

HICA

HICA Home Care - Hull

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

HICA Care Home – Hull is registered to provide people with care and support in their own home. At the time of the inspection a manager was in place. A registered manager is a person who has 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.

We carried out an unannounced comprehensive re-rating inspection of this service on 5 and 6 April 2016. This was to check that the registered provider now met legal requirements we had identified at inspections in December 2014 and October 2015.

Following our comprehensive inspection in October 2015 the registered provider was found to be non-compliant with regulations pertaining to providing safe care and treatment. During this re-rating comprehensive inspection we saw that the registered provider had taken appropriate action to ensure people were cared safely and that medicines were managed effectively.

Following our comprehensive in October 2015 the registered provider was found to be non-compliant with regulations pertaining to assessing and monitoring the quality of service provision. During this re-rating comprehensive inspection we saw that the registered provider had taken appropriate action; an internal review of the service's day to day management and had taken action to ensure shortfalls in care and support would be identified in a timely way which enabled action to be taken promptly. Action plans to improve the service included realistic timescales and were monitored effectively to the completion. The internal review completed by the registered highlighted other areas that required improvements such as providing refresher training to staff and ensuring internal policies and procedures were reviewed at appropriate intervals and in line with current best practice and legislation.

Following our comprehensive in October 2015 the registered provider was found to be non-compliant with regulations pertaining to safeguarding vulnerable adults from abuse and improper treatment. During this re-rating comprehensive inspection we saw that the registered provider had taken appropriate action to ensure staff responded appropriately in emergency situations. Missed calls had reduced and a new call monitoring system had been implemented which highlighted when a call had not been attended at the allocated time. The service took action when staff's action fell below expectable standards.

During the inspection we saw improvements had been made and have changed the rating for the 'safe' and 'well-led' domain from inadequate to requires improvement. However, we could not rate the service higher than requires improvement for 'effective', 'caring' and 'responsive' because to do so requires consistent and sustained improvement over time.

Staff received appropriate supervision and support from their line manager; they had completed relevant training and understood how to meet the needs of the people they supported. However, records showed

staff did not receive refresher training in a number of areas which meant staff did not always have up to date skills and knowledge in relevant areas, such as fire safety, first aid, food hygiene and infection control. The registered provider's training manager informed us that action was being taken to rectify this and staff would receive annual refreshers to meet their training needs. Some staff had not received an annual appraisal and we mentioned this to the registered manager. They acknowledged the issue and informed us that all outstanding annual appraisals would be completed by the end of April 2016.

This meant that the service was in breach of regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see a summary of the actions we have asked the registered provider to take at the back of the full version of this report.

Suitable numbers of staff who had been recruited safely were employed to meet the needs of the people who used the service. Risks identified during people's initial assessment and on-going reviews were managed to mitigate the possibility of their occurrence.

Consent was gained before care and support was delivered and the principles of the Mental Capacity Act were followed. People we spoke with told us they consented to the care and support they received. People were supported to eat a diet of their choosing and staff encouraged people to eat healthily. When concerns were identified relevant professionals were contacted for their advice and guidance.

People told us they were supported by kind and caring staff who knew their preferences for how care and support should be delivered. People told us staff respected their privacy and dignity. Private and sensitive information was treated confidentially by staff who understood their responsibilities not to disclose it outside of the service.

People were involved with the initial and on-going planning of their care. Their levels of independence and individual abilities were recorded. The registered provider had a complaints policy which was made available to people who used the service. When complaints were received they were investigated in line with the policy and used to develop the service when possible.

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 saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to keep people safe. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

Medicines errors were reported which enabled action to be taken in a timely way. Medicines competency checks were completed to ensure staff had the skills and knowledge to administer medicines safely.

People's assessed needs were met by appropriate numbers of staff who had been recruited safely.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff completed a range of training during their induction but were not provided with appropriate refresher training to ensure their skills and knowledge were kept up to date.

Staff received training, support and one to one supervision which equipped them to meet the needs of the people who used the service. However, some staffs annual appraisal had not been completed when required.

Consent was gained before care and support was provided. The manager understood their responsibilities in relation The Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards.

People who used the service received a diet of their choosing. Staff prepared meals and encouraged people to eat healthily. Relevant professionals were contacted for their advice and

Requires Improvement ●

guidance as required.

Is the service caring?

The service was caring. We saw improvements had been made in this area but could not rate the service higher than requires improvement for 'caring' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People who used the service told us the staff who supported them were caring.

People were encouraged to express their views and make decisions in the daily lives.

People were treated with dignity and respect by staff who understood their responsibility to keep their private information confidential.

Requires Improvement ●

Is the service responsive?

The service was responsive. We saw improvements had been made in this area but could not rate the service higher than requires improvement for 'responsive' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

People who used the service contributed to their initial assessment as well as the on-going planning and delivery of their care.

The registered provider had a complaints policy in place. When complaints were received they were responded to appropriately and action was taken to improve the service when possible.

Requires Improvement ●

Is the service well-led?

The service was well-led. We saw improvements had been made and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will check this during our next planned comprehensive inspection.

A quality assurance system had been implemented to ensure care and support was delivered to a consistent standard. Action was taken when shortfalls were highlighted or feedback was

Requires Improvement ●

received.

People who used the service and staff were asked for their feedback about the management of the service and the standard of care.

Staff told us the culture within the service had changed and communication had improved since our last inspection.

HICA Home Care - Hull

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.

This unannounced inspection took place on 5 and 6 April 2016 and was carried out by an adult social care inspector.

We asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

We spoke to the local authority commissioning and safeguarding teams to gain their views on the service. During our discussions they told us they had no concerns regarding the service.

During the inspection we spoke with 12 people who used the service and one relative. We also spoke with the registered manager, the operations director, the quality assurance manager, the deputy manager, the service manager, the training manager and eight members of staff.

We looked at six people's care plans along with the associated risk assessments and Medicines Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, action plans, stakeholder surveys, recruitment information for six members of staff, the staff training records as well as the registered provider's policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "They [the care staff] always shout when they come in so I know who they are and I don't have to worry." Another person said, "I see the same girls every day so I feel safe with them." Other comments included, "I feel safe knowing someone is coming, I have someone three times a day", "I feel safe", "They always lock my door when they go so no-one can come in, I feel safe with them doing that" and "I feel much safer, I was on my own for a long time but I trust the girls that come, they are very good." A relative we spoke with said, "We get a schedule so we know who is coming and I like to know who is coming into the house."

People told us care staff supported them to take their medicines as required. One person said, "I take so many tablets I wouldn't know where to start, if the girls didn't help me I don't know what I would do." Another person commented, "I take my tablets myself but they do remind me every day, my memory isn't what it was."

The service was safe. We saw improvements had been made in this area and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

At our comprehensive inspection of the service in October and November 2015 we found that people did not receive safe care and treatment, medicines errors were not identified and people did not receive the medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to ensure staff received medicines training updates. Medicines spot checks and audits were completed regularly which reduced administration and recording errors and enabled any errors that did occur to be identified so that action could be taken in a timely way.

At our comprehensive inspection of the service in October and November 2015 we found that medicines administration and recording errors were not identified in an appropriate timescale which contributed to their continuation. Effective action was not taken to prevent or reduce the number of medicines errors that took place. Three people were administered higher doses of their prescribed medicines which led to them being overdosed and requiring medical attention.

During this inspection we saw that a concerns log had been developed which recorded all identified medicines concerns including recording issues, tablet counts and administration errors. The operations director explained, "We have found more errors than before because we have changed the culture of the staff, everyone reports errors which means we can take action before they affect the people who use our service." The registered manager said, "We still have medicine errors but now that staff report everything to us we can take action immediately" and went on to say, "As you can see the things that are reported are not

at the same level as they used to be, most of the things are minor now because we take action and stop them before they are of a serious nature." The deputy manager told us, "The staff's knowledge has increased around medicines and what needs reporting; I think that's clear to see and it's really beneficial."

The concerns log we saw recorded any concerns that were identified and tracked the error through to its conclusion. It was clear what action had been taken in relation to the error and included the additional support and mentoring required by staff to prevent the possibility of the error re-occurring. The service manager told us, "Having the concerns log has been really beneficial, we can see if a member of staff is consistently making mistakes and needs re-training or some support and we can look for trends, so if the same thing keeps happening we can address that in a patch meeting or put a memo out to all the staff."

The registered manager explained, "The staff get their rotas sent out every week and it includes a memo, every other week it's about medicines. Different things every time just to remind staff of certain things that have been an issue." A member staff we spoke with said, "The memos are quite useful actually, if you have set rounds and see the same people all the time you might not see a particular tablet for a long time or might not have to do medicines at all so it's good to have the reminders of how to do things." We saw evidence of the different medicines memo's that had been sent to staff.

We saw that spot checks were completed of all staff to ensure they administered people medicines as prescribed and completed Medicines Administration Records (MARs) appropriately. We saw that the six care supervisors would complete a minimum of one spot check every week which amongst other things reviewed people's MARs and daily notes to ensure people received their medicines safely. The five care co-ordinators who worked in the office completed five MAR audits each week to ensure that errors were picked up and action could be taken in a timely way.

The registered provider had developed a new medicines policy that was aligned to the local authority commissioning service's universal medicines policy. The policy included a number of standard operating procedures which outlined how staff should undertake specific tasks and provided appropriate guidance to enable staff to administer medicines safely.

At our comprehensive inspection of the service in October and November 2015 we found that People who used the service were not safeguarded from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to ensure accidents, incidents and medicines errors were investigated and action was taken to prevent their re-occurrence. Staff responded to emergency situations appropriately to ensure people were supported safely.

At our comprehensive inspection of the service in October and November 2015 the local authority safeguarding team were investigating five incidents regarding the service. All five were allegations of neglect and/or organisational abuse; the incidents were predominately focused around, missed calls and medicines errors. After the inspection we were informed that abuse or organisational abuse was partially substantiated or substantiated in all five investigations. We found that appropriate action was not always taken to ensure the safety of people who used the service. For example, when staff became aware that a person had been given an overdose of their prescribed medicines, action was taken to report the incident to the office and seek medical attention but advice from the emergency service was not followed and the person was left alone when they needed to be observed to ensure their condition did not deteriorate.

During this inspection we found that the registered provider had taken action to prevent the possibility of

missed calls taking place. The registered manager told us, "We have reduced the tolerance on specific calls so now if a carer is 15 minutes late for a call an alert goes off in the office so we are aware of it and can do something about it." We saw that the new system was successful and the number of missed calls had reduced. The registered manager informed us that they could be reviewed and used as a tool to establish which staff persistently arrived late for calls and would enable action to be taken. A relative we spoke with commented, "We used to have late calls and missed calls all the time but I have to be honest and say things have really improved lately, they really have sorted things out."

During discussions with staff they described what action they would take in an emergency situation. One member of staff said, "I would assess the situation and call for an ambulance then I would call the office on the emergency number and tell them what had happened. I would stay with the person until an ambulance arrived and go with them to hospital if no one else, like family members could go." Another member of staff explained, "On Saturday I went to one of my calls and the person was on the floor; unresponsive. I called 999, followed their instructions. Then I called the office and asked them to cover my calls. I stayed with the person for an hour and half; I wouldn't leave them. Thankfully they are going to be ok."

People who used the service were protected from abuse and avoidable harm. The registered provider's training records showed staff had completed safeguarding vulnerable adults training which had been recently refreshed. A member of staff said, "I think we did the refresher in November last year, we all know what to look out for and would report anything straight away. Another member of staff said, "I have reported it [abuse] before. I told the office about what I had seen any they took action straight away, it was a few years ago now but I know they [the management] wouldn't stand for anything like that and it would be investigated straight away."

Suitable numbers of staff were employed to meet the assessed needs of the people who used the service. The registered manager told us, "Our recruitment is a continual process; we are consistently looking at our staffing levels and discuss them in the managers meetings." A member of staff told us, "Staffing does seem a lot better now; we don't get the phone calls asking us to cover like we used to." A person who used the service told us, "At first I had all different carers coming but I spoke to the office and now I see the same girls every day; I'm much happier with that."

During the inspection we checked six staff files and saw that appropriate checks were completed before staff were recruited. An application form, two references, a Disclosure and Barring Service check and a record of a successful interview were gaps in people's employment history were explored was in each staff file we looked at.

We looked at six people's care files and saw each person had personalised risk assessments in place to ensure staff were aware of how to reduce known risks and ensure the safety of the person who used the service. The registered manager said, "Everyone has a risk assessment done of their property which identifies anything staff need to be aware of and the action we expect them to take." Referrals were made to the fire service after people's initial assessment so that a fire risk assessment could be completed. We were also told that staff were aware of their responsibility to check the equipment they used to ensure it was safe and fit for purpose. This provided assurance that known risks were mitigated and people were supported safely.

The service followed disciplinary procedures when it identified staff were responsible for unsafe or inappropriate practices and we saw evidence to confirm this. This helped to ensure that the registered provider took appropriate action when staff's action had fallen below expectations.

Is the service effective?

Our findings

People who used the service told us the staff who supported them understood their needs and delivered a high level of care and support. Their comments included, "I think the staff are ever so good", "The carers are brilliant", "The carers are really good at their jobs, the office staff still need to improve but I don't have one bad word to say about any of the carers", "I'll give them (the care staff) their due they are really good at their jobs" and "My regular carers are really good, they are brilliant; lovely girls."

Records showed staff received appropriate levels of supervision and support. On a bi-monthly basis staff had a one to one branch supervision, a community supervision with their colleagues and a medicines spot check supervision. A member of staff we spoke with said, "I have worked here for 10 years and there have been times when I haven't had supervision for over a year but since you last came (the comprehensive inspection in October and November 2015) it has really improved. We have them regularly now, in the office and in our teams, it's really good." A second member of staff told us, "Since they have introduced the care supervisions things are so much better, it's good to know you are doing things right or someone is there to help if you need to change what you are doing."

At the time of our inspection records showed that 16 members of staff had not received their annual appraisal for 2015/2016. We discussed this with the registered manager who informed us that all appraisals had been booked in to be completed by the end of April 2016. The registered manager commented, "We are reviewing the way we do appraisals, at the moment we do everyone's at the same time and that isn't working, we need to do them a year from when they (the staff) were recruited." Failing to provide staff with a suitable forum to reflect on their skills and abilities and to set goals for the following year could lead to opportunities regarding their personal and professional development being missed.

The registered provider's training records showed staff had completed a range of training pertinent to their role including, safeguarding vulnerable adults, person centred care and communication, privacy and dignity, infection control, safe handling of medicines, health and safety, moving and handling, first aid and fire awareness. Other specific training had been undertaken to meet people's specific needs such as dementia awareness, Parkinson's and skin integrity. However, the registered provider's training manager informed us, "Staff only have refresher training for safeguarding, medicines and moving and handling. It is an area we are looking at and all staff will receive refreshers for all the training they do in the future." A member of staff we spoke with said, "I would like more training, I have worked here for nine years and haven't had much training since I first started. A relative we spoke said, "I think some of them need to do more training. [Name of person who used the service] gets hoisted and the usual staff know how to use it but when new people come; if they haven't used a hoist since they were trained they don't know what they are doing." Failing to provide appropriate refresher training to staff could lead to their skills and knowledge becoming outdated and mean they no longer work in line with best practice guidance.

The above findings represent a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have asked the registered provider to take at the end of this report.

There were plans in place to develop the staffs skills and knowledge. The training manager also told us, "The plan is that training will be delivered in a three yearly cycle. Staff will initially undertake face to face to training which will be refreshed a year later by completing work books, then online training the following year, then back to face to face training." A care supervisor told us, "I have done my level three [National Vocational Qualification] in care and want to do my level five. The deputy manager has said she is hoping for all supervisors to do a diploma which would be fantastic."

People who used the service told us their consent was gained before care or support was provided and we saw evidence that people had signed their care plans to confirm their agreement to its content. Staff understood the importance of gaining people's consent. One member of staff told us, "We have people's consent to provide care but that doesn't mean I just barge and get people ready, I always ask people before I start to do something." Another member of staff said, "Getting consent is simple, I just ask."

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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. The registered manager told us at the time of our inspection no one was subject to a Court of Protection order.

People who used the service were supported to eat and drink sufficiently. Staff told us they encouraged people to maintain a healthy diet when possible and made referrals to dieticians and speech and language professionals as required. A member of staff told us, "I always encourage people to buy and eat fruit and veg" and "I do a lot of prompting, little and often is fine if people don't want to eat one big meal." Another member of staff said, "I do shopping for one lady I see and I always talk to her about fresh food and health options." A person who used the service told us, "The girls do a great job; they sit with me when I am eating, I used to have a problem, I lived off yoghurt and ice cream but they have got me eating properly."

Records showed people's holistic needs were met by a range of healthcare professionals. Some people had care plans designed by occupational therapists and specialist nurses which provided detailed guidance for staff to follow. A homecare co-ordinator told us, "Part of my job is to contact other services and professionals, the staff will call in to the office and I'll take it from there. I speak to doctors, nurses, chiropodists, physiotherapists, social workers and ask them to visit or explain what staff are concerned about."

Is the service caring?

Our findings

People who used the service were complimentary about the staff who supported them, their comments included, "The girls who come to see me are so lovely", "The girls are wonderful, so caring and kind", "They are so polite, they are all very caring", "No matter who comes they are all very kind, they treat me with respect and do as I ask" and "I see the same carers all the time and I couldn't ask for nicer people to see every day."

A relative we spoke with told us, "All the girls we have are lovely, they really are."

The service was not always caring. We saw improvements had been made in this area but have not changed the rating for 'caring' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

Staff told us they knew the people they supported and they were aware that people's preferences and life histories were recorded in their care plan. We saw information such as where people grew up, went to school, their occupation and family life were recorded. This helped to ensure staff knew the people they supported and could use the information to engage the person in meaningful conversation. The registered manager told us, "We are developing some new paperwork so we can record people's hobbies and interests; we are going to use that to try and match people with staff who like the same things." The operations director told us, "This is an area we know we can improve on that's why we have developed the new paperwork, so we can give a really personalised service to everyone."

Care plans included people's levels of independence and daily living skills. A member of staff told us, "It's so important to let people do the things they can still do for themselves. If someone needs personal care that's fine but if they can still wash their top half and hands and face I let them do it." Another member of staff said, "I always give people options, I help them choose what they want to wear, what the fancy to eat. I give people choices and let them remain independent."

During discussions staff told us they understood the importance of treating people with dignity and respect during their daily interactions. One member of staff commented, "I always say I treat people the way I would want my Mum to be treated." A second member of staff told us, "My job is about helping people, you have to listen to what they want, do things the way they want them doing. My job is about making their life better not my life easier." Another member of staff said, "I do all the things I've been trained to do, I knock on people's doors and shout to let them know I'm there. I cover people up when I'm doing any personal care and make sure doors and curtains are closed, I put the protectors on my shoes so I don't walk anything through their house."

We saw that advocacy information was supplied to people in the service user guide. Advocates can be used to support people to express their views and wishes, and to ensure their voice is heard. The registered manager said, "I don't think anyone uses and advocate at the moment but they could come to reviews and assessments with us or the council. The information is there for them." This helped to ensure people could

receive the support they required to make decision about their on-going care and support.

People's private and confidential information was stored securely. The recruitment administrator and payroll clerk told us, "We all have different levels of access to the system, because of my role I can see things that the co-ordinators can't see and I don't have access to information they do" and "We all have an individual log on and the system is password protected so it's secure." An office support worker said, "I understand confidentiality; we support some very vulnerable people and we know lots of information about them, it's very important not to talk about or share anything we know with other people." A member of staff said, "We talk about confidentiality in our meetings, we know not to discuss work things with anyone we know." When staff breached confidentiality policies appropriate action was taken by the service; the registered manager told us, "Unfortunately we did have someone that sent some information that they shouldn't have. It was just a simple error but obviously we had to investigate and follow our policies, we have to keep people's information safe."

Is the service responsive?

Our findings

People who used the service or those acting on their behalf told us they were involved in the planning and delivery of their care. One person told us, "I was involved in producing my care plan and I know I can ask for more help or changes to what I receive if I want to." A second person said, "I have reviews yes, they are not always as often as I would like but I get to have my say and that's what counts." Another person said, "I had a social worker come and ask me lots of questions then a co-ordinator came and we talked about similar things and all that information is in my care plan which I have a copy of here in the house."

People told us they knew how to raise concerns and make complaints. One person said, "I know how, I have done it in the past, it took a while to get sorted but I'm happy now." Another person said, "I would ring the office and complain, they would know about it if I was unhappy." Other comments included, "I would complain directly to my care co-ordinator, I see her regularly enough", "I've complained before, I do have to say though I think the service has improved tremendously recently."

The service was not always responsive. We saw improvements had been made in this area but have not changed the rating for 'responsive' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

We looked at six people's care files and saw evidence to confirm that they were involved in the initial assessment and on-going development of their individual care plans. People's needs and levels of independence were recorded. Instructions were in place to ensure staff were aware of the support the person required and how many staff were required for each episode of care. For example, people were supported by two members of care staff when they required support to transfer with the use of a hoist.

Assessments of people's needs were undertaken periodically. The registered manager told us, "Social workers usually do the initial assessment then review it once a year, we do the same but if people's needs change or if they are admitted to hospital we will always reassess them and make any changes we need to." This helped to ensure people's changing needs were continuously met.

People received care and support that met their needs and was delivered in a person centred way. We saw that to meet one person's need a care plan had been developed by a community professional the care plan included photographs and broke down each step so staff could deliver a high level of personalised care. A member of staff told us, "Everyone gets the same type of support, personal care, meal preparation, little jobs in the house; but I don't do things the same for everyone, everyone likes things doing their own way and that's one of the most important things, helping people to live like they used to."

The registered provider had a complaints policy in place at the time of our inspection. The policy covered response and acknowledgement times as well as guidance about how the complaint could be escalated if the complainant felt the response they received was unsatisfactory. We saw that the policy was provided to people who used the service in their service user guide.

We saw evidence to confirm that when complaints were received they were responded to appropriately in line with the registered provider's policy. The operations director explained, "We review all of our complaints and look for patterns and trends; we look at every complaint as an opportunity to develop the service." The registered manager said, "We try and learn from every complaint and make improvements for the people who have complained and across the entire service." Complainant's received a letter in relation to their complaint which included an apology in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.

The registered manager told us that the service was introducing a mystery shopper scheme and had already identified a number of volunteers. They said, "We have asked people who have complained if they would take part [in the scheme] and help us to develop the service, they will be asked to call into the office and mark how well their call was handled, we will then try and improve following their feedback."

Is the service well-led?

Our findings

When we asked people who used the service if they thought the service was well-led we received mixed responses. One person said, "It is all changing; when I ring the office now I can actually get through and whoever I speak to is really helpful." A second person commented, "I get my schedule sent out now so I know who is coming which puts me at ease, trying to get one before was like trying to get blood out of a stone" and "I think they had improved a lot in the last few months." A third person commented, "I have had them coming for years, I have never had a problem, I think they are great company."

However, other people told us, "My carers are fantastic but the office staff still need to improve, they never call me back when they say they will", "It is getting better, but let's just say they aren't there yet" and "When I call the office it's like they don't talk to each other, nothing gets sorted out."

The service was well-led. We saw improvements had been made in this area and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent and sustained improvement over time. We will review the service's rating during our next planned comprehensive inspection.

At our comprehensive inspection of the service in October and November 2015 we found that quality assurance and governance systems utilised within the service were ineffective and failed to ensure shortfalls in people's care and support were identified and that action was taken to improve the service as required. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to review the governance systems operated in the service and developed internal systems to ensure their suitability and effectiveness.

At our comprehensive inspection of the service in October and November 2015 we found action plans submitted to the Commission were not monitored and achieved as required. When incidents occurred appropriate action was not taken to prevent their re-occurrence and subsequently lessons were not learned to improve the service.

During this inspection the operations director told us, "The governance issues we had were very clear but we are moving in the right direction now. We have met with Hull's safeguarding and commissioning teams and I think they are happy with the improvements we have made. We have had positive inspections in other areas so will try and bring what works there to this service." We saw evidence to confirm that action plans submitted the CQC and the local authority commissioning services were monitored on a regular basis to ensure improvements were made as required. The operations director told us, "I come to the office every week or every other week and we sit down with the concerns log and the action plans. We work through everything that needs doing and tick it off as we go."

The registered manager was aware of the day to day culture in the service and took action to ensure staff felt supported. The registered manager told us the culture of the service had changed, that communication had developed between the care staff and the office and management team. They said, "How I do my job has changed. I think we all understood that changes needed to be made and we have really improved things for the better." The deputy manager said, "So much has changed, we all work better as a team, the atmosphere in the office is better and we get a lot of support from the operations director, he helps us with the action plans and reviews the concern log with us so we know we are doing the things we need to be doing." A member of staff said, "Things have definitely changed, I'm proud to work here again and I love being able to say that."

The service utilised a range of quality assurance methods to monitor and develop the standard of care and support people received. Auditing of staff supervision took place and it was clear that this had helped to ensure staff received regular support and guidance from their line manager. A range of staff from different areas of the service conducted medicine and MAR audits on a weekly basis which ensured errors would be detected, reported and action could be taken in a timely way. Errors were tracked using the service's concern log so it was clear who had made the error, what action had been taken and what support had been provided to the member of staff to prevent any future reoccurrence. The registered manager said, "We audit our training records, staff files, care plans and risk assessments, we are making changes across the service that we think will make us improve."

The operations director told us, "The concerns log we have introduced has all the concerns, medicines errors, incidents and complaints on which allows us to track everything that happens in the service." We saw that the log was used to ensure appropriate action was taken when medicines errors occurred, complaints were received or incidents took place. The deputy manager said, "The operations director comes and reviews the concern log with us so we know we are doing the things we need to be doing and can evidence what action we have taken. We have all learnt a lot from the meetings."

The registered provider's quality assurance manager told us, "My job role has been made permeant and I have a small team, We will complete unannounced visits and do quality assurance audits in line with the Care Quality Commission's key lines of enquiry" and went on to say, "Members of our Board of Directors will be visiting HICA services to complete visual assessments and observe what happens in each service." This provided assurance that the registered provider's director would be aware of what was happening across the organisation and that management and leadership were visible to staff. The quality assurance manager also explained that through an internal review the registered provider had commenced reviewing and developing its internal policies and procedures to ensure they were in date and fit for purpose.

People who used the service were actively involved in developing the service. People were asked for their feedback through quality assurance questionnaires and action was taken to implement their suggestions when possible. During the probationary period of new care staff an assessment was completed by the service with the assistance and input of the people who used the service. The assessment captured staff's time keeping, care practices, respect and overall competency. This helped to ensure that staff employed by the service delivered care and support in line with the registered provider's expectations. The registered manager told us, "We have the mystery shopper scheme and we have organised networking events so people can come and meet other professionals. We hope social workers and district nurses will come and people can ask questions and learn about what other services are available."

Staff were encouraged to provide feedback regarding the delivery of care and support as well as discuss training, changes to practice and any issues they wanted to raise. We saw that team and patch meetings were held regularly, the minutes we saw indicated that daily records, confidentiality, operational and service

issues as well as service user concerns were all discussed. The registered manager told us, "We should have the meetings every two months but they happen about every four or six weeks at the moment just until we are happy with everything." We saw that 'flash' meetings were used to bring staff to discuss specific issues as and when required. The service manager said, "When we need to inform the staff of something and it needs to be done before the next patch meeting is planned we can have a flash meeting, they are quick and straight to the point, they have been really useful."

The operations director told us, "We used to have a HICA managers meeting every month but we have left those now, we have a meeting just for homecare managers so it focuses in on what we need to look at and lets us share positive experiences and help each other out." We saw that the meetings were used to discuss, amongst other things best practice, positive experiences, areas of improvement, staffing levels and recruitment. The registered manager confirmed, "The homecare managers meetings are in addition to regular regional team meetings. This is to ensure a suitable forum for homecare specific issues, this was an improvement implemented after the last inspection. This meeting occurs alongside an organisation wide regional meeting."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate refresher training to ensure their knowledge and skills were update and in line with best practice.