HICA

HICA HomeCare - Doncaster

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 - Doncaster is a domiciliary care agency which provides personal care to people living in their own houses and flats in the community. The agency currently caters for people whose main needs are those associated with older people, including people living with dementia. People with various other needs, such as sensory impairments and learning disabilities, were also being supported. At the time of our inspection approximately 200 people were receiving personal care from the service.

The inspection took place on 6 and 7 November 2018 with the registered provider being given short notice of the visits to the office, in line with our current methodology for inspecting domiciliary care agencies. At our last inspection in March 2016 we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'HICA HomeCare - Doncaster' on our website at www.cqc.org.uk'.

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 and associated Regulations about how the service is run.

Overall, people were happy with the quality of the care the service provided and how it was run, but a few people felt timings of calls and consistency of the care workers visiting them could be improved. People said care workers met their needs and delivered their care as they preferred. People told us their privacy and dignity was respected and staff were competent in their work, kind, friendly and helpful.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Concerns, complaints, incidents and accidents were being effectively monitored and analysed to reduce risks to people.

Recruitment processes helped the employer make safer recruitment decisions when employing staff. Staff had undertaken a structured induction, essential training, and received regular support to help develop their knowledge and skills so they could effectively meet people's needs.

Medication was administered as prescribed by staff who had been trained to carry out this role and whose competency was checked regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest.

People had been involved in care assessments and developing their care plans. Plans provided clear guidance to staff, which assisted them to deliver the care people needed, in the way they preferred.

People were enabled to raise complaints and concerns. The people we spoke with told us they would feel comfortable raising concerns, if they had any. When concerns had been raised the correct procedure had been used to record, investigate and resolve issues.

There were systems in place to continuously assess and monitor the quality of the service. This included obtaining people's views and checking staff were following the correct procedures.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

HICA HomeCare - Doncaster

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 registered provider was 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.

The inspection included visits to the agency's office on 6 and 7 November 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications and concerns raised with us. Before the inspection, the registered provider had also completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well, and improvements they plan to make.

We requested the views of other agencies who worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 13 people who used the service and six relatives, either during visits to their homes or on the telephone. We also considered the responses to the questionnaires we sent to people using the service, relatives, staff and healthcare professionals. We spoke with the registered manager, area operations manager, five members of the local management team and five care workers, either face to face at the office or on the telephone.

We looked at the system for arranging visits to people and documentation relating to people's care and the management of the service. This included six people's care records, how complaints, safeguarding concerns

and incidents had been managed, staff recruitment and training records, and the systems in place to assess the quality of the service provision.

Good

Is the service safe?

Our findings

Care and support was planned and delivered in a way that ensured people's safety and welfare. Risk assessment and management plans were in place to minimise any risks identified, while allowing people as much freedom and independence as possible. Topics covered included moving people safely and the safety of their home environment.

People told us they felt the service delivered their care safely. When we asked one person if they felt safe they said, "I like it when they come. I certainly would not let them come if I was not safe or comfortable." Other people's comments included, "The care workers are nice, they smile, they talk to me, they make me feel safe and comfortable at all times" and "Indeed, [I am] safe and comfortable at all times." The relatives we spoke with also said they felt their family members were cared for in a safe manner.

The registered provider continued to effectively protect people from the risk of abuse, because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records showed when concerns had been highlighted the service had worked with the local authority safeguarding team to investigate them, and act where necessary. Safeguarding concerns had been shared with, and analysed by the senior management team to promote improvement. Staff had completed training in this topic and spoke confidently about their role in identifying and reporting any concerns.

Accidents and incidents had been robustly monitored and evaluated. Information collated had been analysed each month by the registered manager, then shared with the senior management team for further scrutiny. Outcomes enabled the service to learn lessons from past events and make changes where necessary.

The registered provider continued to recruit staff safely. Recruitment records sampled demonstrated appropriate checks had been carried out before new staff commenced employment. These helped to make sure they were suitable to work with vulnerable people. Once employed, staff undertook a structured induction, which included learning about the company, essential training and shadowing an experienced member of staff until they were confident in their role.

Overall, there was enough staff employed with the right training and skills to meet people's needs, and ongoing recruitment aimed to fill identified staff vacancies and allow the service to grow. A care co-ordinator showed us how visits to people were planned and the measures in place to cover staff sickness and holidays. Time critical calls were prioritised. Where people could not be offered their first choice of call time the care co-ordinators told us this was monitored and their call changed as soon as possible. The system also monitored the times staff arrived and left each call so the management team could address any shortfalls.

Most people we spoke with said staff were usually on time and stayed the agreed length of time for their visit. Their comments included, "Timing for me is good, it works around what I need. They do not rush off, they always check if I need anything else" and "I have no issues at all with the timings with any of the care

workers. They complete all tasks and they have time to talk to me." However, a few people felt the timings of their calls were not always as agreed. For instance, one person said, "Timing is an issue, they [staff] do come late. This is not the care workers fault, it's managements fault, they do not allow [enough] travel time. It used to be good, this has now changed back to a problem. [It] has a knock-on effect for me when they are not on time, but in all fairness once the care workers are here they complete everything for me." We discussed this with the registered manager who said they would look to see if this issue had been raised in questionnaires recently sent out to people and reassess the rota system to ensure it was working as planned.

Medication was administered safely. People we spoke with who had assistance with medication said they were happy with the way staff supported them to take their medicines. They said they received medication on time and in an appropriate manner.

Overall, medication administration records [MAR] clearly indicated what medicines had been administered by staff, but we saw an odd occasion where staff had forgotten to sign to say the person had taken their medication. The management team had identified this as an area that needed improving and had taken action to address these shortfalls. For example, the new daily record log reminded staff to sign the MAR and stickers were also being introduced for the same purpose.

Where people were prescribed 'as and when required' [also known as PRN] medicines and creams these were recorded on the MAR, but PRN protocols were not in place to provide staff with detailed information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a specific medicine. We found no evidence this medication had not been given as required, but we discussed it with the registered manager and the area manager, who said this topic was currently being addressed at company level so consistent action could be taken.

Staff records and responses confirmed they had completed initial and periodic medication training and their competency had been checked during observational checks carried out by senior staff.

Robust infection control procedures helped to ensure the spread of infection was minimised. Staff had completed training on this topic and said they had ample supplies of protective clothing, such as disposable gloves and aprons. People we spoke with confirmed staff wore protective clothing when applicable and maintained good hygiene standards

Good

Is the service effective?

Our findings

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments before their care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service. One person told us, "We have no fault with any of the girls [staff]. They do everything we want."

Consent to care and treatment was sought in line with legislation and guidance. The service continued to meet the requirements of the Mental Capacity Act 2005 [MCA]. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in their best interest. People told us staff asked them what they wanted and acted on their decisions.

People's nutritional and hydration needs were met. Where people needed assistance to prepare or eat their meals this was included in their care plan. People we spoke with were satisfied with how this support was provided. Staff had completed training in food hygiene and understood their role in supporting people to remain as well-nourished and hydrated as possible.

People continued to receive the support they required to access health and social care professionals when they needed to. Records showed input from people such as the occupational therapy team, GP's and district nurses.

People were supported by staff who had the training and knowledge to meet their needs. Staff continued to receive a structured induction to the service, which included essential training and shadowing an experienced care worker. Where applicable new staff had completed, or were completing, the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. We spoke with someone who was undertaking their induction at the time of our inspection. They told us they had already learned about how the company operated, started their training and spent a day in the community shadowing a care worker to observe how care was provided. They said they were doing medication and other training that day, with further shadowing arranged.

Following induction, staff had access to a varied and on-going training programme to update and enhance their skills and knowledge. They were also encouraged to undertake nationally recognised awards in caring for people. The management team told us although staff received a basic understanding of end of life care during their induction, it had been recognised that further training on this topic was needed.

All the staff we spoke with felt they had received a good level of training. People who used the service spoke positively about the care staff's skills and abilities. Their comments included, "The care workers have the adequate skills", "They are ok, some better than others, you can never get two carers the same", "All tasks

completed with pride and care and a smile, no problems or issues at all with training or skills of the care workers" and "Very good [staff], even the care workers who are not my regular care workers, they know what they are doing." However, a few people felt when they did not have their regular care workers, other staff did not demonstrate the same knowledge of their needs.

Staff were supported within their roles through one to one meetings, an annual appraisal of their work performance and observational checks in the community. Staff told they could also approach the management team for guidance and support at any time.

Good

Is the service caring?

Our findings

People were supported by friendly, compassionate and caring staff, who delivered care as they preferred. People's comments included, "[Name] my regular care worker is excellent, brilliant, knows what I need and how I like to get things done. The others are reasonably nice, but not as good as the regular care worker" and "They [staff] cannot do enough for me. [They] always asks me if I need anything else, they treat me as a person, not someone they are coming to do a job for. I am very content, I really look forward to seeing them." Relatives also spoke positively about staff. For instance, one person told us, "Very nice bunch of care workers. We feel that my relative is the centre of everything they do, always smiling at her."

Staff ensured people's privacy and dignity was maintained. When we asked people if staff respected their privacy and dignity they told us they did. One person said, "I look forward to seeing my care workers. They are always pleasant, kind and caring. When they wash me they always ensure they give me dignity and respect and cover me up appropriately." Another person said, "They [staff] listen to me, we talk, we laugh, they are people who I really look forward to seeing. They [give me] respect and dignity at all times."

As part of induction staff had completed training in person centred care and respecting people's privacy and dignity. This helped them understand how to support people correctly, prioritising their preferences and wishes.

Staff respected people's choices and preference. People were involved in planning their care so care plans reflected what was important to them and how best to support them. The electronic rota system helped to match staff to people using the service by asking specific questions, such as did they smoke, if people had a preference to the sex of the staff that supported them and any pet allergies. People we spoke with confirmed the service was meeting their, or their family member's needs. A relative told us they felt they, "Could sit back and know it [care] had been done properly."

Senior staff had undertaken observational checks where they had assessed staffs' competency in supporting people and monitored how they worked. People confirmed the service communicated with them regularly to ask if they were happy with the care provided. They said they had all the information they needed about how the service was run.

Peoples rights were respected. Through talking to people who used the service, and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People told us they had been involved in planning their care. One person commented, "We have a good relationship with the management team. We can call them, they change timings for us. They come to see us to review the care plan. [They are] very pleasant and approachable." A third person told us, "I am content with the service I receive. I can recommend them." A relative said, "We have had contact with the office, they came to see us to review the care plan. We can write notes in the book and this is acted on."

Each person had a care plan which outlined their needs and preferences, as well as any risks associated with their care. A care supervisor described to us how they visited people before care was provided to talk about what care and support they would like. They used this information, along with any details provided by the local authority, to produce an initial care plan, which was left at the person's home, so staff had instant access to guidance about the care needed. Following this a more comprehensive plan was developed to replace the initial plan. We saw examples of this in the records we checked. Periodic reviews of care had taken place and care plans amended to reflect people's changing needs. The registered manager told us until care plans could be updated, emails and phone calls to staff were used to communicate changes in people's care, such as in their medication.

People's end of life wishes were discussed as part of their care assessment. The company's policy on this topic stated, 'End of life care is tailored to the needs, wishes and preferences of the dying person, their family and those identified as important to them.' We discussed the lack of specific training on this topic with the management team who told us the company was currently looking to expand the end of life training included in staff induction and introduce a specific end of life care plan. Following our visit the operations manager sent us further information to support the inspection, this included a draft format for the end of life care plan.

Most people we spoke with, including staff, confirmed people were supported by the same team of staff. Comments included, "I have regular care workers, but others do come. I have no issues at all who comes" and "I have regular care workers, they only change if the regular ones go on holiday or are sick." However, a few people said they had raised a concern about not having regular staff all the time. This was being reviewed by the management team.

Where possible, people were enabled to follow their hobbies and take part in periodic events in their own homes or in the community, such as the company photographic competitions. However, at the time of our inspection these had only impacted on a limited number of people, who had time allocated for social interaction. For example, one person had been supported by staff to be more involved in the community by entering a gardening competition. Six people had been involved in the companywide 'food cruise' in their own home, where they discussed different countries with staff and gathered ingredients for meals from the country being visited that month. The same six people had taken part in the annual design a Christmas card competition, with the winner having their card printed.

The registered provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. A record of concerns, complaints and compliments had been maintained. Complaints and concerns raised had been, or were being investigated and where outcomes indicated changes were needed, these had been made. Most people we spoke with said they had no complaints. Comments included, "They are a good service, no complaints at all" and "We have had a couple of little issue, nothing big, highlighted them once and they never happened again."

People had access to information about the service in different formats to suit their individual needs. For instance, for people with a sight impairment information such as the complaints procedure, service user guide and care plans could be provided in larger print. The registered manager said information in a pictorial format or a language other than English could also be accessed. They also gave the example of staff being able to download an application on their mobile phone, which would assist them to record the visits they made in an alternative method to writing it.

Good

Is the service well-led?

Our findings

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. The registered manager was supported by an operations manager and other senior managers within the company. The management team at the Doncaster office also included a quality assurance officer, care co-ordinators, care supervisors and administration staff. The registered manager told us the quality assurance officer also acted as their deputy.

People we spoke with told us the service was well led and they felt able to speak with the registered manager and senior staff openly. Comments included, "Service is well run, I can certainly recommend them", "Brilliant [service] I can recommend to family and friends", "A Good bunch of people, they send good care workers so that says it al", "Good company" and "Management always try their best, we are extremely satisfied with the service."

Staff also spoke positively about how the service was run. They told us the registered manager and her deputy were approachable and provided support and guidance as and when needed. When we asked staff if there was anything they would like to change to improve the service offered, topics highlighted included realistic travel time between calls and making sure everyone had the same care team consistently.

Regular checks had been carried out to make sure the correct procedures were being followed. Topics covered included visit records, care plans, medication documentation and complaints. These enabled the registered manager and other senior managers to monitor how the service was operating, as well as staffs' performance. Where shortfalls had been found these had been prioritised and action taken in a timely manner to address them. For example, work was underway to make sure staff consistently completed medication records correctly.

People's views had been sought to ensure the service was meeting their needs and to promote improvement. We saw questionnaires, visits, telephone calls and care reviews had been used to gain people's opinions. Where people had indicated areas that could be improved these had been considered and action taken as needed. However, we noted the outcome of surveys had not been shared with people. The registered manager told us they would ensure people received this information in future.

Overall, people were satisfied with how the service was run, but some felt timings of calls and staff consistency could be improved. "One person told us, "The management have been to discuss the care plan and sent questionnaires, but I do not have time really to fill them in. They call and I tell them if I need them to know anything, we have a good relationship." Another person said, "Supervisors come to see me, they also get a chance to speak to me about care workers [performance]."

Staff we spoke with had a clear understanding of their roles and responsibilities and felt well supported. They confirmed they had taken part in patch meetings, annual appraisals, observational competency checks and one to one support meetings, where they could voice their opinions.

Management meetings had taken place to share information and strive for improvement. These included weekly monitoring by the area operations manager, quarterly managers meetings and managers conferences. Business review meetings and quarterly health and safety meetings had also taken place, and the registered manager told us they had regular meetings with the area operations manager.

The management team told us about the company's 'Shine Initiative', which they said was a commitment to continuous improvement within the service, that would make a difference to people's lives. We also saw evidence of someone using the service and two of the management staff attending the 'Shine Ball' which was an annual event to celebrate the achievements of the company and where nominated staff received awards.

The service worked effectively in partnership with other agencies. The registered manager told us, "The service works in close partnership with the integrated care team, a multi- disciplinary team of GPs, consultants, community nursing, older people's mental health team, social workers, learning disability services and speech and language therapists." They said they worked with commissioners and attended provider forums. They also said, "We work in liaison with GPs, nurses and community teams in relation to end of life care and support. We work in partnership with Healthwatch and have sent out surveys for them resulting in the best response they had for Doncaster. Also sending out' Keep Well Keep Warm' information for carers and service users."

A local authority contract monitoring officer told us they had visited the service in May and August 2018. Their action plan had been shared with the registered manager in May and improvements noted at their August visit. They added, "Overall there were no major issues."

The registered manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.