

HICA

# HICA Homecare - Hull

## Inspection report

Unit 1-4  
Anchor Court, 160 Francis Street  
Hull  
North Humberside  
HU2 8DT

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Tel: 01482782929

Website: [www.hica.uk.com](http://www.hica.uk.com)

## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

HICA Homecare - Hull is a not for profit care agency owned and managed by Humberside Independent Care Association (HICA). The agency provides home care services within Hull and East Riding of Yorkshire to younger adults and adults who may have a learning disability or Autistic Spectrum Disorder, mental health needs, a physical disability, alcohol or drug dependency, sensory impairment, an eating disorder or be living with dementia. At the time of the inspection it was providing support to approximately 203 people over the age of 18. People using the service lived in their own homes in the community.

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.

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

People were happy with the care being provided and praised their regular carers.

Care and support was tailored to people's need as most staff knew people well. There were some shortfalls within care records to identify people's assessed needs. We made a recommendation about updating people's assessed needs on the new electronic care planning system.

Robust recruitment processes were followed. People were actively involved in the recruitment process to ensure the right staff were being employed.

The provider had systems in place to safeguard people from abuse and staff demonstrated an awareness of safety and how to minimise risks.

Medicine systems were in place, however there was no 'as and when required' medicine guidance to support staff with administration. We made a recommendation to implement PRN protocols to support staff with decision making when 'as and when required' medicines were needed.

People were supported to have 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.

Staff told us the management team were approachable and they felt appreciated by their manager and the wider organisation. Staff recognition rewarded staff throughout the year.

Processes to assess and check the quality and safety of the service were completed. The registered manager and operations manager carried out audits and quality monitoring reports. These identified areas of the service that required improvement and these actions were carried out.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

Model of care and setting maximises people's choice, control and independence

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

Rating at last inspection

The last rating for this service was Good (published 28 December 2017).

Why we inspected

This was a planned focused inspection. This report only covers our findings in relation to the review of the key questions Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for HICA Homecare Hull on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# HICA Homecare - Hull

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager registered with the CQC. 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2021. We visited the office location on 20 May 2021. We sought feedback from relatives, people using the service and staff on 21 May 2021 and 24 May 2021.

#### What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, operations manager, registered manager, and eight care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at eight 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 received further evidence from the registered manager via email to verify information they told us during the inspection. We continued to seek feedback from people using the service and staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary.
- People told us they felt safe. One person told us "The carers are my safety blanket and they make sure I am safe."

Assessing risk, safety monitoring and management

- Staff understood and recognised potential risks to people. Care plans and risk assessments contained basic explanations control measures in place to keep people safe. The registered manager recognised where further information could be included to assist with monitoring risk.
- People were supported to take positive risks to aid their independence. Some documents required updating so this was fully captured in care planning. The registered manager assured us this action would be taken.

Staffing and recruitment

- Staff had been safely recruited and people who used the service had been included in the recruitment process. All staff had pre-employment checks to check their suitability before they commenced employment.
- There were enough staff available to meet people's needs. Some people told us staff sometimes arrived late or it would be a staff member that they didn't know. However, most people told us staff arrived on time and they received regular staff members that they knew well. People told us, "The carers are worth their weight in gold" and "I couldn't ask for a better bunch."

Using medicines safely; Learning lessons when things go wrong

- Medicine management systems were in place. However, there were no guidance in place to support staff with administration of 'as and when required' medicines.

We recommend the provider implements PRN protocols to support staff with decision making when 'as and when required' medicines were needed.

- Lessons had been learnt following any medicines errors.
- Accidents and incidents were responded to appropriately. There was a centralised system in place to monitor all incidents and lessons learnt was evidenced.

## Preventing and controlling infection

- Good infection control practices were in place. Staff used personal protective equipment to help prevent the spread of infections. People told us, "Staff always wear their gloves, masks and aprons."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

# Is the service well-led?

## Our findings

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

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

- The provider demonstrated a commitment to provide person-centred care by engaging with everyone using the service and stakeholders.
- People had opportunities to be involved in developing the service. Staff, people and their relatives were asked to complete regular feedback questionnaires. Feedback was summarised, and action was taken where people made suggestions.
- Staff told us the management team would encourage and listen to their concerns or ideas. Comments included, "[Registered manager's name] is very approachable and listens to us" and "The manager is wonderful and just like one of us care staff, [Registered manager's name] is so understanding."
- Staff recognition was promoted by the provider and the registered manager. Regular rewards throughout the year made staff feel appreciated. People were encouraged to nominate staff for awards.

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 complied with legal requirements for duty of candour. The quality rating was on display. We had received statutory notifications in a timely manner.
- The registered manager was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

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

- Staff told us they were able to provide good quality care and support to people because they had a manager and senior staff who got involved and understood their role. They said they could raise issues with any of the management team and their concerns would be listened to.
- Regular, effective and consistent checks to monitor the quality and safety of the service were in place. Action was taken where these checks highlighted shortfalls. The registered manager responded openly to areas where the electronic care system was not fully up to date.

We recommend the provider updates their electronic care system to reflect peoples assessed needs. The registered manager provided reassurance this would be addressed immediately.

Working in partnership with others

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to provide quality joined up care to people.