

Hebe Healthcare Limited

Hebe Healthcare Cape Hill

Inspection report

147 Cape Hill
Smethwick
West Midlands
B66 4SH

Tel: 07808820538

Date of inspection visit:
21 May 2019

Date of publication:
27 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

About the service

Hebe Healthcare Cape Hill is a supported living service providing personal care to five people at the time of the inspection. Hebe Healthcare Cape Hill provides care to people who have individual flats in one building. Not everyone who used the service received personal care. 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 received safe care. People were supported by staff who understood the appropriate action to take should they be concerned about their safety. The risks associated with people's care had been identified and plans put in place to minimise these. Staff had been recruited safely and action was taken during the inspection to ensure appropriate staffing levels were in place. People were supported to take their medicines safely.

People did not always receive effective care. 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. However, the policies and systems in the service did not always support this practice and we found improvements were needed in the formalising on best interest meetings. People were supported to receive appropriate healthcare in line with their specific needs although the information available for staff on healthcare conditions needed further detail. Staff had received training in line with people's needs. People were supported to eat and drink meals of their choosing.

People received support that was caring, compassionate and kind. People were involved in all aspects of their care. People had their dignity and privacy respected and their independence promoted.

People received care that was responsive to their needs. People had been involved in developing their care plans and reviewing them as and when their needs changed. Where the service was responsible people were supported to follow their interests and hobbies. People were able to raise concerns and complaints and be assured these would be investigated.

The service was not consistently well-led. Whilst systems were in place to monitor the quality and safety of the service the providers systems needed to become more robust to enable all aspects of the service to be monitored. People and staff were able to feedback their views of the service and had opportunities to suggest improvements. The leadership in the service had recently changed and the current management team acted openly and responsively during the inspection ensuring they took immediate action to remedy any areas of improvement we identified.

Rating at last inspection-

The last rating for this service was Good (published 28 October 2016).

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.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Hebe Healthcare Cape Hill

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not currently have a registered manager as the previous manager had recently left the service. It is a condition of the providers registration that the service has a registered manager in post. However, an acting manager was in place who intended on applying to become the registered manager for the service. The provider and registered manager 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 manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authority who work with this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with the acting manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with three members of staff.

We viewed a range of records. This included three people's care records and medication records. We looked at three staff files to check the providers recruitment and supervision process. A variety of records relating to the management of the service were reviewed to ensure people received a good quality service.

After the inspection –

We spoke with two relatives and the registered provider. We continued to seek clarification from the provider to validate evidence found.

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 now remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. Relatives we spoke with confirmed they felt people were safe.
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns. Staff were confident that the management team would take appropriate action to deal with safeguarding concerns.
- The nominated individual and manager were aware of their responsibility to raise safeguarding concerns with the local authority.
- Following our inspection some safeguarding concerns were raised which are being reviewed by the local safeguarding teams. The provider is taking action to look into these concerns.

Assessing risk, safety monitoring and management

- Care plans detailed people's identified risks and provided instruction for staff on how to minimise these risks in people's care. Staff were able to consistently describe the risks associated with people's care and steps they took to keep people safe.

Staffing and recruitment

- Staff were recruited safely. We saw that the providers recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.
- We found that whilst people's assessed level of support needs had been identified this had not always been reflected in the staffing levels at the service. Whilst there had been no identified impact on the people receiving the service we asked the registered provider to review the levels of staffing. This was actioned on the day of the inspection.

Using medicines safely

- People received their medicines safely. Staff had received training in safe medicines management and there were systems in place to ensure staff were competent to administer medicines.

Preventing and controlling infection

- Staff were able to tell us how they ensured good infection control standards. We saw staff using supplies of personal protective equipment such as gloves before they supported people.

Learning lessons when things go wrong

- There were systems in place to investigate accidents and incidents that had occurred. Learning from these

incidents took place and remedial steps were put in place to reduce the chance of re-occurrence. The nominated individual completed analysis of any incidents to identify trends to reduce the chance of a similar incident occurring again.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had been supported to access appropriate healthcare in line with their individual care needs.
- Staff had a good understanding of how to support people with their healthcare conditions and could inform us of signs a person may need medical attention. We found that people's healthcare conditions had been recorded in their care plans although further detail was needed, for example around diabetes care, to ensure staff had consistent information about how to support the person. This was actioned following the inspection.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff understood the principles of the MCA and how to ensure choices were offered in care and that consent was gained. One staff member told us their understanding of the MCA was, "Making decisions with the right information. People know what the outcomes are and have been informed."
- We saw that assessments had taken place when it was thought a person may lack capacity to make a specific decision. There had been no record made of best interest meetings that had taken place following these assessments. The nominated individual took action to remedy this following the inspection.
- CCTV was in use in the communal areas of the building. We saw that people had been consulted about this and signage was on display alerting people to its usage. However, we found that further consideration was needed around the assessment of its usage to ensure it was in line with current guidance.

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

- Peoples needs were assessed prior to them using the service. The nominated individual explained the process that was in place to ensure only people who they could safely support would be able to use the

service.

Staff support: induction, training, skills and experience

- Staff were happy with the training that was in place and told us it provided them with the skills to support people safely. One staff member told us, "I feel safer in work environment now as I've got more training there." Staff received supervision which enabled them to discuss any support needs they may have.
- We saw there were systems in place to ensure staff received specific training for their roles that was updated to make sure staff knowledge was kept current.

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

- Not all people receiving care needed support with preparing meals and drinks. For those people who did require support we saw that preferences for food and drinks were recorded in their care plans. The acting manager informed us of arrangements in place that enabled people to go into the community to purchase food of their choosing.
- Staff were able to tell us how they promoted people's independence with choosing and preparing meals.

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

- The nominated individual informed us of how they worked with other healthcare professionals to support people in a timely manner. This included ensuring people had specific healthcare support in relation to their healthcare conditions such as diabetes and renal care.

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- Good. 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 felt cared for by the staff who supported them. One person told us, "The staff know me and what I like." Relatives told us that staff were caring and one relative told us, "There are certain members of staff he gets on really well with."
- We saw relaxed, friendly interactions between people and staff and from our conversations with staff it was evident that staff knew people well.

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

- People had been involved in developing their care plan which had enabled them to state how they wanted their care to be delivered. One relative described how the recent change in management had been beneficial and told us, "[They] really tried hard to support him better."
- People were able to choose which staff member they wanted to support them in their care.
- Staff were able to tell us how they gave choices in all aspects of people's care to ensure people were involved.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. Staff were respectful of people's personal space and were clear that they would only enter people's flats with their consent. Staff were able to describe how they ensured people's dignity was maintained whilst providing personal care, for example by ensuring doors and curtains were shut.
- People's independence was promoted in many aspects of their care. Where it was assessed as safe to do so, people accessed the community independently and carried out their own food shopping or activities. People were encouraged to participate in preparing their own food and drinks to enable daily living skills to be learnt.

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 now remained the same Good. 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

- People had been involved in developing their care plans to ensure individualised care could be provided. Reviews of care occurred to ensure people were able to state any changes they wanted in their care provision.
- People's care plans were person-centred and described what staff specifically needed to know to enable them to support the person in the way they wished. Each care plan detailed what was important to the individual.

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 had a good understanding of how to meet people's communication needs. One person used a specific communication aid and staff were able to describe in detail how they supported the person to use this.

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

- The service was not responsible for providing social activities to all people who received the regulated activity. Where they were, we saw that people had been fully consulted about the activities they would like to partake in. This included attending concerts and events and going on holidays of the persons choosing.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how they could raise concerns or complaints about the service. We saw the complaints procedure was on display in one of the communal areas of the building.
- Where complaints had been received they had been individually reviewed and resolved with the person.

End of life care and support

- The service was not currently providing end of life care. We saw that end of life wishes had been discussed with one person, due to their current health conditions. The nominated individual took action following the inspection to liaise with healthcare professionals to determine arrangements for specific healthcare support in preparation of the person needs changing.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There had been a recent change in management and the service does not currently have a registered manager. An acting manager was in post who was in charge of the day to day running of the service. We were informed of their intention to apply to become the registered manager.
- There were systems in place to monitor the quality and safety of the service. We found that the provider needed to improve some aspects of the systems to ensure all aspects of the service were monitored effectively. For example, monitoring checks had not identified that people's health records required further detail, staffing levels had not been kept under review and best interest meetings had not always been carried out where necessary. Following the inspection, the provider took immediate action to ensure these areas had been improved.
- Staff were positive about the change in management and told us they felt supported. One staff member told us, "[name of nominated individual] has done a hell of a lot to improve processes. It's made a massive difference." Another staff member told us, "My bosses are there if I need support."
- People knew who the manager of the service was. Relatives informed us of the improvements that had been made since the change in management of the service and one relative told us, "With the new manager in post communication has been much better now."
- The nominated individual was aware of the requirement to inform us of specific incidents that had occurred at the service and had done so appropriately.
- The provider had followed the requirement to ensure the most current inspection rating was on display.

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

- There was an open and inclusive culture at the service. People, their relatives and staff felt able to raise concerns should they need to and described a culture where issues could be discussed openly.

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

- Through discussions held with the nominated individual and acting manager we determined that they were aware of and acted in line with the duty of candour requirements. Both were open and transparent through the inspection process.

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

- People had been involved in how the service was run. We saw that meetings took place, surveys had been carried out and a recent coffee morning was held to ensure people and their relatives were able to state their views and suggest improvements within the service which were acted on.
- The management team described an open approach to seeking people's views. They told us that people using the service felt able to approach them in an informal manner to discuss any concerns or to just have a discussion about how they were feeling at that time.
- Staff felt involved in the running of the service and meetings took place with the staff team to enable them to feed back.

Continuous learning and improving care

- A plan was in place to make improvements in the service. We were informed of additional training that was going to be booked for staff and further ways that people and their relatives could feedback about their care.

Working in partnership with others

- The service worked alongside professionals such as commissioners, social workers and healthcare professionals to ensure people received the care they needed.