

Hiba Home Care Ltd

# Hiba Home Care Ltd

## 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

### About the service

Hiba Home Care is a domiciliary service providing personal care. The service provides support to older people and children, some of whom had learning disabilities and/or Autism. At the time of our inspection there were 2 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

#### Right Support:

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. 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.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life.

#### Right Culture:

People received good quality care, support, and treatment because trained staff and specialists could meet their needs and wishes. Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

This service was registered with us on 02 February 2022, and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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.

# Hiba Home Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

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

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 relative and 4 staff. Three care workers, the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including care records, care notes, medicine records, audits, accidents, and incidents, safeguarding and complaints procedures, policies, and staff files.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 12 May 2023 and ended on 16 June 2023.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear system in place to protect people from abuse. Staff had a clear understanding of safeguarding procedures and how to report concerns. Staff were provided training in this area. This helped them to understand their responsibilities regarding protecting people from harm.
- There was clear up to date policies in place to offer staff guidance if needed. The registered manager told us they would report any safeguarding issues or alerts to the local authority. There were none at the time of the inspection.

Assessing risk, safety monitoring and management

- The provider had individual risk management plans in place. There was detailed guidance in place for staff to follow to reduce risks of harm as much as possible.
- Staff were able to explain how to keep people safe. For example, 1staff member said, "I read the risk plan, and use road safety awareness when out in the community with the person."
- Audits of care plans including risk management plans were completed regularly. This meant any changes or concerns could be addressed quickly.

Staffing and recruitment

- Staffing levels were determined based on people's individual needs. The provider recruited staff safely.
- People told us there was enough staff to meet their needs. For example, some people needed 2 staff to support them with transfers. Records reviewed showed that 2 staff had attended these calls. The provider monitored staff attendance including any lateness.
- Staff were recruited safely. The registered manager completed background checks for example obtaining pre-employment references, job histories and criminal checks.
- Staff had a comprehensive induction into the service. There was a period of shadowing experienced staff to learn the role. Staff were fully supervised until a competency check was completed and signed off by the manager. This meant people were supported by confident staff who had been thoroughly vetted.

Using medicines safely

- Medicines were managed safely. The provider had a clear process in place for managing medicines safely.
- Staff had medicine training and regular competency checks. This meant they were able to administer medicines to people safely.
- As and when medicine, also known as PRN, was administered correctly, and there were protocols in place giving staff guidance. This meant medicine was administered according to the prescriber's instructions.

- Audits of medicine's were done regularly. This meant any errors or issues could be picked up and addressed quickly.

#### Preventing and controlling infection

- The provider had a clear process in place for preventing the spread of infections.
- Staff were able to explain how to prevent the spread of infections. Staff told us they used personal protective equipment when providing personal care or preparing food. Records reviewed showed staff had training in this area. This meant that they had a clear understanding about infection and prevention measures.
- Infection, prevention, and control policies were in place and audits were done regularly. This meant any concerns could be picked up and addressed in a timely manner.

#### Learning lessons when things go wrong

- The provider had a system in place to learn lessons when this went wrong.
- There was an accident and incident process in place. At the time of the inspection there were no accidents, incidents, or complaints. The registered manager had team meetings and reminded staff of the importance of raising concerns or reporting any mistakes.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service, areas covered were people's mental health, emotional support needs, communication needs, cultural and spiritual needs, mobility, physical, sensory, and social needs.
- Care plans reviewed showed families were involved in the care planning and review process. Outcomes such as being more independent were recorded in people's care plans. Staff knew people well and how to support people to meet their goals.
- Care plans were updated and reviewed on a regular basis. Audits of care plans were done regularly. This meant any issues could be picked up and addressed quickly.

Staff support: induction, training, skills and experience

- Staff had the skills, experience, and training to do their jobs. Staff told us they felt well supported. We saw that staff had regular 1:1 meeting, team meetings and had completed an induction into the service.
- Training in several areas was provided by the provider. This meant staff had acquired additional skills and knowledge to support people. Staff were competent and competency assessments were carried out regularly by the registered manager. Feedback on performance was given to staff, this meant they could make improvements or have additional training if needed.

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

- The provider carried out eating and drinking assessments. This meant people's particular dietary requirements could be met. People had enough to eat and drink to maintain a balanced diet. Staff told us families prepared people's food for them for the most part and staff may need to supervise eating or prepare light snacks and drinks.
- Care records reviewed showed that people had input from health care professionals such as a speech and language therapist. Care plans included details of support required for example, cutting up food into small pieces or food needed to be soft. Guidelines were in place for staff to follow.
- Staff had training in food hygiene, nutrition, and hydration. This meant they had a good understanding of people's needs regarding nutrition.

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

- The provider worked with health care professionals to meet people's needs. People had access to health care professionals such as the GP or speech and language therapist.

- Health records showed that referrals were made to health care professionals in a timely manner. This meant people's health care needs were met.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA. All staff we spoke with told us they would ask for the person's consent before providing any care or support. Spot checks carried out on staff recorded evidence to confirm this was the case.
- Records reviewed showed that where someone lacked the capacity to decide. A best interest meeting was held, and the least restrictive option was chosen. All information was recorded and outcomes from the meeting was shared with relevant parties. Mental capacity assessments were in place for people who lacked capacity.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 well treated, and staff respected their diverse needs. Relatives we spoke with told us staff were caring and kind.
- People's care records included information on their background including their culture and religion. Staff supported people in a way which met their cultural needs. For example, people's food preferences were recorded and followed. People's preferences to follow their religious beliefs was respected and supported.
- Staff had training in equality and diversity. This meant they had a good understanding of people's diverse needs.

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

- People were able to make decisions about their care. People and their relatives were fully involved in care delivery. The provider asked people for their views through meetings and reviews on a regular basis.
- Care plans outlined how people wanted to be supported. People's preferences and likes were recorded. Staff knew people well as they spent time with them to get to know them. Best interest decisions were clearly documented. All relevant parties were involved when needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff promoted independence when this was possible.
- Staff told us they respected people's privacy. One staff member said, "You need to close doors, windows and cover people up when supporting them." Another staff member said, "To respect privacy you should ask people are they ready, give them time and always knock on the door."
- Records reviewed showed information written about people was done in a respectful manner. Staff had guidance in care plans about promoting people's independence at each opportunity. Staff encouraged people to be independent for example by asking the person what they can do for themselves, and this was recorded in a step-by-step process.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care. People, relatives, and professionals were fully involved in the care planning process. People's care plans were written in a person-centred way. Preferences and likes were recorded.
- Staff supported people in a way that promoted person centred approaches. Each care plan was tailored to the individual. Information was recorded on what was important to the person and what their hopes were. Preferences were described in detail so staff would know the best approach when offering support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. The provider made sure information was fully accessible and in different formats. For example, some care plans were pictorial and there were smaller cards available with information on them to support communication.
- Care records reviewed described sensory needs and how best to support a person. One plan stated for staff to speak clearly and slowly. This meant the person could take time to process the information and have a clearer understanding. Guidance about different methods of communication was available for staff to follow if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and access the community. Care plans also included people's social needs. People were supported to attend social activities according to their preferences. The people we spoke with lived with their families. Not everyone using the service participated in community activities, however this could be offered at any time.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. At the time of the inspection there were no complaints. The registered manager told us if they did receive 1they would follow their policy and make sure the person was supported. Staff understood the complaint's procedure. Information on how to make a complaint was

given to people and their relatives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a person centred and honest culture. Staff told us they could make suggestions or complaints and they would be addressed.
- People, and those important to them, worked with managers and staff to develop and improve the service.
- People's outcomes were recorded and evidence in care notes showed they were being progressed. Staff were clear on what people wanted to achieve.

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 a good understanding about the duty of candour. They told us that to date they had no complaints but explained, it meant being open and transparent when things went wrong. They said, "This happened in my previous role as a care manager, sometimes mistakes can happen, be transparent and clear. Speak to the family and person and let them know what happened and apologise."

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was an auditing system in place to monitor the quality of care. Actions were recorded and acted on. In 1 example the registered manager spoke to staff about improving their note taking and make sure they recorded all the support being provided. This led to an improvement in this area.
- The registered manager understood their role regarding notifying the relevant authorities when needed such as CQC or the local authority. At the time of the inspection there were no notifiable incidents to report. The provider worked in partnership with other health care professionals and social workers. This meant people could be supported in a seamless way.