

Kingston upon Hull City Council

Highfield Domiciliary Care Agency

Inspection report

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Date of inspection visit:
07 March 2016

Date of publication:
04 April 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Highfield Domiciliary Care Agency provides short term services for up to six weeks to people over the age of 18 as well as an out of hour call out service and emergency response. The offices are based within Highfield Resource Centre which is situated to the East of the city of Hull. The office is accessible to people with a physical disability.

This unannounced inspection took place on 7 March 2016. The service was last inspected in November 2013 and was found to be compliant with the regulations inspected at that time.

The service had 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Before the inspection took place the service had appropriately completed a, 'statutory notification about the absence of a registered individual for 28 or more consecutive days'.

People who used the service were protected from abuse and avoidable harm by staff who had been trained to recognise potential abuse and understood their responsibility to report poor practice. Risk assessments had been created to mitigate known risks to people's health, safety and welfare. Guidance was provided to staff to ensure they knew how to safely manage and reduce risks. Suitable numbers of staff were employed to meet the assessed needs of the people who used the service. Staff were employed following safe recruitment practices which ensured they had not been deemed unsuitable to work with vulnerable adults. Staff had been trained to administer medicines safely. People's abilities to self-medicate were assessed and people were supported to take their medicines safely.

Staff completed a range of training which equipped them with the skills and abilities to carry out their roles effectively. Staff received effective support, supervision and guidance. Staff gained people's consent before care and treatment was provided. The service worked in-line with the principles of the Mental Capacity Act. People were encouraged to eat a healthy balanced diet. People were supported to have sufficient to eat and drink to meet their needs. When concerns with people's dietary intake were identified appropriate action was taken. Referrals to other health care professionals were made effectively.

People were supported by caring staff who understood their needs and delivered care and support in line with their preferences. The service put an emphasis on caring for people in a dignified way. Staff treated people with dignity and respect at all times. Staff understood the importance of confidentiality and ensured people's private and personal information was not shared without their consent.

People were involved with the planning and delivery of their care. Reviews were held at regular intervals to enable people to provide feedback on the support they received. The registered provider had a complaints policy in place that was provided to people at the commencement of their service. We saw the service

received very few complaints. Staff told us the management team were approachable, supportive and listened to their views regarding developing the service. A quality assurance system was in place to ensure shortfalls in care and support were identified. Audits, questionnaires and spot checks were used to improve the level of service provided.

The registered manager and assistant home care manager in their absence understood their responsibilities to report accidents, incidents and other notifiable incidents to the CQC as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People's needs were met by suitable numbers of adequately trained and experienced staff; who had been recruited safely.

Staff had been trained to administer medicines safely.

Risk assessments were completed to minimise known risks in people's lives.

People were protected from abuse and avoidable harm by staff who understood their responsibilities to report abuse or poor practice.

Is the service effective?

Good ●

The service was effective. Staff had the skills to carry out their roles effectively and received on-going training, support and guidance.

People were encouraged to eat a healthy balanced diet. When concerns regarding people's nutritional intake were identified appropriate action was taken.

People provided their consent before care and support was provided. The principles of the Mental Capacity Act were followed.

Is the service caring?

Good ●

The service was caring. People we spoke with told us the staff who supported them were kind, caring and attentive.

Staff knew how to meet people's needs in line with their preferences. People were treated with dignity and respect by staff.

People's private and sensitive information was kept confidentially.

Is the service responsive?

Good ●

The service was responsive. People were involved with the planning and on-going delivery of their care.

People's care plans contained up to date information and were reviewed on a regular basis.

A complaints policy was in place and people were provided relevant information regarding how to make complaints at the commencement of their service.

Is the service well-led?

Good ●

The service was well-led. Staff we spoke with told us the management team were approachable and listened to their views.

The Care Quality Commission were notified as required when specific incidents occurred.

A quality assurance system was in place that consisted of audits, surveys and spot checks.

Highfield Domiciliary Care Agency

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was completed by an adult social care inspector on 7 March 2016 and was unannounced. Before the inspection, we looked at the notifications we received from the service and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During our inspection we spoke with eight people who used the service and four of their relatives. We also spoke with the assistant homecare manager, four members of care staff and one homecare organiser.

We looked at six people's care plans along with the associated risk assessments and their Medication 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 the service understood and complied with this legislation.

We looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, staff recruitment records, training records, newsletters, meeting minutes and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "I liked knowing they were coming; I didn't have to worry that I couldn't do things myself because I knew someone was coming to help me." Another person said, "They [the staff] made me feel safe, they never pushed me too far or asked me to do anything I wasn't ready to do." Other comments included, "I felt safe, they have a uniform and a badge and always introduced themselves so I knew who they were", "I felt safe knowing I was not alone and I didn't have to face things alone" and "I was always safe, in safe hands."

A relative we spoke with commented, "I live away; it was such a weight off my mind knowing someone was going in to help her." Another relative said, "They were marvellous, they made sure he was safe when they used the machines [moving and transferring equipment]."

People who used the service were protected from abuse and avoidable harm by staff who had completed safeguarding vulnerable adults training and knew how to keep people safe. Staff told us they were aware of what signs may indicate someone was potentially suffering from abuse. One member of staff said, "You can look out for things like unexplained bruising or just how people are round other people, if people change in someone's presence and if they seem withdrawn." Another member of staff told us, "If people are being neglected then they may look thinner, they might not have any energy if they are not eating properly and their clothes could be loose." Staff told us they were confident any episodes of potential abuse or poor care they reported would be investigated by the registered provider.

The registered provider had a 'whistle while you work' policy in place that informed staff of their obligation to report any poor care they witnessed or became aware of. A whistle blower procedure was displayed on the staff notice board so staff had access to it. A member of staff told us, "I haven't seen anything bad whilst I've worked here but I would not hesitate to blow the whistle."

Risks were managed so that people remained safe. A risk assessment of people's homes was undertaken at the commencement of the service to highlight any possible risks staff needed to be aware of. A referral was also made to the local fire service so they could visit the property and offer advice and guidance to manage any identified risks. Details of who lived in the property and their abilities were recorded so effective support could be provided in the event of a fire. The assistant homecare manager told us, "We discuss any issues within the property with the client, explain the risks and encourage them to make safe choices."

Action had been taken to minimise known risks which helped to ensure people received the care and support they required safely. Risks assessment had been created in relation to malnutrition and dehydration, personal hygiene, medication, mental capacity, moving and transferring and aggression. The risk assessment included a description of the risk and provided guidance to enable staff to ensure the risk was mitigated.

Plans were in place to deal with foreseeable emergencies including, flooding, adverse weather conditions and heat waves. The assistant homecare manager told us, "Everyone has either a life-line [pendent device

linked to a call centre so people can call for help during the day or night] or an internal call system so anytime during the day or night staff will respond to them" and went on to say, "We use the [name of computer management system] so staff have access to the information they need when responding to an emergency."

Suitable numbers of staff were employed to meet the needs of the people who used the service. A homecare organiser told us, "Part of my job is to make sure the rotas are covered, sometimes it can be difficult but we always manage to get it done." Staff we spoke with informed us that they were not put under pressure to complete a high number of calls. One member of staff said, "We get asked every now and again if we can cover if someone has rang in sick but there is no pressure if you say no." Another member of staff said, "I don't think we have any staffing problems, we work in pairs after 8pm; there is enough of us."

Prospective staff were recruited safely in-line with the registered provider's recruitment policy. We looked at recruitment records for four members of staff and saw before prospective staff were offered a role within the service and number of checks were carried out. The applicant had to complete an application form, which was reviewed by the registered provider's human resources department to ensure people had the necessary skills and abilities to carry out the role. An interview took place, references were requested and a DBS [disclosure and barring service] check was carried out. A DBS check is completed to determine whether an individual holds a criminal conviction which may prevent them from working with vulnerable people.

The service utilised the Hull City Councils universal medication policy and ensured staff had completed relevant medication training as well as having their competency assessed before they administered medicines. The assistant homecare manager explained that people's abilities to self-medicate were assessed before they returned home. If people required support to take their medicines this was undertaken by the service. A person who used the service told us, "They do help me with my tablets; I get confused about when to take them."

Records showed as part of spot checks and reviews people's medication administration records were checked by senior staff and management to ensure they were completed accurately without omissions. The assistant homecare manager told us, "We want to provide a high standard of care so the staff know they have to report things. For instance, when staff see another member of staff has not given someone their medication properly they have to ring the office so we can advise them what to do."

Is the service effective?

Our findings

When we asked people if they thought the staff who supported them had the skills and experience to meet their needs; we were told, "They [the staff] all knew what they were doing, I had no concerns about that", "They all knew how to use the equipment and they knew when to encourage me and when I had had enough", "They were very professional and very knowledgeable", "I am very independent but they supported me really well; they never made me feel daft", "They were all marvellous; honestly" and "You couldn't find better [staff], I can tell you."

People also told us that their consent was gained before care and support was provided. One person commented, "Oh no they wouldn't do anything without my say so, they always explained what they wanted to do and we did things together." A second person said, "They just asked what I needed help with and if it was ok for them to do it." A third person told us, "My son helps me with anything like that, he signed all the paperwork and helps me with any decisions. They spoke to him about the help I needed."

We looked at staff training records and saw staff had completed training which the registered provider considered to be essential, this included moving and transferring, first aid, safeguarding, medication, infection, prevention and control and food safety. Staff also had access to the Hull City Councils training diary so they could undertake further training as required. The assistant homecare manager told us, "We tell people at the interview stage if they don't have an NVQ [National Vocational Qualification] level two when they start we expect them to work towards it."

The assistant homecare manager told us, "When we recruit we tend to do it for a number of roles, staff attend an induction where our policies and procedures are reviewed and everyone gets booked onto their mandatory training" and "New staff shadow more experienced staff until they are confident they know what they are doing, we complete spot checks to ensure staff have the skills they need before they work independently."

Records showed staff received appropriate amounts of supervision, one to one support and mentorship. Supervisions and group supervisions were conducted on a four to six week cycle. Personal and professional development [PPD] sessions were held bi-annually and provided staff with an opportunity to reflect on their abilities and look at ways of developing the skills.

Staff had the skills to communicate with people effectively. Staff we spoke with informed us of the non-verbal methods of communication people used. One member of staff said, "We have some clients who don't have English as their first language but we always get by, you learn to work together, I use hand gestures and show things to people so they can let me know what they want." Another member of staff told us, "We use picture cards to communicate with one person and have had non-verbal clients who can understand what we are saying and write their answers down."

Staff understood the importance of gaining people's consent before care and support was provided. During discussions staff told us the different ways of gaining people's consent and what action to take if they

believed someone lacked capacity. We were told, "If we think anyone is struggling and may have issues with capacity we inform the homecare organiser. They contact the social workers and an assessment is done." We saw evidence to show people had provided their consent to the support they were receiving and to share their information with relevant professionals as required.

A member of staff told us, "Even if people don't have capacity and need their family to help them with decisions they can still make some choices. I always get people to choose what they want to wear and what they fancy for lunch, all the people we help can make those decisions." Another member of staff said, "Getting consent is easy, you 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, 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. For people in the community who needed help with making decision an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection no one who used the service was deprived of their liberty or under a court of protection order.

We saw evidence to confirm people received support from a range of healthcare professionals including district nurses, occupational therapists and GP's. The assistant homecare manager said, "We involve other professionals when we need to. We contact telehealth to get people the life-line pendants. Our staff found one person was sleeping in her armchair [at night] so we arranged for an assessment to be done by occupational therapists to get her a profiling bed."

People were encouraged to eat healthily and drink suitable amounts to meet their needs. A member of staff said, "We always try and encourage people to eat the right things but we are tied by what's available in the house." A second member of staff commented, "I always leave people drinks out so they know it's there if they want it." We saw when concerns regarding people's nutritional intake were recognised appropriate actions were taken, such as implementing food and fluid charts.

The assistant homecare manager told us, "We don't have to make too many referrals to dieticians or SaLT [speech and language therapists] due to the nature of the six week service. We do get asked to monitor people's dietary intake if there were concerns before they went into hospital."

Is the service caring?

Our findings

People told us they were supported by caring staff. One person told us, "I always looked forward to them coming to see me, they always turn up with a smile, we have a giggle and it's some company for an old lady like me." Another person said, "They were all lovely girls, very kind, full of encouragement. They were a great help" and "They always put a smile on my face." A third person told us, "Not just the girls who come to see me but the office staff as well, they came to see me in hospital and got things moving and got me back home again, I will always be grateful to them."

A relative we spoke with said, "They were great with him, they always talked to him and never at him and always made time for a chat." Another relative told us, "It wasn't the things they did, it was the way they did them that impressed us. Mum takes her own tablets, she doesn't have help but they always checked with her that she had them, you know just making sure she was ok."

People were supported to maintain their independence. A member of staff we spoke with said, "Helping people become independent again is what we are here for, the service is designed to re-enable people. My job is about encouraging people, not doing things for them." Another member of staff told us, "We support people for a short period of time so we make sure people work with us. If they want a sandwich I say come on then, you butter the bread while I get things out the fridge, if they want a cup of tea, I say you get the milk while I put the kettle on" and "With a smile and some encouragement it's amazing what people can do." The assistant homecare manager told us, "We have a re-ablement unit where people who need to rebuild their confidence and skills can go for up to six weeks. It has everything people need to gain the skills they need from cooking to using the bathroom and completing their own personal care."

People were treated with dignity and respect by staff who recognised the importance of treating them as an individual. A member of staff we spoke with said, "We are going in to people's homes so we have to respect how they choose to live their lives" and "I always knock on people's door and call out as I go in so they know I am there." Another member of staff told us, "I cover people when I am supporting them with personal care, if they are washing their top half I cover their bottom half and vice versa." Other staff said, "I make sure doors are closed when I provide personal care and I have their clothes on the bed ready so they aren't stood around half naked", "I always introduce myself and ask what the client prefers to be called" and "It's really important to listen to people, we are there to re-enable them, some days they can do more than others and we have to respect they know how they feel."

The service created newsletters that were sent to people who used the service. We saw that a running theme focused on 'dignity in care' and stated, 'The people we care for are supported to make a positive contribution to all aspects of their daily life and are encouraged and supported to make decisions about the care that is provided. This harvests the potential for maximizing the person's level of independence, choice and control over the service that they receive.' This helped to identify the service's ethos and ensured people were supported appropriately.

People's care plans contained information regarding their preferences for how care and support was to be

delivered. The assistant homecare manager told us, "We take certain pieces from the care plan and build a person centred profile for people." The profiles we saw contained information regarding people's family life, where they grew up, where they went to school, their hobbies and interests and employment history. This information provided staff with valuable insight in to the person they were supporting which enabled them to engage people in a meaningful way. However, we saw some people's profiles contained more information than others. We highlighted this to the assistant homecare manager who told us they would ensure this information was captured more consistently. A member of staff told us, "The care plans are really good, they give us the information we need to support people in the way they want to be supported."

Systems were in place to ensure people's private and confidential information was held securely. The assistant homecare manager said, "Data protection is covered during staff's induction" and "Lots of the staff have done confidentiality training, there is a policy for staff to refer to." A member of staff said, "What happens at work stays at work." Another member of staff said, "We all know the importance of confidentiality, we are in and out of people's homes, we learn lots of private things and would never discuss them out of work." The assistant homecare manager explained, "We have paper copies of people's care plans in the office but all of the information is backed up so it can be accessed remotely and the information is held securely."

Is the service responsive?

Our findings

People who used the service or those acting on their behalf confirmed they were involved in the on-going planning of their care. One person said, "You have a two week review and a five week review. I met lots of people and they all made sure everything was spot on." A second person told us, "I asked for some things in my review, I wanted a bath hoist and they got onto it straight away."

People told us the service responded appropriately to their needs. One person said, "They do listen, I have got better and better and can do most things myself now, I asked if I didn't have to have the same support as before and I am down to just once a day now, they just help me in the morning." Another person said, "I didn't want their help at first but on top of everything I got ill, the girls made sure I had everything I needed and really looked after me when I needed them."

People told us they knew how to complain and were provided with the registered provider's complaints procedure at the commencement of their service. A person who used the service said, "I would speak to the manager if I needed to complain." Another person said, "You get information about who to contact [to make a complaint] in the pack." A relative we spoke with explained, "We did have one concern which we raised. It was dealt with very quickly." Another relative said, "I can't grumble about the service, they have been first class."

People or their appointed representative were involved with their initial assessment. The assistant homecare manager explained, "Typically people are assessed in the hospital by a consultant or a consultant and a physio or occupational therapist" and "The social worker will then produce an initial care plan; our homecare organisers review the information and produce plans to meet all of people's needs."

People were provided with the opportunity to contribute to the planning and delivery of their care during their reviews. We saw that during the six week re-enablement package people received a two and five week review. The reviews provided people with an opportunity for people to comment on the care they received and request any changes or adaptations to their support package. The assistant homecare manager told us, "We invite physios and occupational therapists to people's reviews if we think it's necessary. If it will be beneficial for people to have moving and transferring equipment, or grab rails installed we invite them to the reviews and sometimes chase them up to make sure people get what they need."

People were supported to follow their interests and take part in social activities when possible. The assistant homecare manager told us, "If in people's reviews or just through conversation people say they miss doing something we try and help where we can. The council has just created a 'see and solve' team they can support people to access things in the community or attend day centres."

The registered provider had a complaints policy in place at the time of the inspection. The policy was provided to people at the commencement of their service in the 'service user guide'. It provided information regarding the ways people could raise complaints including formal and informal methods. A comments system was also operated by the service to enable people to provide positive feedback.

We saw that when complaints were received they were investigated appropriately and used to develop the service when possible. A member of staff said, "We get a lot of compliments but not a lot of complaints. Some people do have a moan and a groan; we just listen and if we can do anything to help them we will."

Is the service well-led?

Our findings

People who used the service told us they thought it was well-led. One person told us, "I think it's a cracking service, they have helped me feel like me again." Another person commented, "It is a really good service, they all do a good job, all of them, the ones who come here and the ones in the office."

At the time of our inspection the registered manager was not working in the service. The CQC had received a 'statutory notification about the absence of a registered individual for 28 or more consecutive days' to inform us of this. The obligation to inform the CQC of notifiable events was completed by the assistant homecare manager in the absence of the registered manager.

Staff told us the management team were fair, approachable and supportive, their comments included, "[Name of the assistant homecare manager] is doing a great job, she is pretty much doing her job and the [registered] manager, she is great", "The managers have an open door policy, we can speak to them at any time, all the office staff do a really good job", "It's a great place to work, we are all a team and we all support each other" and "I think [name of the registered manager] and [name of the assistant homecare manager] are brilliant, we couldn't ask for better."

We saw that team meetings were held regularly. The assistant homecare manager told us, "We have healthcare organiser meetings every two weeks, they then have meetings with their individual teams and we have a full team meeting twice a year." We saw evidence to confirm this and noted meetings were used to discuss changes to the service, updates to best practice and ways of working as well as providing staff with an opportunity to shape and develop the service.

The assistant homecare manager told us, "I have had fantastic support since the registered manager has been off. I have regular supervisions so I can discuss anything that comes up and I attend a vulnerable adults review panel where I can discuss any issues and get advice" and went on to say, "I have support from the Hull City Council operations manager and can go to the assistant city manager if I need to."

Processes were in place to support the management team and ensure appropriate action was taken when incidents occurred. The assistant homecare manager told us, "I review all of the incidents and then forward it on to the health and safety officer. They will review what I have done, investigate if necessary and then feedback any actions we need to take." This helped to ensure decisions regarding the health, safety and welfare of people were made appropriately.

Innovation and the delivery of quality care was encouraged and recognised. We saw that the staff newsletter was used to inform staff of compliments and positive feedback that had been received from the people they supported and their families

The service had a quality assurance system in place that consisted of questionnaires, audits and spot checks. We saw evidence that people's care plans were assessed and audited during the reviews that took place at weeks two and five of people's six week support. Changes were made as required to ensure people

received the support and assistance they required. Audits of staff training, supervision and sickness were also carried out periodically. The assistant homecare manager explained that the registered provider's business support team collated the quality assurance information and ensured that action was taken to rectify shortfalls and improve the service as required.

Spot checks on staff were carried out at random and twice a year as a minimum. We saw the spot checks ensured staff provided care and support in line with people's care plans, used personal protective equipment as required, arrived on time and in uniform and their professionalism. The staff we spoke with confirmed they have been spot checked on numerous occasions. This helped to ensure that people received the care and support they required consistently.

The service's approach to quality was integral. The assistant homecare manager said, "I have done the Care Act training and Care Act compliance is discussed at the managers' meeting every week" and went on to say, "We have training run by the council so any changes to legislation we are made aware of and receive training."