

HICA

# HICA Homecare - Grimsby

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

HICA Homecare - Grimsby is a not for profit domiciliary care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides personal care to people living in their own homes. At the time of our inspection, the service was predominantly supporting older people, including people living with dementia. Care and support was co-ordinated from the agency's office, which is based in the Humberston area of Grimsby. At the time of the inspection, 315 people were receiving personal care from the service.

The service had a registered manager in post at the time of our inspection. 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.

At our last inspection of this service in June 2016, we gave the service a rating of 'Requires Improvement' as the provider needed to make some improvements to aspects of recording and quality monitoring. At this inspection, we found improvements had been made and the rating has improved from 'Requires Improvement' to 'Good.'

People were encouraged to manage their own medication if they were able to. When assistance was required to ensure people received the correct medication, appropriate levels of support were provided by staff that had been trained to carry out this role. Improvements had been made with the standard of recording for some teams of staff and the registered manager was taking action to ensure the recording was consistent across the service.

People were protected from harm or abuse because staff had received training on safeguarding adults and were confident they could recognise any signs of abuse and knew how to report it. Risks to people's health and safety had been assessed, and measures put in place to minimise any risks where possible. Staff followed infection control procedures, wore personal protective clothing such as gloves and aprons and had ample supplies of these.

The service had a safe recruitment system in place. This enabled the provider to select staff that were suitable to work with vulnerable people. There were enough staff to safely provide care and support to people. Staff received an induction which included mandatory training and shadowing experienced care workers.

Staff had received a good range of training relevant to their job roles and had regular supervisions. They told us they felt supported and were able to approach the registered manager with any concerns they might have. Staff understood the importance of respecting people's rights, offering choice and promoting independence. The staff we spoke with demonstrated caring values.

Care plans contained information on the health and social care support needs people had. People told us staff had talked to them about their preferences for their care, although we found some of this information had not always been incorporated into the care plans. This issue had been identified by the registered manager and was being addressed.

The service was operating within the principles of the Mental Capacity Act 2005. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some people required support to ensure they received adequate nutrition. Staff told us they would seek the guidance of healthcare professionals as required. They told us they would speak with people's families and inform the management team if they had any concerns about anyone's health.

We observed staff were caring, patient, courteous and kind when visiting people. They displayed warmth and a good knowledge of the individuals, with whom we saw they had a good rapport. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was tailored to meet individual needs.

Records of complaints showed the provider had promptly investigated and responded to formal complaints. Most people we spoke with told us they had been satisfied with actions taken by the service in response to any concerns, such as timings of calls and regular care workers, although this was not everyone's experience.

Communication across the service was improving and the majority of people who used the service, their relatives and support workers felt they were well-informed. Most people found office based staff responded promptly to any queries or requests they had. However, a small number of people told us phone calls to the office had been unanswered, which the registered manager was looking into. Staff consistently said they had received good support from the management team who were always available to give advice and guidance.

The management team worked closely with commissioning teams to ensure care packages were allocated and completed as agreed and that staff were supported to do this. They had also implemented a project to trial a new model of care, which was being rolled out throughout the service in January 2018.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through spot check visits, care review meetings and satisfaction questionnaires. We found the audit programme had been developed and strengthened and the registered manager was taking action to address any shortfalls identified.

## 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.

Improvements had been made to some medicine administration recording and action was being taken to ensure consistency throughout the service.

People were protected from harm and they received the support required to keep them safe and manage any risks to their health and safety. Staff followed infection control procedures, wore personal protective clothing such as gloves and aprons and had ample supplies of these.

People who used the service were supported by appropriate numbers of staff who had been recruited safely.

### Is the service effective?

Good ●

The service was effective.

Staff had received a range of training to support them to provide care that met people's needs and improvements had been made to ensure refresher training was up to date. Staff had received regular supervision.

People told us staff prepared food to their preferences and ensured they had drinks available. People were supported to access relevant healthcare professionals.

People's consent was gained before care and support was provided. The principles of the Mental Capacity Act 2005 were followed.

### Is the service caring?

Good ●

The service was caring.

We received positive feedback from people and their relatives who told us staff were friendly, kind and attentive.

Staff maintained the privacy and dignity of people and

supported them to be independent and make choices about their care.

People were involved in their care planning where possible and made decisions about their care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had care plans in place to meet their individual needs, although the quality of person-centred information was variable.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

There was a system in place to manage complaints and comments. Complaints that had been received were responded to in a timely manner with transparency and candour.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Since the last inspection the provider had strengthened the audit systems to improve monitoring of the quality of the service provided. Areas for improvement had been identified and action taken to address them.

The registered manager had a clear oversight of the service, and of the people who were using it. Staff were clear about their roles and responsibilities.

Systems were in place to gain people's opinion of how the service operated

# HICA Homecare - Grimsby

## **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 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.

This inspection took place on 4 and 5 December 2017. To make sure key staff were available to assist in the inspection, the provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. Two adult social care inspectors carried out the inspection with the assistance of two experts by experience, who spoke with 18 people who used the service and four relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the office, we spoke with the nominated individual, the operations manager, registered manager, two care coordinators, the quality assurance officer and six care and support staff. We visited five people and two relatives in their homes and also spoke with two members of staff who were in attendance during these visits.

Prior to the inspection visit, we gathered information from a number of sources. We looked at the notifications received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk for this service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also contacted the local safeguarding and commissioning teams for their views of the service.

CQC also sent 50 surveys to people who used the service to gain their views. Twenty people responded to the surveys and we have included some of their comments throughout this report. We also sent surveys out and received comments about the service from one relative, four members of staff and four healthcare professionals.

We looked at the care files of eight people and any associated daily records such as the daily care delivery

log and medicine administration records. We looked at a range of records relating to the running of the service such as staff recruitment and training, staff meetings, surveys, quality audits, complaints and policies and procedures.

## Is the service safe?

### Our findings

All the questionnaires returned to us prior to the inspection indicated that people felt the service they received was safe. This was confirmed by the people we spoke with as part of this inspection. They said they had never had any concerns regarding their physical, financial or environmental safety. People's comments included, "I feel very safe that they come and see me", "They look after me very well; I trust them and they haven't let me down. They always lock the door, they are good like that", "I always feel well-cared for and very safe with the staff; some of them have been coming for a long time" and "My carers are excellent, they make me feel very safe and secure."

Some people were managing their own medication, whilst other people required varying levels of support from staff. At the last inspection, we found that medicine administration records (MARs) were not always completed accurately, although daily records confirmed the medicines had been administered. We asked the provider to take action to make improvements and we found this action had been completed for some staff teams, but not all. The registered manager confirmed staff had received further training and direction, but they had recognised further work and improvements were needed to ensure all teams were completing the records appropriately. An action plan was in place to provide more training, staff competency assessments and closer monitoring of staffs completion of the MARs.

Staff had received training regarding keeping people safe from abuse and reporting any incidents appropriately. This topic was included during their induction to the organisation, followed by periodic refresher training. Staff demonstrated a good knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting on suspected abuse. There was also a whistleblowing policy, which staff were aware of. The registered manager had been open and transparent in raising issues with the local safeguarding team when required. Records showed concerns raised had been investigated thoroughly and appropriate action taken.

Risks to people were identified and plans were in place to mitigate these. Clear information was recorded about risks such as medicines, choking, falls and moving and handling. When equipment was in use such as stand aids and hoists, staff received training and instruction. Where people were living with dementia, staff understood the possible risks to their safety and how to support them to remain safe. The provider followed safe systems to ensure key codes to enable staff to access people's homes were held safely. We also saw there was a procedure in place to follow if staff were not able to gain access to a person's home when they arrived for a call.

Environmental risk assessments of potential hazards within people's homes were carried out by management prior to care staff visiting and included lighting, steps, the internal and external environment and pet animals that might be present. A lone working policy was in place and an on-call system was available to staff outside office hours to seek help and support. Plans were in place to deal with emergency situations such as adverse weather conditions, staffing issues or local incidents. The registered manager confirmed additional staff had been provided during the recent snowy weather and the work had been covered without any issues.

We looked at the records of accidents and incidents including all recent accident records related to staff. The registered manager confirmed this was correct and that no person who used the service had recently sustained any serious injuries or had any accidents whilst staff were providing support. Staff we spoke with were aware of procedures to follow in the event that someone had an accident or required medical assistance.

Staff were aware of good practice procedures in relation to minimising the risk of the spread of infection, such as through regular hand washing. People told us staff always carried personal protective equipment (PPE) such as gloves and aprons with them.

The provider had a robust recruitment process in place to help ensure staff were of suitable character to work with vulnerable people. We saw staff had completed an application for employment that outlined their previous experience and qualifications, and all staff had a minimum of two references on file. Members of staff had Disclosure and Barring Service (DBS) checks in place prior to them starting work with the agency. DBS checks show whether the applicant has any criminal convictions and help employers make safer, informed decisions about who to recruit.

Overall, the service employed enough staff to meet the needs of the people they were supporting. Records showed staff turnover had settled in the last three months. The registered manager said recruitment was always on-going to allow the service to continue to develop and grow. Staffing rosters were seen on the service's electronic system and we saw that support workers were generally given sufficient time to travel between visits. The registered manager confirmed they had recently completed a piece of work to ensure care workers were allocated to defined teams. The geographical area was considered and also the workers mode of transport when allocating clients, so they did not have to travel long distances between care calls.

With the very large volume of visits made to people there was an expected proportion of late calls, as on the odd occasion support workers were late to calls due to unforeseen circumstances. Support workers told us they might also be late to calls if extra ones had to be fitted in at short notice. The team leaders also provided support to cover calls due to staff absence. The majority of people we spoke with confirmed they were happy with the times of their calls, their care workers were punctual and if running late they were notified. Three people we spoke with said they were not happy with some of their call times. When we spoke with the registered manager, they were aware of the concerns and confirmed they were working with individuals to meet requests for call times, where possible.

The provider used electronic call monitoring to check whether staff attended calls and arrived on time. This involved staff using their mobile phones to scan a code when they entered and left people's properties. We saw compliance with care calls was met with 98% of calls in October and 95% in September 2017. Some people's care calls were 'time critical' due to them having to receive medicines at set times or having to receive support with meals due to health conditions such as diabetes. We saw the management team monitored staff punctuality for attending such calls. The registered manager confirmed they made all efforts to prevent any missed calls. Records and discussions with staff showed the registered manager always looked into the cause of these and took action to prevent reoccurrence.

People knew who to contact at the office if they had any concerns or queries. When the office was closed, calls were diverted to the organisations out of hour's response team who would deal with any issues or divert them to the local on-call person or team to address.

## Is the service effective?

### Our findings

At the last inspection in June 2016, we found significant numbers of new care staff had transferred to the service as part of the Local Authority re-tendering process and their training had not been up to date. Records showed the service had worked very positively throughout 2017 to make sure staff completed refresher training in line with company policy. Staff told us the training was of good quality and they received additional training and support if they didn't feel competent. Training records showed staff had received on-going training in a range of topics relevant to their roles. This included training in moving and handling, infection control, safeguarding, first aid, food hygiene, health and safety, dementia, managing behaviour that challenged, privacy and dignity and equality and diversity. In addition to this training, we saw staff were in the process of completing accredited vocational qualifications, such as diplomas in health and social care.

There was an induction process in place for new members of staff that incorporated the standards laid out in the Care Certificate. The registered manager told us all new staff completed at least two days shadowing with experienced staff. The Care Certificate is a set of minimum standards that should be covered for new care workers. Following the standards helps ensure any new care staff are competent to provide safe and effective care.

The regional manager confirmed training officers were now appointed to each branch which would improve staff access to training, especially with annual refresher sessions. The training officer for the service was in the process of completing their training certificate.

Staff told us they were well-supported, enjoyed their work and received regular supervision and appraisal. Records showed the supervision programme was maintained. Supervision allowed staff the opportunity to discuss any training needs with their line manager, along with any issues or concerns they wished to raise. The registered manager also used supervisions to provide feedback to staff on their performance and to offer support where any development needs were identified. Regular spot checks had taken place, where a senior member of staff attended a call to assess areas such as the care workers promptness, appearance, if they referred to the care plan and how they delivered the person's care and support. These visits had been documented and action points highlighted as and when necessary. These processes helped to ensure staff remained accountable and supported in their job roles.

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 interest 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 interest and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of

the MCA. The service had made one application to the placing authority in respect of restrictions on a person's liberty and this was awaiting assessment.

Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. People had signed care records, giving their consent to receive care in the way set out. Where people had appointed others to make these decisions for them, by way of granting lasting power of attorney, the registered manager had mostly ensured they had copies of these authorisations to ensure the service acted within the law. The registered manager confirmed the documents had been requested from relatives and those not yet provided, would be followed up.

Staff told us they would ask for people's consent before providing any support and would respect people's wishes. People we spoke with confirmed this. Comments included, "My views, likes and dislikes are always taken into to account" and "The carers always ask me about my support. Even though they visit me every day, they check out if anything has changed and I like that."

The health needs of people were supported. All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask them if they would like to see a doctor and call the GP. They would also inform the family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs, occupational therapists and district nurses were consulted where concerns had been identified.

Surveys returned to the Care Quality Commission by people who used the service told us 85% of respondents considered staff stayed for the agreed length of time and 100% considered staff completed all of the tasks that they should do during each visit. The survey findings echoed the comments we received from people during the inspection. People and relatives were complimentary about the standard of care provided and their comments included, "The staff know what they are doing; I'm very happy with everything", "The training seems consistent as the staff are good" and "The agency provides very efficient carers; they don't leave until they have done everything."

People were supported with eating and drinking in line with their assessed needs. Some people lived with their family or were independent and did not need staff to help with their meals, whilst other people needed varying degrees of assistance. People's files contained details about their nutritional needs, including information about their food preferences and any special dietary requirements. The registered manager described how monitoring charts were used to record people's intake if they were assessed as being at risk of not eating or drinking enough.

Staff described to us how they offered people choice and encouraged people to eat healthily. A care worker told us, "One person asks us to cook their supper most nights; they love their food. We have time and we like to do this." Staff also told us that between visits they left drinks and snacks within easy reach of people who could not get up and help themselves. During our visits, we observed staff supported people with their meals and drinks. One person had been supported to visit the local supermarket that day to purchase their food. We observed the care worker checked what the person was cooking that evening and that the food was accessible in the fridge. The person told us, "I like to eat fish most evenings and they check I know what needs eating up first; they are good like that." Another person said, "I like all my carers and they always ask me what I would like to eat and drink."

## Is the service caring?

### Our findings

We observed staff were polite and courteous during our visits to people's homes. They knocked on doors before they entered and double checked that people were happy for us to join them. We were not present during any personal care, but staff told us they were aware of the need to maintain people's dignity at all times. We observed staff and people chatting and joking together; staff took their time while supporting people and the relationship between them and staff was caring and warm.

Surveys returned to the Care Quality Commission by people who used the service told us, 100% of respondents were treated with dignity and respect and 95% of respondents considered their care workers were kind and caring.

The feedback we received from people and their relatives was very positive. People and their relatives told us that staff were caring, helpful and respectful. Comments included, "The carers are good hearted and have a good sense of humour; they are good company. They look after me very well. We can have a good conversation and they get on very well with my family", "Very caring, lovely staff", "When they come, they are positive and upbeat, it makes such a difference. It lights up my day, I can tell you", "My carer can't do enough for me, and it's the little things that make the difference, like checking if I want my hot water bottle filling. Yes, the staff are most definitely caring and kind", "When my carer visits, I feel I have a friend coming in" and "The staff respect me and they also respect my home."

Staff responses to our questions showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity and privacy. One care worker told us, "If I'm washing someone, I undress them and cover them with a towel. Then as I wash their top half I keep the bottom half covered." Another carer said, "I always encourage the person to do as much as possible for themselves; it's important they keep their independence where they can." Other care staff said they closed doors and curtains, and asked relatives to step out of the room when they provided personal care.

People told us they felt comfortable expressing their views to staff and they had been provided with information and explanations about the care they would receive. People had been involved in developing their plans of care and this led to their needs being met to their individual preferences. Detailed profiles had been created for each person who used the service that included their family life, where they grew up, went to school, their hobbies and interests, employment history and known aspirations. This helped to ensure staff knew the person they were supporting which enabled them to engage people in meaningful conversations.

People said staff supported and encouraged them to retain as much independence as was possible. For example, people told us that staff allowed them to complete tasks at their own pace and encouraged them to do what they could for themselves. One person told us, "Having the care staff encouraging me to do as much as I can is a good thing to keep me active." Another person said, "I can still manage to do bits for myself and that's important. I can take my time and they never rush me."

Staff showed genuine concern for people's well-being and responded quickly to their changing needs. The registered manager described a recent situation, when a person with complex, dependent needs was suddenly bereaved and they arranged for the person's regular carer to come in to work and stay with them until their relatives arrived, some hours later. The care worker told us how they were able to offer comfort and support at this difficult time and they were pleased and relieved the office staff had contacted them and arranged this. They felt this reflected the organisation's caring values.

Staff had received training in equality and diversity. The registered manager told us they supported people from diverse backgrounds and that the diversity of their workforce reflected the local population. They felt this helped them to provide care and support that could be tailored to people's needs. People told us their preferences were listened to in relation to the gender of care staff and also the care staff they preferred to carry out their calls. One person said, "I wasn't happy with one of the carers they sent and spoke to the office about it. They sorted things out for me." The registered manager told us no-one using the service currently had an advocate. However, they were aware of local services that were able to advocate for people to help ensure their voice was heard, if this this was required.

Systems were in place to ensure people's private and confidential information was held securely. A confidentiality policy was in place at the service for staff to refer to as required. A new mobile phone system was fully implemented and provided staff with secure and up to date information about people who used the service. Computers were password protected. The provider was registered with the Information Commissioner's Office regarding data protection and was already considering ways of meeting the Accessible Information Standard on ensuring people had information in the format they required. People with sight, hearing or language difficulties were already assessed regarding their communication needs and this was documented in their files to ensure they received any information in the format they required.

## Is the service responsive?

### Our findings

The registered manager explained how the service had been working over the last 12 months with North East Lincolnshire Clinical Commissioning Group (NELCCG) to pilot a new model of domiciliary care. The pilot project had been implemented in one area and was a move away from the 'time and task' model of care delivery, to providing a more flexible care support approach from a dedicated team of care workers. Overall, the feedback from people who used the service and staff involved in the pilot work had been generally positive. Some negative feedback had been received from existing clients within the area, around the change in their care workers, and where possible this had been reviewed and accommodated. The registered manager confirmed this new model of care delivery would be rolled out throughout the service in January 2018. The senior staff at the service had completed a significant amount of detailed planning work to review and reconfigure the team structures and caseloads in different areas, which would support a positive transition, equity of workloads and continuity of care, where possible. It was evident the management of the service was working very collaboratively with NELCCG to introduce the model of care, meet with and inform people on an individual basis about the changes and minimise any disruption and concern.

The registered manager confirmed the majority of referrals came from the local commissioning teams and some from people independently or their family members. They described the current pressures in meeting the increasing service demands from the local area and retention and recruitment of sufficient and suitable staff. They were positive the new model of care would support the service moving forward.

The registered manager described how a new 'just checking 15 minute' call initiative had been successful and supported a positive and responsive approach. They gave examples of how staff had used these calls to provide additional support for people in emergencies, when they were ill or had not been present for their original call. Staff also described how useful and positive the flexibility the calls gave in responding to people's changing needs. One care worker said, "The 15 minute check calls allow us to provide extra care when we need to and there's no fuss about arranging this. The calls have made a big difference. "

From the surveys we received from people who used the service, 85% of respondents told us they were involved in decision making about their care and knew how to make a complaint. During the inspection, we received positive feedback about the responsiveness of the service. People and their relatives told us staff were generally punctual and stayed the allocated time. They also told us the service was flexible and could provide additional calls if requested and would work round any health appointments. Comments included, "The continuity of staff and their timekeeping is good", "I'm really happy with the staff, they work round my hospital appointments", "We sometimes have to change visiting times due to my [family member's] illness; the office and staff accommodate this well."

During our visits, two people told us they missed receiving the staff rotas as they liked to know which staff would be visiting. They were given assurances that their care workers would provide these in future. Two people told us they experienced some difficulty in getting through to office staff and this concern was shared by a member of staff we spoke with. The registered manager confirmed they had removed the 'call waiting'

facility, as some people had complained about this. They told us they would look into the issue. Other people told us they were quite satisfied with the responsive approach from the office staff. They said, "The carers and office staff always listen to me and try and help me" and "If I have any issues, I call the office and they will help me; all the staff are very approachable."

The electronic call system in use enabled office staff to monitor when support workers had not 'tagged-in' for their visits to people. This meant that office staff were alerted to this within 10 minutes of the visit time lapsing and could message workers. It also meant that office staff could contact people to let them know their support worker was going to be late, which alleviated people's anxieties.

People, or those acting on their behalf, were involved with the initial assessments which were completed to ensure the service could meet people's needs. The assessment captured people's abilities, support needs and levels of independence. The information was then considered along with the placing authorities' assessment to develop a number of individualised care plans. Comments from people included, "My needs were assessed and a care plan was set up with me and my husband" and "My daughter and I were helped with the assessment and care plan package."

We found care files were well-organised and contained information on the tasks staff were expected to carry out, contact details, and information on people's health and social care support needs. This included information on people's preferences and any communication, religious or spiritual support needs. We found the quality of person-centred information varied in different people's care records. The registered manager acknowledged this and confirmed they had identified improvements were needed to the consistency of the recording and were in the process of addressing this.

At the last inspection in June 2016, we found there was a backlog in care reviews being completed. The registered manager confirmed they had worked hard over the last year to ensure they caught up and people's care was reviewed within the required timescales. When people's care and support package commenced they received a one week, six week and six month review then reviews were completed on an annual basis. An electronic system was used to monitor the care plan reviews carried out and highlighted when these were next due.

Visit records described the support the staff had delivered and how the person had been during the period being recorded. The registered manager told us care and medication records were returned to the office regularly, where they were checked so managers could monitor if they had been completed correctly and support had been delivered in accordance with people's assessed needs.

People were provided with information on what to do if they had any concerns or complaints with the service. A complaints procedure was in place. People and relatives we spoke with told us they were aware of how to make a complaint. There were no serious formal complaints under investigation at the time of the inspection and we noted most concerns raised related to timekeeping and changes to the support workers. The majority of people we spoke with confirmed that when they raised issues, these were dealt with promptly and they were satisfied with the outcome. Two people remained dissatisfied with the outcome to issues they had raised around the timings of their calls. One person raised concerns about the significant number of staff allocated to their call, since they had commenced the service and we asked the registered manager to look into this. Complaints records were clear and included responses which were polite, apologetic, honest, transparent and detailed the action taken. The registered manager explained how the office staff were now visiting people who raised concerns or complaints, to talk through their issues in person and apologise, which would promote better customer care.

# Is the service well-led?

## Our findings

The registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported by the agency. There was a clear management structure, which staff were aware of. The service had a positive culture that was person-centred, open and inclusive.

From the surveys we received from people who used the service, 95% of respondents told us they knew who to contact in the agency if they needed to and 85% of respondents said the care agency had asked what they think about the service they provide.

The majority of people we spoke with or met during the inspection were very complimentary about the service. One person described the agency as, "A well-run agency with an effective staff team." Another person said, "The agency has been excellent, no complaints at all." Some people did feel issues with the continuity of staff and aspects of communication meant they did not consider the agency was well-organised. These were areas the management team were already addressing, to improve service delivery.

Regular meetings were held for different support worker teams, as well as the office staff and minutes of these were seen. Staff we spoke with felt overall the service was organised and well-run. They told us the registered manager and other members of the management team were very approachable and supportive. One member of staff told us, "The manager is really approachable and sorts things out. I like going in to the office each week; the staff are friendly and helpful." A second member of staff said, "There have been a lot of changes, but the manager is trying to make improvements and get things right. I don't have any problems with the management. They arrange my rota well and I can always contact them. I would feel comfortable discussing any issues with them." One member of staff said communication could be more consistent, but felt improvements were being made.

The organisation had clear 'visions and values' and an initiative called 'SHINE.' This was an aspirational philosophy that underpinned the organisation's commitment to continuous improvement and which included a personal pledge to 'make a difference'. Each HICA employee was asked to declare and follow a pledge in their work, one which would make a difference to people. Awards were given to employees at an annual celebration, where they had shown an outstanding contribution using the philosophy and had actively 'made a difference' to someone.

At our last inspection, we found the quality assurance systems were not completed on a large enough scale to ensure shortfalls were highlighted or to drive improvement within the service. This had largely been due to the rapid increase in the size of the service. At this inspection, we found the quality monitoring systems had been reviewed and strengthened. A new quality assurance officer had been appointed and was very enthusiastic about their role.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of the service. We saw quality audits were completed each month on all areas of service delivery. These included, management of medicines, accidents, health and safety, response to referrals, visits carried out,

daily diary notes and support plan documentation. Staff training and supervision, complaints and concerns were also closely monitored. We saw a greater number of records were sampled on a more regular basis. Information collected from audits was analysed to identify any shortfalls and to produce an action plan to address them.

The senior management team at the service met each month to discuss the audit findings in line with the provider's agreed key performance indicators and to review effectiveness of the programme. At the last inspection, we found shortfalls in the quality of recording on the medication administration records (MARs). There was evidence at this inspection that increased auditing, memos to staff and further staff training had significantly improved the completion of the MARs in some teams, but not all. The registered manager confirmed they had identified continued concerns and developed a revised action plan, which would more robustly tackle the recording shortfalls through further training, supervision and closer monitoring by the team leaders, including new competency assessments for all care workers.

Audits of care records were completed regularly and the registered manager had identified the quality of person-centred information was inconsistent in some care files and was working to improve this. The operations manager confirmed the provider's quality team was currently reviewing care documentation in all services to standardise this.

The Operations Manager told us they sat on the Health & Safety Scrutiny Group meetings, which were held monthly to monitor and review accidents / incident trends in each of the provider's services. These meetings were then followed by the Health & Safety Committee Meetings with senior management. Minutes of the meetings were provided to each service and action plans provided where necessary. This showed improved oversight and monitoring of accidents and incidents at provider level. There was a range of policies and procedures available to support the safe and effective running of the service. Staff were introduced to these on the first day of their induction to the organisation. The operations manager told us many of the policies were currently being reviewed and updated.

Surveys, care review meetings and spot checks had been used to gain people's views about how the service was operating, although we found the findings from the reviews and spot checks were not currently overseen by the quality officer and captured in the monitoring programme. Satisfaction surveys were sent out regularly; the results from 2016/17 showed many positive comments about the excellent approach of support workers and their caring attitude, with overall satisfaction levels at 85- 88% for people who used the service and 82% for friends and family. The main issue of concern was better organisation required from the office staff with regard to managing consistency of support workers visits and communication. We saw records of meetings with the office staff where improvements in these areas were discussed. The registered manager confirmed all the care calls had recently been reviewed and reconfigured again, to ensure staff consistency. They had also restructured the office work allocation for the care coordinators, to ensure they had sufficient time to focus on rota management.

We found the results from the staff survey had been mixed, with an overall satisfaction score of 59.5%. The registered manager confirmed they considered the results had highlighted issues with staffs' understanding of the questions. Team meetings and supervision sessions had been held with staff to discuss and resolve issues. The registered manager told us they would be requesting the provider quality team reviewed the questions to ensure they were clear and relevant.

It was clear the senior management team and the provider had a positive approach to the development of the service, in line with changes with the local commissioning agenda. The registered manager and the nominated individual told us they attended various forums such as local authority provider forums and

service improvement partnerships. The nominated individual said their involvement in these forums helped the service to share and keep up to date with good practice and also discuss challenges within the sector.

Discussions with the registered manager and operations manager demonstrated they had a proactive approach to tackling actual and potential shortfalls and issues, to maintain and develop the quality of service delivery. They gave examples, such as the increased pay scales they had been able to provide to care workers which had increased staff retention and decreased the need for some recruitment.

The registered manager was aware of their registration responsibilities and notified the Care Quality Commission, and other agencies, of incidents which affected the safety and welfare of people who used the service. This helped us to monitor incidents and request further information when required.