

Hibiscus Housing Association Ltd

# Hibiscus Domiciliary Care Agency

## Inspection report

46 Yew Street  
Wolverhampton  
West Midlands  
WV3 0DA

Website: [www.hibiscus-housing.co.uk](http://www.hibiscus-housing.co.uk)

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Hibiscus Domiciliary Care Agency provides personal care and support to people who have learning disabilities, physical and mental health needs. People receiving support lived either in the community or at Hibiscus House. At the time of our inspection 13 people received support with personal care.

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

People were not always supported by staff who had been recruited safely and new staff did not have access to training to meet people's needs. This meant people may not have been supported by staff in the most safe and effective way. We have asked the provider to take action to ensure that people are supported by safely recruited and trained staff.

Quality assurance tools were not being used to effectively identify areas of improvement required within the service. This meant we could not be assured lessons were learned when things went wrong. We have asked the provider to take action to ensure the quality of the service is monitored and improvements are made where required.

People were not always supported to receive their medicines safely and medicines records were not accurately completed. This meant we could not be assured people were receiving their medicines as prescribed. We have made a recommendation about staff training and recording of medicines.

Overall people were supported in the least restrictive way possible and in their best interests and the systems in place to support this practice.

People were supported by staff who knew them well. Feedback about staff was positive and people told us staff were caring. People were supported to maximise their independence and maintain relationships within their community.

Staff knew how to raise concerns if they suspected people were at risk of harm or abuse. Staff reported concerns about changes in people's care needs to the registered manager.

People's needs were assessed prior to them receiving care. The provider involved people, their families and professionals in reviews of care where people's needs changed. The provider supported people to plan for their end of life care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (published 1 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the 'Safe', 'Effective' and 'Well Led' sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Following the inspection the provider sent us evidence of improvements they had made. We have included this within the 'Effective' section of this report.

The overall rating for the service has changed from Good to Requires Improvement. 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 Hibiscus Domiciliary Care Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to the management and oversight and training and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

**Requires Improvement** ●

# Hibiscus Domiciliary Care

## Agency

### **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of two inspectors.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

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

Inspection activity started on 3 June 2019 and ended on 7 June 2019. We visited the office location on 4 June 2019.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

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

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and care workers.

We reviewed a range of records. This included five people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Whilst people told us they received their medicines as prescribed, records relating to medicines were not always accurate. A sample of the medicines records we looked at had missing signatures and no information to show whether the person had been supported with the medicines or declined and the actions taken following this. Errors in medicines recording had not been reported by staff to the registered manager. This meant we could not be sure people had received these medicines or that staff understood their responsibilities in relation to managing medicines safely.

We recommend the provider considers current best practice guidance for managing medicines for people receiving social care in the community and take action to update their policy and practice accordingly.

### Staffing

- People and relatives told us there were enough staff to meet their needs although at times they felt rushed. One person said, "Some rush me as they don't have enough time."
- People were supported by a small staff team. One person said, "I have regular carers that help me." The registered manager told us they covered care calls to avoid disruptions to people's care during periods of staff leave.

### Learning lessons when things go wrong

- Lessons were not always learned when things went wrong as staff had not reported errors in medicines recording and medicines records had not been reviewed by the registered manager.
- There was an accident and incident procedure in place. The registered manager involved health and social care professionals to review people's care following incidents occurring.

### Preventing and controlling infection

- Staff understood their responsibilities for maintaining standards of infection control.
- Staff had access to protective equipment such as disposable gloves and aprons when they were supported people with personal care needs and to preparing meals.

### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place and staff knew how to raise concerns about potential abuse. One staff member told us, "[Staff] protect people from abuse. I would report it to the [registered manager] or

social services."

- During our inspection we raised concerns on behalf of a person using the service. The registered manager acted promptly to investigate these concerns.

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place which were reflective of their needs. For example, when people were at risk of financial abuse there was clear guidance for staff on how to support them to access their finances.
- The provider had a flexible approach for managing potential risks to people. One professional told us, "Staff are very conscious about people's particular vulnerabilities and are flexible in their approach."

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement .

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- There was no system in place to ensure staff were trained for their role. Whilst some staff had previously received training there was no recent records of formal training and no system for monitoring when training needed to be updated. For example, some staff had not received training in key areas such as infection control.
- New staff shadowed more experienced members of staff when administering medicines however had not received any formal training relating to medicines. We could not be assured staff had an understanding of their responsibilities in relation to medicines as they were not always following these. For example, staff knew to raise gaps in the medicines records with the registered manager however were not always doing so.
- Staff received competency checks on aspects of care such as medicines however these had not always identified areas of improvement required.
- There was no evidence of a formal induction being completed with new staff. Some staff had received training from previous employers which the provider informed us had been taken into account on their appointment. We could therefore not be assured that new staff understood their role and how to support people in a safe and effective way.

We found no evidence that people had been harmed however, systems were not in place to ensure that staff received induction and ongoing training. This placed people at risk of harm. This was a breach of regulation 18 (2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns around training after the inspection. They confirmed all staff had been booked onto training such as safeguarding and medicines management to support them to offer safe care to people.

- Staff received support within staff meetings and supervisions to make improvements to their practice. One staff member told us, "In staff meetings we talk about mistakes and review people's care."

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

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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 had the appropriate legal authority and were being met.

- The principles of the MCA were not always followed. One person was at times being deprived of their liberty. The registered manager had not completed capacity assessments or an application to the Court of Protection in relation to this person.
- We saw the registered manager had considered other people's capacity and assessments had been completed in relation to people's finances. People had signed during their assessment to consent to their care.
- Staff had an understanding of the legislation relating to MCA.

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

- People's needs were holistically assessed prior to and during people receiving care. People's care assessments were comprehensive and considered aspects of their care such as mental and physical health care needs and personal preferences.
- People and relatives told us they were involved in the care planning and confirmed they received the support that was agreed. One relative told us, "We are very involved. We meet with the manager and health professionals regularly."

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

- People were supported to prepare and eat foods of their choice. One person told us, "I am watching my weight. [Staff] help me chose what I want to eat."
- People were supported to maintain a balanced diet. Care plans recorded what assistance, if any, people required during meals. One professional told us, "[Staff] cook with [the person]." This improved their sense of wellbeing and helped build relationships with staff.

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

- The provider had worked with other agencies including healthcare professionals to meet people's needs. For example, one professional told us, "They work with the person, their family and professionals. Any issues they are on the phone to me right away."

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

- People's health needs were recorded in their care plan and they were supported to have access to healthcare if required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who cared about their wellbeing. One relative told us, "Staff are really really good. This is a culturally appropriate placement- they understand his needs, his diet, his culture and his religion."
- Professionals gave positive feedback about the caring nature of staff. One professional told us, "The values and ethics of the staff are very good and the staff are very committed." Another told us, "Staff have a very calm manner. I cant speak highly enough of [staff], because of seeing [the person] thrive. They trust [staff] and feel understood."

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

- Care plans contained information about people's routines, culture, hobbies and communication methods.
- People had access to advocacy services to support them to make decisions regarding their care.
- People, relatives and professionals told us they generally had the same staff which came at a time which suited the person. One professional told us, "[Staff] are flexible and [the person's] quality of life and vastly improved due to them offering tailored, flexible care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. People told us staff covered them with towels during personal care and closed the doors and curtains.
- People were encouraged to remain independent where possible. People's care plans made reference to what people were able to do for themselves. One staff member told us, "I close the door only wash [person's] back and give them a towel to dry themselves."
- Staff maintained people's confidentiality and understood the importance of this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew the people they looked after well and provided support to meet their diverse needs.
- The registered manager gave us numerous examples of how people's individual cultural needs and personal preferences were met. For example, people were supported to shower at times which suited them and supported to oil their skin and hair.
- The provider supported people to maintain links within their community. For example, a priest visits the supported living facility weekly to offer people unable to access their church a service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported with a variety of communication needs. People had been referred to speech and language therapists where required and staff followed guidance on how to communicate with people in their preferred way.
- People were supported to understand information given to them by the staff. The registered manager told us staff would take time to read information to people to support their understanding.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns. One relative told us, "If I had any concerns I would go to the manager."
- The provider had a complaints policy in place however had not received any complaints since the last inspection.

End of life care and support

- People and their families were supported to plan for their end of life care. One relative told us, "We have been able to make a funeral plan with [the person]. [Staff] ensured this was culturally appropriate and [the person] was involved. They understood the importance of this and supported us all. It wasn't a taboo subject." This enabled people to make informed decisions about the end of their life and the support they received.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

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

- The provider had quality assurance tools in place however advised these had not been used within the last nine months.
- The provider was unable to provide us with evidence of any recent care plan audits and had no system in place for routinely reviewing care. For example, whilst people's care needs were reviewed alongside their families and other professionals when their needs changed; there was no system in place which reviewed people's care needs routinely. This meant some people's care had not been reviewed for some time. For example, two people's care plans had not been reviewed since 2017. We could therefore not be assured people's care plans were up to date and always provided in a safe and effective way.
- Medicine's records were incomplete and not completed accurately. The provider advised they had completed spot checks however these had not been effective at identifying errors and improving staff's practice. There were no medicines audits being completed at the time of our inspection. This meant we could not be assured people were receiving their medicines safely by staff that understood their responsibilities in completing accurate records.
- Staff files were incomplete and did not contain evidence of induction, references being obtained and ongoing training. There was also no system in place for monitoring training. This meant we would not be assured that staff were recruited safely and had the appropriate skills to meet people's needs. We raised this with the registered manager and they provided information following the inspection of future training dates for all staff.
- The provider had policies and procedures in place however informed us these were not yet embedded into practice. This meant people may not be receiving care which is reflective of current best practice guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the registered manager sent notifications to the Care Quality Commission (CQC) and relevant authorities as required.

#### Continuous learning and improving care

- Although we saw some evidence of care being reviewed and improved; as systems and processes were not in place to ensure the quality of the service we could not be assured that the provider continuously learned and improved care.

#### 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 had an understanding of their responsibilities in relation to the duty of candour however as quality assurance audits were not being completed to identify where things had gone wrong we could not be assured the duty of candour requirements were met.

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

- People and their relatives we spoke with offered positive feedback about the registered manager. One relative told us, "[The registered manager] knows [my relative] well. They understand how to speak to them."
- Feedback from professionals we spoke with was consistently positive. One professional told us, "The [registered manager] is very very approachable and their communication is good. They let us know if things change."
- The registered manager was open with us about areas of the service which required improvement and wanted to make positive changes to improve people's outcomes.

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

- The provider sought feedback from people and families during their care reviews and tenants meetings. The provider also sent feedback surveys to people six monthly however no recent surveys had been returned.
- Staff were given the opportunity to offer feedback during staff meetings however staff we spoke with told us they would speak to the registered manager before this should they need to. One staff member told us, "I would call [the registered manager] if I need anything. She is very hands on."

#### Working in partnership with others

- The provider worked in partnership external professionals to meet people's changing need. The registered manager worked with community groups to support the growth and continuity of the service provided.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance audits were not being completed to identify areas of continuing learning and improvement. Records relating to medicine were incomplete or not completed accurately and audits had not been completed to identify this. Medicines competency checks which were completed had not effectively identified areas of learning required. People's care plans were not being routinely reviewed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff files were incomplete and there was not always evidence of references being obtained. There was no evidence of staff receiving a formal induction. Staff training was not up to date and not being monitored.</p>