

Hidmat Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hidmat Care Ltd is a domiciliary care agency providing personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 39 people who received packages of support which included personal care.

People's experience of using this service and what we found

Further improvements were needed to ensure effective quality assurance checks of some key areas of the service. The registered manager had good practical oversight of the running of the service and was aware of the improvements needed. During the inspection they introduced new processes and created an action plan to prioritise and track progress.

Since the last inspection improvements have been made to risk assessment and care planning processes. People received safe care which was assessed, monitored and regularly reviewed.

Improvements had been made to recruitment checks undertaken before people commenced work. People received care and support from a consistent staff team as far as possible. Carers normally arrived on time and stayed for the correct length of time.

When people required support to take their medicines, assessments set out people's needs and preferences. Staff followed good infection prevention and control practices and used personal protective equipment (PPE) including masks and gloves.

Accidents and incidents were recorded and followed up appropriately. Lessons were learned and shared when something went wrong or an area for improvement was identified.

Care plans included information about people's support needs and preferences. Staff received an induction and training for their roles.

Where required, people were supported with their eating and drinking needs. The management team worked with health and social care professionals to maintain people's health and welfare.

Staff understood and followed the principles of the Mental Capacity Act and sought consent, offered choice and supported people make decisions about their care.

The registered manager was well thought of and available, confirmed in feedback from people, relatives and staff. People were confident any arising problems or issues would be resolved in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2020) and warning notices were issued to give the provider a short time to make improvements in the areas of people's safe care and treatment and governance of the service. Since then we undertook a targeted inspection to follow up on those specific issues, but that inspection did not give a rating (published 29 May 2021). There continued to be breaches of regulation in the same areas.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about call times and the length of visits. A decision was made for us to inspect and examine those risks.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hidmat Care Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hidmat Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the office on the first day of the inspection, and made phone calls to staff on the second day.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from two local authorities and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the

information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 9 people and 3 relatives about their experience of the care and support provided. We spoke with the nominated individual who was also the provider. We spoke with and/or received email feedback from 7 staff which included the registered manager, care supervisor and care staff. We received feedback from a professional who was familiar with aspects of the service.

We looked at aspects of care records for 7 people and 3 medication records. We reviewed a range of documentation relating to the management of the service including training records, meeting notes and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we did not rate this question. At the previous inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to consistently assess the risks relating to the health safety and welfare of people. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Since the last inspection improvements had been made to risk assessments and safety monitoring. Care and risk support plans covered known risks to people, for example falls, pressure wounds and moving and handling equipment. Staff had clear guidance on how to deliver care which reduced risks and kept people safe.
- Risk assessments and support plans were reviewed regularly or when a change happened. For example, we saw a person's skin care risk assessment and care plan was updated to reflect a higher risk of skin damage when their health declined and they spent more time in bed.
- One page grab sheets were available in people's care records. These provided key basic information about a person which could be handed over to health professionals if someone was taken to hospital.

Staffing and recruitment

- Improvements had been made to recruitment processes. Checks were carried out before staff started work which included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received care and support from a consistent staff team as far as possible. One person told us, "I do get constancy with my carers mostly so that makes me feel safer. They always phone if they're going to be a bit late, which isn't very often." A relative said, "We know most of the carers now who are fairly regular and reliable for us. They've never missed a session."
- Staff stayed with people for the correct length of time to ensure their care needs were met. One relative said, "We have no issues with timings, they're fine." Another told us, "The carers call on time, only the odd times they are a bit late. Their time keeping is fine."

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. One relative told us, "Yes [family member] is safe, we're very happy with the

service."

- The provider had systems in place to safeguard people from abuse and were aware of how to follow local safeguarding protocols when required.
- Staff received training to recognise abuse and protect people from the risk of abuse. Safeguarding was discussed with the staff team and information was available on how to report any concerns.

Using medicines safely

- People received their prescribed medicine safely. Where people received support to take their medicines, assessments set out clearly the level and frequency of support, and how people preferred to take them. During the inspection further details were added to staff guidance for medicines which some people took 'as needed'.
- Staff received training in medicines administration and also had their competency checked to ensure good practice was followed.
- Medicine administration charts were recorded on an electronic system which could be monitored and reviewed easily by senior staff in the office. We saw that any gaps in MAR charts were identified and followed up during regular checks by senior care staff.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) to keep people safe. This included masks, gloves, aprons and hand sanitiser.
- Staff received training in the prevention and control of infection and how to use PPE safely. Spot checks took place by the management team which included checking staff use of PPE.

Learning lessons when things go wrong

- Staff followed processes and took appropriate action when an accident or incident occurred. One member of staff told us about the action they took when a person had a fall at home. We saw records were completed to follow this up which included considering any measures to reduce the risk of the same thing happening again.
- The registered manager had good knowledge of the accidents and incidents which had taken place. Any lessons learned were shared and discussed with the staff team which helped keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last time we inspected this key question we gave a rating of requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before any care was agreed and delivered. This ensured suitably trained staff were available to meet their needs.
- Care plans included information about key areas of people's support needs and preferences. People's personal routines and tasks to be completed during each care visit were set out in detail. Care reviews took place regularly involving people and their representatives where appropriate.
- Care plans and daily records included information about people's oral care support needs. For example, teeth or denture care. The registered manager agreed this area of care planning could be developed further by using an oral care assessment to ensure all aspects of mouth care were considered and met.

Staff support: induction, training, skills and experience

- Staff received an induction programme which included training, one to one supervisions and time spend shadowing experienced care staff. One relative told us, "They couple up a new carer with an experienced one so they can learn what's needed. I believe staff are well enough trained."
- An electronic chart was used to track and monitor staff training to ensure all staff remained up to date with mandatory and refresher training. During the inspection the registered manager arranged refresher and additional training for staff in some areas to strengthen their skills and practice. For example, pressure area care, dementia awareness and epilepsy.
- Staff received one to one supervision with a senior member of staff. This gave the opportunity for staff to discuss their own development or any support needs.

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

- Care records included information about people's nutritional needs. Where support needs were identified, staff supported people to ensure they ate and drank what they wanted in the way they preferred.
- Feedback confirmed people received appropriate support from staff. One relative told us, "They prepare [family member's] meals like lunches and snacks." A person told us, "They make my food well so that's good."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked in partnership with health and social care professionals to maintain people's health and welfare. For example, social workers, occupational therapists and district nurses.
- The registered manager and staff team worked flexibly to ensure people's health and care needs were

met. One relative said, "They're flexible so if we have a session with physiotherapy we can let them know and they will change times to work with us. Like if there's an overlap they are always flexible."

- People's health and welfare needs were well supported. One health professional told us about effective joint working with the registered manager to support a person move back into their own home in line with their wishes. This included ensuring all necessary equipment was in place to facilitate this smoothly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans and daily records showed staff understood and followed the principles of the MCA.
- People's consent to their care and support plans was included in their care records.
- The registered manager was in the process of completing mental capacity assessments for people where they lacked or had fluctuating capacity to make some specific decisions.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there was effective systems and processes to monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made since the last inspection, but further strengthening was needed to ensure effective systems were in place to assess, monitor and review all key areas of the service. This included oversight of staff files, care files and training records to ensure any issues or gaps were identified and actioned. The new processes needed to be embedded and sustained over time.
- During the inspection the registered manager introduced new checks to ensure improved managerial oversight. For example, spot checks of the audits undertaken by the care supervisor of people's medicine and care records.
- People and relatives were confident any arising issues would be addressed in a timely and appropriate way. One person told us, "If I have any problems I can talk to the management and they will sort it out." Another person said, "I like the management and they're easy enough to get hold of if I need them."

Continuous learning and improving care

- The registered manager was aware of all areas which required strengthening and further improvement. They created an action plan during the inspection to assist with recording, monitoring and reviewing progress in these areas.
- The times care staff arrived and left people's homes could not be accurately overseen and a new system was due to start imminently. This would need time to be tested and embedded into practice. The new system would support people and staff with any arising issues about call or travel times and assist with effective call planning and monitoring.
- Since the last inspection the registered manager had implemented a range of improvements to the planning, delivery and review of people's care. This led to people's needs and risks being reviewed regularly and met safely.

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

- The registered manager and staff team strived to deliver good quality care to people in their own homes. Quality review visits were undertaken, along with annual reviews, to review all aspects of the care provision and identify where any improvements were needed.
- Staff put people at the centre of the service and provided good quality care focussed upon people's care and support needs. One staff member said, "[Staff] look after people like their own family. I get happiness from helping others". A person told us, "I can't get out any more so depend on them to help me which they do really well. They really do go the extra mile for me and are very kind people."
- Staff told us they were happy working at the service, thought the team worked well together and felt supported by senior and management staff. One staff member said, "It's a great company to work for," and another stated, "I really enjoy working for Hidmat Care. My job enables me to work around my family which was really important to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The registered manager planned to distribute staff feedback surveys shortly to gain staff views on all aspects of their work at the service. They were considering how best to do this as a previous survey received limited response.
- Staff told us communication with the staff and management team was effective. Regular use of a WhatsApp chat group ensured information was cascaded promptly when needed. For example, during the inspection we discussed an issue around medicines with the registered manager. They immediately sent a message to all staff with a request they read and refresh their knowledge of a particular policy.

Working in partnership with others

- The registered manager and staff team worked with health and social care professionals involved in monitoring and providing care and treatment for people using the service.
- The registered manager and provider were supportive of the inspection and were open and transparent about areas which required strengthening. The registered manager responded immediately when any issues were identified and was keen to take on board any suggestions for improvement.
- During the inspection the provider purchased an upgraded electronic system. This would lead to further opportunities to improve ways of working and support continued improvements within the service.