Humbercare Limited

Hull Head Office

Inspection report

81 Beverley Road
Hull
HU3 1XR
Tel: 01482 586633
Website: www.humbercare.org.uk

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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

Overall summary

This inspection was announced and took place on 12 and 13 February 2015.

Hull Head Office is a service set up to support people to reintegrate back into the community following long stays in hospital or prison. There are currently 12 people using the service.

There was a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff who understood they had a duty to protect them from harm or abuse and a duty to report any abuse they may witness or become aware of. Staff had also received training in how to recognise abuse and how to ensure this was reported effectively.

Staff had been recruited safely; this meant people who used the service were not exposed to staff who should not be working with vulnerable adults. The registered

Summary of findings

provider had undertaken assessments in areas of daily living which posed a risk to the person, members of the public and staff; they had ensured systems were in place to protect all those who were at risk of harm.

Staff understood the needs of the people who used the service and how they were to support them to integrate back into the community. People's care needs were well documented and plans were in place which instructed staff in how best to meet these.

Staff had received training which equipped them to meet the needs of the people who used the service; staff also received supervision and support to enable them to gain further qualifications and experience. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005 (MCA). People who used the service were supported to make comments about the service and to raise concerns and complaints when they felt this was necessary.

Staff supported people to maintain a healthy lifestyle. This included eating healthily and support with any lifestyle choices which may be detrimental to their health; for example, excessive alcohol consumption or drug addiction.

The registered provider had systems in place which monitored the performance of the service and how it was meeting the needs of the people who used it. The service had been assessed and had undergone audits from external sources; the registered provider had used their suggestions to improve the service. People who used the service were also consulted about how it was run, as were health care professionals involved in their care and support. All comments were analysed and actions put in place to address any concerns or shortfalls. The registered manager was expected to undertake audits of the service to address any issues and implement new ways of working. Meetings were held to ensure all staff at all levels were kept up to date with any new ways of working.

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.

People were cared for by staff who could recognise abuse and knew how to report this to keep people safe.

People were cared for by staff who had been recruited safely and provided in enough numbers to meet the needs of the people who used the service.

Risks to people, members of the public and staff had been assessed and systems put in place to keep safe all those involved with the person's care.

Good

Is the service effective?
The service was effective.

People were cared for by staff who had received training to meet their needs. Staff were supported by the registered manager to gain further qualifications and experience.

People were cared for by staff who respected their rights and had received training in and understood the principles of the MCA.

Staff supported people to be independent and to lead a healthy lifestyle.

Good

Is the service caring?
The service was caring.

People were cared for by staff who understood their needs.

Staff understood the importance of respecting people's privacy and dignity.

People were involved with their care and attended reviews.

Good

Is the service responsive?
The service was responsive.

Staff had access to information about the person which helped them to meet their needs.

People were supported by staff to lead a lifestyle of their own choosing

People were supported made complaints when required.

Good

Is the service well-led?
The service was well led.

People were supported to air their views about the service and how the service was run.

Staff were supported by the registered manager to contribute to the running of the service.

Staff understood their role and the service's aim to integrate people back into the community.

Good

Summary of findings

The service was audited by the registered manager and external organisations; any issues were reviewed and addressed with the use of action plans.

Hull Head Office

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 registered provider was 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.

Due to the type of service being provided the inspection was announced; the registered provider was given 24 hours' notice. The inspection took place on 12 and 13 February 2015. The inspection was undertaken by one adult social care inspector. This was the first inspection of the service since it's registration with the Care Quality Commission in April 2014.

We contacted the local authority safeguarding and quality teams and other health care professionals involved with the people who used the service, to ask them for their views and whether they had any on-going concerns. We also looked at the information we hold about the registered provider. They told us they had no concerns about the registered provider.

We were unable to observe how the staff interacted with people who used service due to the service being community based and the complexity of people's needs. We spoke with three people who used the service and five members of staff; this included care staff and senior practitioners. We also spoke with the registered manager.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Good

Is the service safe?

Our findings

People told us they trusted the staff and found them approachable. They felt well supported and were undertaking things they would not have done normally; for example going out into the community. One person said, "I never thought I'd be able to go out but I feel safe when the staff are with me."

Staff had received training about how to safeguard people from harm or abuse and could describe to us how they would report any abuse they may witness or become aware of. We saw training records which confirmed staff received safeguarding training; this was viewed as essential by the registered provider and it was intended staff would update this annually. Staff were aware of their vulnerability working with people in their own homes and systems were in place to ensure they were safe. They told us they felt protected by this and it worked well. They had direct access to other agencies involved with the person's care, for example, the police. Staff were aware of the diversity of the people they provided support for and told us they did not judge the person for their previous actions. One member of staff told us, "What the person has done is in the past and we are here to support them for a better future."

People referred to the service had risk assessments in place which were detailed and described what the risks were to staff, the public and to the person. There had also been the involvement of Multi-Agency Public Protection Arrangements (MAPPA) in the formulation of risk assessments where appropriate. The risk assessments had been formulated by all the agencies involved with the person's care, for example the police and psychiatric services. They described the actions staff should take if the person displayed any behaviour or actions which may put them, the staff or the public at risk. The risk assessments also included the person's environment and what risk this could pose to staff, for example, the need to be aware there may be used needles on the premises. The registered manager told us the risk assessments were under constant review due to the person finding themselves in sometimes unfamiliar circumstances. For example, people accessing the community following a long stay in either prison or a secure unit for people with mental health issues.

The registered provider had systems in place which the staff could access if they had any concerns or wanted to report any poor practise as part of their whistle blowing policy; staff were aware they would be protected by these systems. They also told us they felt the registered manager would take their concerns seriously and undertake the appropriate actions.

The registered provider had systems in place which the staff were expected to use for the recording of any accidents or incidents. These were also detailed in the person's care files with detailed accounts written by the staff. The registered manager had systems in place which evaluated the incidents on a regular basis to establish if there were any patterns or if the person's need might be changing.

People referred to the service had in place care packages which identified the amount of support the agency was to provide for the person, so staffing levels were set by this. We saw rotas which evidenced this. The registered manager told us they ensured there were enough staff available to cover if any should ring in sick or be on annual leave, as the support provided to people was set and they had a duty to provide this. Staff files we looked at contained evidence of references, application forms, health checks and checks with the disclosure and barring service (DBS) being undertaken prior to staff commencing employment with the agency. This ensured staff had the right skills and had not been barred from working with vulnerable adults.

People who used the service mainly needed prompting and reminding to take their medicines and staff supported them with this. People who used the service were responsible for obtaining their own medicines as this helped them to live an independent life. Records we saw demonstrated staff had received training in how to handle medicines safely and staff we spoke with had experience of handling and administering medicines from previous roles.

Good

Is the service effective?

Our findings

People told us they felt the staff had the right skills to meet their needs. Comments included, "Yes, the staff know what they are doing, they advise me and guide me a lot."

Record we saw showed staff received training in areas which the registered provider had identified as being essential. These were; safeguarding adults from abuse, child protection, Mental Capacity Act 2005 (MCA) level 1 training, deprivation of liberty safeguards (DoLS) and first aid at work. Staff were also expected to complete further education and be willing to undertake qualifications in health and social care to nationally recognised levels. Staff told us they had received training other than the essential training identified by the registered provider. This included; counselling, managing behaviours that challenged the service and other people and how to deal with dangerous and difficult situations. Both care staff and senior practitioners undertook the same levels of training. All of the staff we spoke with told us they found the training equipped them to meet the needs of the people who used the service.

Newly recruited staff told us they had received an extensive induction period and had shadowed other staff before being allowed to attend visits to people on their own. We saw the induction was based on current good practise guidelines and new staff had to be signed off as being competent before they could move on to the next level of induction. Senior practitioners had held senior roles in other organisations before working for the agency; this included the probationary service the local authority and charitable organisations which supported people with mental health issues. The registered manager told us they had actively recruited staff who had experience to ensure people were supported by skilled and qualified staff.

The staff we spoke with told us they had received good support and guidance when they had started working for the service; they had received on-going supervision and support but had not worked at the service long enough to have undertaken an appraisal. However, they had identified training needs and targets had been identified with the registered manager with time scales set to achieve these.

All staff had access to the main office and the opportunity to discuss their work with colleagues. Care staff told us they felt part of the team and were included in all discussions about the people who used the service. One said, "There is no them and us, we all work as a team." They told us they could use the office to discuss with senior staff their anxieties or any other problems they might have. They felt it was a supportive and safe place to be able to do this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager told us all of the people who used the service had the capacity to make informed decisions and choices. When we spoke with staff they were knowledgeable about the principles of MCA and the application of DoLS and some had experience of this from previous roles in other employment. Due to the nature of the care and support people who used the service needed, their routines and support was quite prescriptive. However, these had been agreed by the person and they understood the need for these routines and support to be in place for their own and others protection. Due to the service being community based an application would have to be made to the court of protection if someone had to have their liberty restricted, the registered manager was aware of this.

As people who used the service were being supported to integrate back into the community and become independent, the staff roles with regard to food and drink was very limited other than helping people to devise healthy menus and supporting people to access the community to do their shopping. However, where people did have any issues with eating and drinking this was recorded in their care plan along with information for staff to follow about what they should be monitoring and what support the person needed. For example, one person had a diagnosed eating disorder so their eating habits were closely monitored by staff and contact made with health care professionals when required. Others were supported to eat healthily and to drink alcohol responsibly.

Good

Is the service caring?

Our findings

People who used the service told us they felt the staff supported them very well. One person said, "I would give the staff 10 out of 10, they are brilliant." They also told us they had been involved with their care plan and had attended reviews about their care. They said, "I know what's in my care plans and I know it's there to help me get back on my feet", "The staff ask me if I'm doing ok and I am really" and "If I need them they help me."

We were not able to observe the interaction between the staff and the people who used service. This was due to the sensitive nature of their needs and how this could be intrusive and potentially disruptive, putting the staff and the person at risk. However, when we spoke with the staff they were able to describe people's needs and how they would deal with any challenging situation which arose. They were also able to describe to us how they supported people in the community and the subtle changes in the person's demeanour or body language they had to observe to keep themselves, the person and other people safe. They were also aware of boundaries that had been set as part of the person's support package and could describe to us how they would deal with any inappropriate behaviour, comments or advances from the people who used the service.

Staff told us they did not judge the people who used the service and saw their role as an enabling one to reintegrate the person back into the community. They accepted what people had done was in the past and they were there to enable people to move on. This was the aim of service and they were aware of this.

People who used the service were involved with their care; however, due to the nature of the support people needed, the care plans were prescriptive. For example, some people were only able to access the community with an escort for their own safety and others.

Care plans we looked at clearly set out the amount of support the person needed. This could range from a few hours per week to support the person in daily living tasks like shopping and cleaning to 24 hour support. People had signed their care plans to agree the care and support they received and explanations had been given as to why the level of support was needed, for example for their own and others safety. A multi-agency approach was used to make sure all agencies involved with the person's care had an input, for example, psychiatric services, drug and alcohol rehabilitation services and the police.

People's wellbeing was monitored and staff recorded in detail all interactions with the person. These records were kept in the person's file either at the office or locked securely at the person's home. The records showed staff supported people to live a healthy lifestyle and accompany them to GP appointments and other appointments with agencies involved with the person's care. The records also detailed any incidents and how these had been dealt with, who staff had contacted and the actions taken; for example, communication takes place with the police when there is planned access for people to go into the community unescorted as part of their care plan. People's care plans also detailed the staff's role in monitoring any substance misuse or alcohol consumption and when to seek advice and support with this.

Advocacy services were offered as part of the person's support package and information about how to access these services was provided in the service user hand book, with phone numbers of who to contact if the person wanted this service.

Staff understood they were providing support in the person's home and respected their privacy, dignity and right to have time alone. The service was about integrating people back into the community so people's independence was a big part of the care provided and staff saw their role as being supportive in this to enable people to live an independent life.

Good

Is the service responsive?

Our findings

People we spoke with knew they had a right to make complaints and raise concerns if they were not happy with the service or the support provided. They told us, "I would speak with my named worker", "I go into the office and see the manager" and "I talk to the staff." They also told us they had been involved with their care and understood what was in their care plan. Comments included, "I know what's in there and how it's supposed to help me."

The support people received had been assessed as being the most appropriate and effective to enable the person to safely integrate back into the community. People who used the service had been involved in this process and they had an input in the planning. Their comments had been recorded as part of the assessment process as to what they thought they needed and how they needed to be supported to achieve this. A multi-agency approach had been adopted to reach a decision with the person about how to best support them and keep them and others safe. This involved agencies for the rehabilitation of offenders and the police. The initial assessments had been reviewed on regular basis to ascertain if these were still effective or if the person's behaviours had changed as a result of being exposed to situations which were unfamiliar to them. They had also been revaluated as to how the person was coping with supported living and what progress they had made.

Risk assessments were in place about how the staff should support the person if they displayed any behaviour which put themselves or others in danger. These described the sometimes subtle changes in the person's behaviours, demeanour or body language the staff should be aware, they also described what actions the staff should do if the person used any inappropriate language or behaviour toward them. Staff told us they felt these risk assessments explained what they should do and they felt confident they would deal with these situations effectively; they also felt reassured they had the back up of other agencies if they needed this, for example the police.

Care plans we looked at contained information about the person's aspirations. For example, one person had indicated they would like to pursue further education and gain qualifications. People's care plans also detailed daily activities which the staff should support them with for example, shopping, keeping their houses clean and other household duties. Some people had to be directed to ensure they were not pursuing an interest which could be detrimental to their wellbeing, for example, substance misuse and excessive alcohol consumption. Care plans also detailed how people's access to the internet should be monitored to make sure this was appropriate and did not expose the person or others to danger or risk.

As part of people's care plans it was detailed about their access to the local community and what level of supervision they needed. This was based on the level of risk they posed to themselves and others. Some people required more supervision than others. Staff were aware of the potential for people to become socially isolated so they accompanied people on visits to the local community and other outings to local facilities. Staff also enabled people to maintain contact with their families and friends. This had been risk assessed and people were supported to make the right choices which did not put them or others at risk

The registered manager had systems in place which recorded people's concerns and complaints. They showed us the recording and findings of a recent complaint and the outcome; this demonstrated they had involved other agencies and multi-agency approach had been adopted to resolve the person's issues. People were provided with information about how they could make a complaint in the service user hand book. This provided people with out of hours contact numbers and numbers of other bodies including the Health and Parliamentary Ombudsman if they chose to pursue their complaint further. The registered manager welcomed complaints and comments from people who used the service and saw them as way of improving and expanding the service provided. Complaints and concerns were evaluated by the registered manager and any learning from them shared with the staff in team meetings.

Good

Is the service well-led?

Our findings

People told us they had been consulted about whether they were happy with the service they received. Comments included, "They ask me if I'm ok and if I want to change anything", "I have been asked about the way the staff support me, I'm quite happy really", "I feel well supported, they make sure I'm safe when I go out" and "I'm doing things I never thought I would before."

The service had been set up to provide support for those people who had been discharged from long stay hospital or released from prison. The vision of the service was to integrate people back into the community and support them to not reoffend and return to prison or hospital. This was understood by all the staff we spoke with and they felt part of a larger network of support working with other agencies to stop this from happening.

During the inspection we saw an example of a multi-agency meeting which had been held to reassess the needs of one of the people who used the service to reach a decision based on all the information gathered by different agencies. Staff described this as positive and reassuring that they were not acting in isolation and had the support of other agencies.

Staff told us they had access to support networks themselves which helped them with any issues they may have or encounter. For example, care staff told us they could approach the senior practitioners and ask them for advice and support. The senior practitioners told us they could approach the registered manager for support. The registered manager had senior managers within the organisation they could approach; as a company this support was acknowledged and encouraged.

Staff told us they found the service had an open culture where they could express their views and these were listened to, even the negative ones, and the registered manager attempted to resolve these and make changes. They also felt well supported by senior managers and the support system in place. They told us they welcomed this support and felt it was essential due to the nature of the work and the complex needs and behaviour they had to support people with.

There was a registered manager in place who was supported by senior managers to run the service. Staff understood their responsibility and knew the areas they were accountable for. For example, care staff knew their role was to support people with day to day tasks like shopping and keeping their homes clean but they felt they had the support of the senior practitioners to be able to achieve this. Senior practitioners undertook more complex support, for example, assisting the person to find work and claim befits where appropriate.

The registered manager undertook audits of the service which included staff training, people's care plans, accident and incidents and complaints and concerns. The service had been audited by the local authority and they had found them compliant with the criteria they used to assess the effectiveness of a service they contracted with. The service had also been audited by independent nationally recognised bodies, for example investors in people, for the improvement of the service. Areas of improvement had been identified and the service had been issued with an action plan to address these. The registered manager had asked people what they thought of the service informally; they had also devised a formal audit tool to be used in the form of a survey which asked specific questions about the service people received. These responses would be analysed and a report produced about how the service was performing. The registered manager was planning to implement this in the very near future and agreed to share their findings with us.

We saw team meetings had been held with all grades of staff and one of these took place during the second day of the inspection. Staff told us they found these very useful and used them as a forum to discuss people they supported and to catch up with any changes or new working practises. The service had a range of policies and procedures staff were expected to read; these were held on a computerised system and a record was made when staff had accessed them. The record was available to the registered manager and was used as part of the on-going assessment of the staff's performance.

The registered manager analysed any incidents which occurred and looked for trends or patterns. They also ensured, due to risks involved, that all incidents were recorded and reported to other bodies as part of the on-going support people who used the service received as this may have an impact on future support provided, dependent on the indicants.

Good

Is the service well-led?

Some care files were kept in the main office and some were kept in the person's home. Regardless of where the files were kept they were stored securely and locked away. All computers were password protected.