

HIL Care (East Yorkshire) Limited

HIL CARE (EAST YORKSHIRE) LIMITED

Inspection report

Unit 6, Newlands House
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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

Hil Care (East Yorkshire) Limited is a small domiciliary care agency and provides care and support to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 our inspection 2 people received the regulated activity 'personal care'.

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

People using the service and their relatives told us they felt safe. A relative told us, "I have no doubts they are safe."

Staff were recruited safely and kept people safe from the risk of abuse and avoidable harm. Personalised risk assessments provided staff with enough information to support people safely.

People received their medicines as prescribed and staff followed good infection control practises.

Staff were well trained and well supported. They provided people with the right care based on a thorough assessment of their needs and preferences.

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.

Staff delivered kind and compassionate care and respected people's individual choices.

The service benefitted from a registered manager who worked collaboratively with staff to deliver high quality care. The registered manager shared learning with staff and promoted a culture of continuous improvement.

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 14/02/2017 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

HIL CARE (EAST YORKSHIRE) LIMITED

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 was carried out by one inspector.

Service and service type

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

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.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 two people who used the service and a relative about their experience of the care provided. We spoke with five members of staff including the registered manager, office manager, a senior support

worker and two support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at three care 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 spoke with one professional involved with the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to keep people safe from the risk of harm and abuse. Staff could also access these on their mobile phones.
- Staff received training in safeguarding vulnerable adults and were clear about when and how to report any concerns.
- The registered manager understood their responsibilities to refer any concerns to the local authority safeguarding team and CQC.
- People and their relatives told us they felt safe in the care of staff.

Staffing and recruitment

- Staffing levels were appropriate for meeting the needs of people.
- Staff told us there was always enough staff and one said, "Staffing is great, it is a really good team."
- The provider operated a safe recruitment procedure which ensured appropriate checks were completed prior to new staff starting work.

Using medicines safely

- Medication was managed safely. Staff were trained in the safe management of medicines and had good knowledge of current guidance when supporting people to take their medicines.
- Care plans had protocols in place to support staff with administering people's medicines.
- Medication records confirmed people's medicines were administered as prescribed.

Preventing and controlling infection; Learning lessons when things go wrong

- Systems were in place to protect people from the spread of infection. Staff had completed infection control training and were provided with and used personal protective equipment (PPE) appropriately.
- There had not been any accidents or incidents. The registered manager told us they would review any accidents and incidents that occurred. Staff had access to information and could download this from their mobile phones if needed. The registered manager would record information where lessons were learnt so that improvements could be made to the service. This information would be shared with staff.

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.

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 care needs were effectively assessed. Assessment forms were used to develop care plans and these provided guidance to staff on how to deliver support to people in an effective way.
- The provider supported people to review their care and support to ensure this was being delivered as planned.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were confident in staff's skills and knowledge to support them.
- Training and induction were provided for staff in a variety of subjects to develop, maintain or enhance their skills and knowledge before they supported people to meet their needs.
- Staff received regular supervision and support.

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

- People who needed assistance with eating, drinking and meal preparation received support in line with their individual needs, dietary requirements and preferences.
- Staff gave people choice and made sure people had access to enough food and drink throughout the day.

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

- The registered manager had a good working relationship with other healthcare professionals and worked with them to ensure people continued to receive the right care.
- Care plans contained information about each person's health needs and the support they required to remain as independent as possible.
- Staff were confident in recognising changes to people's health and wellbeing and knew how and where to seek professional advice and to refer people to appropriate healthcare professionals.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were effectively protected. Staff sought consent and people were supported to make their own decisions. Where they were unable to, decisions were made in people's best interests. Staff were trained and working in line with the MCA and care plans supported this.

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.

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

- The provider recognised diversity amongst people using the service. People received kind and compassionate support that was free from discrimination.
- Staff spoke about people with fondness and of delivering high-quality care that met people's individual needs and preferences.
- Staff knew people's preferences and used this knowledge to support them in the way they wanted. They were attentive in their approach and people responded positively to this.
- Staff demonstrated good understanding of people's diverse needs and people were respected and valued whatever their race, religion, disability or gender.

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

- People and their relatives were effectively consulted. They were involved in writing and reviewing their care plans. One relative said, "We are fully involved in [Name's] care which evolves in relation to their needs."
- The provider actively sought feedback from people and their relatives about their care and acted on the feedback received.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.

Respecting and promoting people's privacy, dignity and independence

- People were respected. Staff understood the importance of respecting people's privacy. A staff member said, "We always follow their routines and ask permission before we do anything."
- Staff understood the importance of helping people to maintain their dignity. People told us the care and support they provided was discreet and respectful.
- People were encouraged to remain independent. Staff knew what people's levels of independence were and supported them to remain as independent as possible. A relative said, "[Name] is more independent and has picked up interests we didn't know they had. It's nice they have their independence."

Is the service responsive?

Our findings

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

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's care plans contained detailed and person-centred information to guide staff on how best to meet their needs. Staff followed them well. One person told us, "I like the staff they are really cool."
- Staff showed a good understanding of what was important to people and adapted their approach to meet their individual needs, choices and preferences. Staff knew their likes, dislikes. One person said, "They help me and I can decide what I want to do."
- The registered manager said any identified diverse needs would be recorded in people's care plans and met in practice when required.

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.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.

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 take part in activities they enjoyed, which helped people to lead fulfilling lives. Activities were tailored to people's interests and included walking, going to the gym, and being a volunteer. People had also gone on holiday with appropriate support.
- Staff respected people's decision if they did not want to complete an activity and offered other options they were known to enjoy.
- People were supported to maintain their relationships with families and friends. They could meet their families in the local community, visit them at home or use technology, for example, facetime to talk to family members.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively in line with the providers policy and actions were taken to address concerns.
- People knew how to make complaints. They told us they were listened to and minor issues were resolved quickly and usually by discussing them with the staff.
- Relatives were complimentary of the service and confident any concerns would be addressed.

End of life care and support

- No one was receiving end of life care at the time of the inspection. The registered manager stated that moving forward this would be addressed with service users and information would be added to the pre-assessment to ensure people would receive dignified, comfortable and pain free care at the end of their life.

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.

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; 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 management team worked collectively to demonstrate a positive culture and promote a high standard of person-centred care and support for people. A health professional told us, "The service has an open culture and an approachable manager and seems well led. Staff are observed to enjoy their work within the service."
- The management team knew people, their needs and their relatives well. Staff told us, "The manager is very approachable."
- Staff felt supported and spoke positively about the management team. They told us they could speak to the registered manager at any time and were positive about working for the provider.
- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

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

- Staff had a good understanding of their roles. They shared information easily because of the service being small. They were supported with supervisions, appraisals and staff meetings.
- There were effective systems and processes in place to monitor and improve the service. Audits were carried out on a regular basis which provided an insight into the service and if any improvements were needed.
- The provider worked in partnership with other services to support people's care and quality of life. Some of these included general practitioners, district nurses, and social workers.

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

- There was effective and open communication between staff and management; meetings, email updates and use of technology helped the provider and management share information and discuss the running of the service. A staff member said, "It's an excellent place to work, it doesn't feel like a business but a nice warm home from home, where everyone cares."
- People using the service were active and spent time participating in community-based activities of their choice if they wished to do so.

Continuous learning and improving care

- The registered manager committed to continually developing the service. Regular audits helped monitor the quality and safety of the care provided. The registered manager told us this was an area of the service that they wished to continue to improve.
- The registered manager was open and responsive to feedback and encouraged staff to continue their learning.