

HICA

HICA - Staffordshire

Inspection report

Daisy Haye Extra Care
Daisy Haye, Ball Haye Road
Leek
Staffordshire
ST13 6AU

Date of inspection visit:
10 June 2019

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28 June 2019

Ratings

Overall rating for this service	Good ●
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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

About the service

HICA is care at home service provided within extra care housing at Daisy Haye. 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 the inspection the service was providing personal care support to 18 people.

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

People were supported to receive their medicines as prescribed by trained staff. However, medicines records were not always completed accurately and audits of medicines records did not always identify areas where improvement were required. The provider took immediate action following us raising concerns to ensure people continued to receive their medicines safely.

People were supported by trained staff who knew them well. People's preferences were recorded, and people consistently gave positive feedback about their care. People's privacy, dignity and independence was respected. People were encouraged to be actively involved in their care planning.

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.

People were supported to maintain a healthy diet of their choice. People had access to a variety of health and social care professionals to ensure their needs were being met effectively. People were supported by staff who were flexible and showed kindness and compassion.

People gave consistently good feedback about staff and the registered manager. The provider encouraged feedback and used this to improve the quality of the service.

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

Rating at last inspection

This service was registered with us on 30/07/2017 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

HICA - Staffordshire

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 one inspector, an assistant 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 4 June 2019 and ended on 10 June 2019. We visited the office location on 10 June 2019.

What we did before the 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 10 people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the registered manager, senior care workers 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 action plans and policies. We spoke with two professionals who 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.

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed however staff had not always recorded when they had supported people with their medicines. Staff we spoke with understood their responsibilities in regards to medicines recording however were not always following these. One person told us, "I usually get my tablets at a regular time every morning." Following the inspection, the provider sent us evidence of the improvements they had made to their policy and procedures in relation to recording of medicines and medicines quality assurance tools.
- People's medicines were reviewed by health professionals regularly to ensure they remained effective.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving support from HICA and knew how to raise concerns. One person told us, "What makes me feel safe, is knowing that whatever time of the day or night, if I don't feel very well, or I've had an accident, I know a staff member is only a few minutes away once I press my emergency pendant button."
- There was a safeguarding policy in place at the service. Staff received safeguarding training and safeguarding was discussed within team meetings. One staff member told us, "If I observed a bruise on a service user I'd ask them about it first but if I still had concerns I'd speak to a senior. I would also document this in [the person's] care records and in the communication book."

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place. For example, a person had a moving and handling risk assessment which explored how their health and communication needs impacted on the support they required from staff. Risk assessments had been completed with people, their families and other professionals.
- Environmental risk assessments had been completed to ensure people and staff's safety when in their own homes.
- The registered manager completed investigations and developed action plans where concerns had been raised.

Staffing and recruitment

- There was sufficient numbers of trained staff to ensure people's needs were met. One person told us, "I never have to worry about staff not turning up and unless they've been held up in emergency with one of the residents, they are 99% of the time, on time."
- Staff were recruited safely. Staff had received checks from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people.

Preventing and controlling infection

- People were supported by staff trained in infection control. One person told us, "I think their training must be quite good about hygiene because I've never had to remind them to wash their hands or put gloves on, or to change their gloves in all the time they've been looking after me."

Learning lessons when things go wrong

- Staff reported accidents and incidents to the registered manager who completed investigations with people to identify areas of risk and to reduce the risk of reoccurrence. For example, where people had fallen referrals had been completed to health professionals to reduce the risk of future harm.

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.

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 physical, mental health and social needs were comprehensively assessed prior to the start of and during their care. One person told us, "[The registered manager] came and sat down with myself and my son and we talked about everything that needed doing to help me on a daily basis."
- The provider sought other professionals' advice where this was required, for example people's GP and district nurses.
- Staff reported changes in people's needs to the senior carers to make sure care plans remained up to date.

Staff support: induction, training, skills and experience

- Staff received an induction which supported them to meet peoples' needs.
- People were supported by an experienced staff team who told us the training was 'good' and had completed training such as moving and handling.
- There was an effective system in place to monitor staff training to ensure this was up to date. One staff member told us, "We have to do ongoing training and workbooks to keep up to date with training."

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

- People told us they were supported by staff to cook meals in their own homes and staff knew their preferences in relation to food. One person told us, "The staff always make my breakfast. Sometimes I just fancy some cereal or a piece of toast, but other mornings they make me an egg on toast or even some porridge in winter."
- People were supported to access professional support to maintain a healthy diet where required or where risks of weight loss or malnutrition had been noted. For example, one person had received support from a dietician and staff completed daily food records to monitor their diet.

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

- Professionals we spoke with were consistently positive about HICA. For example, one social worker told us, "[The staff team] are absolutely brilliant, very patient and understanding. They are always keeping me informed."
- People were supported by a consistent staff team who knew them well. One person told us, "It's nice because I usually see the same two carers most of the time. They know where everything is, particularly when they're preparing my meals for me, so they can just get on with it, without having to ask me loads of questions."

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

- The provider worked alongside health professionals to support people to access healthcare and support. People's care records contained information of health professionals involved in their care such as district nurses and their GP.

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. 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.

- We found the service was working within the principles of the MCA.
- Whilst no one lacked capacity at the time of the inspection, people's capacity had been explored as part of their care assessment and staff sought consent prior to providing care.

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.

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 treated with kindness and compassion. One person told us, "There are some days when I only really see the staff that come in to help me. It doesn't matter what sort of day they are having, they always make time to have a bit of a chat and ask me how I am, and they always want to know whether there is anything I'm struggling with or if they can help me with anything that I can't reach or do for myself."
- Staff understood equality and diversity. People's religious, cultural and social needs were considered during care planning and delivery.
- The registered manager told us they arranged for a local church to visit the service for people to attend if they wished.

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

- People were supported to be involved in decisions regarding their care. One person told us, "I was certainly able to choose what time during the day I wanted the staff to visit and also which days of the week I want help."
- The provider shared information in a variety of different formats. The registered manager told us, "We have communication available in different formats. Information in other languages is available and leaflets can be provided in an easy read format."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Staff promoted people's independence. One person told us, "When I support with personal care I only do as much as the service user needs to support with, I encourage them to so as much as they can for themselves."
- Staff ensured people's privacy. One person told us, "They are very mindful that this is my home, and they always ring the bell and call out their name, so I know who it is before I actually tell them to come on in."
- People's right to confidentiality was respected.

Is the service responsive?

Our findings

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

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

- People were involved in planning their care and support. One person told us, "I remember sitting down with [staff] and talking about all the things I was struggling with and then it was written up into a plan which is kept here in my folder."
- People's care plans included information about their life and work history and preferences.

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.

- The provider met the accessible information standards.
- People were supported with a variety of communication needs. For example, people's preferred method of communication and instructions for staff were included in their care plans.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns. One person told us, "There is a leaflet about complaints in my folder and a poster up in the building, but there's never been anything to complain about."
- The provider had a complaints policy in place and used feedback as an opportunity to learn and develop the service. There had been no complaints since the service registered.

End of life care and support

- No one was receiving end of life care at the time of our inspection however the registered manager was aware of the importance of people being involved in planning their end of life care.

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.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Audits were completed in key areas such as care plans and people's feedback to monitor the quality of the service. We saw audits had been effective at identifying areas of improvement and action taken to improve people's care other than in medicines. For example, medicines records contained missed signatures which audits had not identified. We discussed medicines errors with the registered manager during the inspection and they took immediate action to increase monitoring and review staff's understanding.
- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements.
- Staff meetings took place and were used as an opportunity to share concerns and revisit current guidance.

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

- People told us the service was well led. One person told us, "[The registered manager] is very approachable and is always happy to help out where they can."
- The registered manager was visible to people using the service. One person told us, "[The registered manager] often pops in just to make sure I'm happy with everything. If I need them for anything, I can either buzz for them, or I can go down and find them in the office as they are usually about."
- The provider had developed an open culture of learning which promoted staff wellbeing. One staff member told us, "HICA is a good place to work, I feel well supported."
- The registered manager was experienced and passionate about providing high quality 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 Provider understood their responsibilities in relation to the duty of candour. The registered manager told us, "It is about being truthful and transparent. We would absolutely apologise if something had gone wrong and put actions in place to stop it happening again."

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

- The service involved people and those important to them in planning their care.
- The registered manager understood their responsibilities in relation to whistle blowers and was able to discuss how they would support staff to raise concerns confidentially. Whistleblowing is the term used when

someone who works for an employer raises a concern about risk or wrongdoing which creates a potential for harm to people who use the service, colleagues or the wider public.

- The provider engaged people in feedback about the service through resident surveys and meetings. One person told us, "I'm sure I've had some questionnaires to fill-in in the past, although it's taken me very little time because I had nothing to complain about."

Continuous learning and improving care

- Where suggestions for learning had been made these had been actioned. For example, following feedback from people about not having enough contact information about the provider, letters were sent to all people using the service giving these details.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.