

about their responsibilities around both areas. Records and discussions with the registered manager identified that there were currently no requirements for Deprivations of Liberty Safeguards (DoLS) to be applied for.

We observed staff supported people in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they regularly sought consent from people before attending to their daily living needs. People had keys to their own accommodation and staff respected people's property. A member of staff told us, "People here get the same choices as we all have; what to wear, what to eat and what to do."

People told us they enjoyed being independent and making their own meals and that they did their own food shopping independently or with support from staff. One person told us, "I make my own breakfast and lunch and then staff support me with preparing and cooking my tea." We saw some people choosing what food they wanted to eat and then cooking it in communal areas with support from staff, this demonstrated that support provided was individually determined for each person. We saw that the interactions between staff and the people they were supporting were positive with lots of chatter and laughter.

People and staff told us meal times were flexible and that people had their meals when they wanted to.

Where people had support needs in respect of their nutrition and/or swallowing risk assessments, care plans were in place. All of the staff we spoke with had a good knowledge of individual people's dietary and hydration needs.

People told us that they were receiving food appropriate to needs and reflected their wishes. Where people had dietary needs due to religious or cultural needs this was provided. A person who lived at the home told us "I can only eat [certain foods], staff will buy this for me and they often support me to make [specific dishes]." However, staff we spoke with were not always sure of people's religious observances and how this affected their choices and this could mean that people were at risk of not being supported to purchase suitable food.

People were supported to stay healthy and access support and advice from healthcare professionals when this was

Is the service effective?

required. A person told us, “Staff take me to the doctors and the dentist when I need to go.” A relative we spoke with told us, “Staff arrange the doctors and dental appointments with [name of relative].”

We contacted two health and social care professionals following our inspection; they spoke highly of the management of the home and the quality of the care and support given by staff.

Is the service caring?

Our findings

We were told by people and their relatives that staff were kind, caring and helpful. Comments from people included, “Staff are tremendous and beautiful” and “Staff are kind.” Relatives we spoke with were positive about staff and comments made included; “Staff are kind and respectful to [name of relative]” and “Staff give 100% here.”

A person we spoke with advised that there were no restrictions in place in respect of visitors; they told us, “My family can visit me anytime.” A relative we spoke with told us, “Sometimes we have to bring [name of relative] back home before a certain time.” We explored this with the registered manager and she told us there was no restrictions in place, all of the people and some relatives had the key code to access the front door and were able to come and go as they please. People and staff we spoke with on the day of our visit confirmed this.

We observed positive and respectful interactions between people and staff. We saw that staff responded to people’s needs in a timely and dignified manner including supporting people who were distressed. We observed examples of staff acting in caring and thoughtful ways. Staff we spoke with had a good appreciation of people’s human rights and promoted dignity and respect. One member of staff told us, “There are ladies here who prefer female support workers only” and “We don’t go into people’s accommodation without being asked to.”

One person told us, “Staff encourage me to be independent and treat me very respectfully.” The staff we spoke with told

us they enjoyed supporting people and knew people’s preferences and personal circumstances. We observed that activities were provided which met people’s preferences and promoted them as individuals. A relative told us, “Staff respect that [name of relative] likes their own space and does not always want to participate in activities.” Another relative told us, “Staff are very attentive to my relative’s needs.”

Opportunities were available for people to take part in everyday living skills. People were involved in food shopping, cooking, household cleaning and laundry tasks. We saw people going out shopping and preparing meals both independently and with the support of staff.

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. People told us they were able to choose what to do. One person told us, “I like going shopping, but I want a chill day today.” Another person we spoke with said, “I like my own company and using my [tablet computer].” This demonstrated that people’s choices, independence and privacy were respected. Most relatives told us there were plenty of activities for people to choose from, although two relatives told us that at times they felt there wasn’t enough for people to do.

All of the relatives we spoke with were pleased with the support and care their relative received and praised the staff; comments from relatives included, “This is a perfect home for [name of relative] and it’s down to the staff here” and another relative said “Staff are lovely and kind; I’ve never had any problems.”

Is the service responsive?

Our findings

People told us they had been involved in the planning of their care. One person told us “I make my own decisions about what I want to do.” Another person said, “I am involved in reviews about my care plan.” We saw some care plan review meetings that did not always include contributions from people who used the service. The home encouraged and supported relatives to contribute towards helping to determine care plans and reviewing them. Comments from relatives we spoke with included; “Yes, all my family are a part of the care plan for [name of relative].” Another relative said, “Yes, I was involved in [name of relative] care plan and I’ve been invited to all the review meetings.”

People and relatives of people who used the service told us they were happy with the quality of the care provided and that staff cared for them in the ways they preferred. A person we spoke with told us, “I love it here and I love my home.” Another person told us, “I enjoy being on my own and spending time with my animals.”

Staff we spoke with told us they spent time with people to discuss individual preferences and how they wanted their care to be delivered. People told us and staff confirmed that they were asked about the gender of staff who provided their care and their wishes were respected.

Care plans we saw included people’s personal history, individual preferences and interests. They reflected people’s care and support needs and contained a lot of personal details. We saw these had been regularly reviewed and any changes had been updated. A range of informal systems of communication were in place within the home.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. A person living at the home told us, “I like birds and owls and

my pets.” Another person told us, “I like going to football matches.” Relatives comments supported this and told us, “[name of relative] has just been to an air show”; “It really helps that the service has transport, they often take people out.”

People were supported to maintain relationships with people that mattered to them. One person told us, “I’m off to Spain soon with my family, I can’t wait.” Another person told us, “I go to a lot of family parties.” A relative we spoke with told us, “I take [name of relative] out for lunch quite a lot.”

On the day of the inspection, we saw that staff had begun to support a person to plan their birthday celebration; the support being provided was person centred with guidance provided to enable the person to make decisions important to them.

People and their relatives knew how to complain and were confident their concerns would be addressed. People we spoke with told us “I know how to complain, I would go to [name of staff member].” A relative we spoke with told us, “I know who to complain to and all the staff are approachable and helpful.” Another relative told us, “I’m not aware of the complaints procedure, but I would just go to the office.”

The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was clearly displayed in the home and was available in different formats to meet the communication needs of people receiving support. Records identified no complaints had been received during the past twelve months. The registered manager told us there were plans in place to start recording and reviewing all minor concerns so they could identify and monitor and improvements to the service.

Is the service well-led?

Our findings

We last inspected this service in May 2014. At that time we found the provider was breaching regulations, we identified that the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people and had not made appropriate arrangements to ensure that people were protected by the maintenance of appropriate records for care and treatment of people. The provider took action and at this inspection we found improvements had been made.

People living at the home consistently made positive comments and one person told us, "I love it here and I am happy."

People who lived at the home and their relatives spoke positively about the registered manager. People knew the manager by name and told us they could approach them at all times. One person said, "[Name of manager] is in charge."

People, relatives and staff had not regularly been asked for their views and experiences about how the service is managed. A person living at the home told us, "Staff do ask me if everything is okay." A relative we spoke with told us, "I have completed a questionnaire in the past, but not recently." Three relatives told us they had never completed a questionnaire or been asked for feedback. The registered manager told us they had plans to look at ways of capturing contributions from people, staff and relatives on an annual basis and had plans to introduce an annual newsletter to enhance communication. Staff we spoke with told us "I give feedback about the home as part of my supervision." Another member of staff said, "No, I've not been asked for feedback about the way the home is managed." This could mean that valuable information about issues that could be addressed such as repeated small concerns and where the service could improve could be lost.

The culture of the service supported people and staff to speak up if they wanted to. People had been given a 'keeping me safe' pack which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and had recently attended a safe and sound training course. Staff told us they felt well supported. The

provider had a clear leadership structure which staff understood. Staff we spoke with were able to describe their roles and responsibilities and what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Records of staff meetings identified that formal meetings were held. Any concerns received were shared with the staff to ensure improvements could be made and were used as a way of ensuring communication within the home was effective. Staff we spoke with told us that they were aware of the previous Care Quality Commission inspection report and the action that the provider had taken. We saw a copy of the report displayed on the notice board in the reception area. This meant that staff had a shared understanding of the key challenges within the service.

The registered provider had an overt surveillance CCTV system fitted within the establishment. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The surveillance was also fitted in communal areas that people and staff shared and in the office area. We further explored the purpose and the initial assessment for the system. Whilst we saw signage at the entrance of the property to advise people, staff and visitors of CCTV, there were no signs displayed in these communal areas. The registered manager told us consultation meetings had been held with people and staff to ensure consent was sought for the use of the surveillance. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.

A number of quality assurance audits had been completed by the registered manager, data and checks were used to drive improvements and identify any trends and address any issues. Some recruitment records required for the effective running of the home were not organised; whilst this did not have an impact on the safety of people, an effective audit system would help to ensure that all staff records required for the effective running of the home were easily available. Quality assurance systems and records in place for medication were not robust. Whilst action was taken on the day of the visit to address the issue identified

Is the service well-led?

the system in use had failed to identify the risk of errors in respect of medication not required on a continual basis. The provider had used an external company to monitor the quality of the service and systems it used. The manager

told us that this company checked their performance against what was expected by CQC and that they had found this useful to ensure that they maintained standards and continued to improve.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.