



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

HICA Home Care

**New Court House Unit 3-4, The Grange
Manor Road
Hatfield
Doncaster
South Yorkshire
DN7 6SB**

Lead Inspector
Janet McBride

Key Announced Inspection
23rd April 2007 09:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

| Reader Information | |
|---------------------------|---|
| Document Purpose | Inspection Report |
| Author | CSCI |
| Audience | General Public |
| Further copies from | 0870 240 7535 (telephone order line) |
| Copyright | This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI |
| Internet address | www.csci.org.uk |

This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

| | |
|---|---|
| Name of service | HICA Home Care |
| Address | New Court House Unit 3-4, The Grange Manor Road Hatfield Doncaster South Yorkshire DN7 6SB |
| Telephone number | 01302 846584 |
| Fax number | 01302 846046 |
| Email address | managerdoncaster@hica-homecare.co.uk |
| Provider Web address | |
| Name of registered provider(s)/company (if applicable) | HICA |
| Name of registered manager (if applicable) | Mrs Angela Williams |
| Type of registration | Domiciliary Care Agencies |

SERVICE INFORMATION

Conditions of registration:

1. Registration granted for the following categories:
 - Older people
 - People with physical disabilities
 - People with sensory loss including dual sensory impairment
 - People with learning disabilities
 - People with mental health problems
 - Personal carers

Date of last inspection 17th January 2006

Brief Description of the Service:

HICA home care organisation was founded in 1992, and their home care division has provided care for people in their own homes since 1993.

HICA home care is a 'not for profit' organisation and provides care throughout Hull, the East Riding of Yorkshire, North and North East Lincolnshire, Doncaster, Wakefield and Bradford.

The Doncaster based branch of HICA home care is situated on a small businesses park in Hatfield, which is on the outskirts of Doncaster.

HICA provide the following services personal care, domestic care and shopping and pension collection. The office is open and manned from 7am until 6pm Monday to Friday and 7am until 3pm on Saturdays.

The manager or co-ordinator is on call for any out of hours issues or concerns.

Information about the service is available to service users and their families via the home's Statement of Purpose and the Service User Guide.

The service had a range of fees dependent on the care provided for further information contact the agency.

SUMMARY

This is an overview of what the inspector found during the inspection.

One inspector from the Commission for Social Care Inspection carried out this announced inspection at HICA Domiciliary Care Agency, which started on the 23rd April 2007 and took place over three days (13:15 hours).

Pre-inspection work was carried out for example, analysis of statutory notifications and all other relevant documentation.

CSCI surveys were sent out prior to the inspection, twelve to service users that use the agency six were received back. Five were sent to staff that work for the agency and four were received back.

All comments received were collated and used in the inspection process and in this report.

During the inspection we looked at the majority of the National Minimum Standards, some time was spent at the office examining documentation for example complaints, accident records, staff recruitment and training files. Discussions with the manager and individual interviews with members of staff and service users that use the agency.

Part of the inspection process was to case track two service users care plans and visit these service users and relatives in their own homes.

These were chosen at random and service users agreed to take part in this process, any comments received relating to this inspection are included in this report.

The inspector would like to thank the staff and service users at HICA Domiciliary Care services for all their comments and co-operation in the inspection process.

What the service does well:

The agency was well managed with an excellent management structure with staff trainer on site, and a customer service manager. The customer service manager ensured that all service users and stakeholders are audited on a regular basis to gain their views and satisfaction of the service provided. these are analysed and any issues are addressed.

Service users are provided with information to enable them to raise concerns or complaints about the agency and the care received.

There was a good response to the Commission for Social Care Inspection surveys that were sent out prior to the inspection.

Comments on surveys received both from service users and staff were very positive and complementary about the agency.

A few comments received "we think HICA is very good" "the agency does everything well" " the agency takes care of all my needs".

Comments on staff surveys "plenty of training on different subjects and support" "the agency looks after the welfare of staff and service users".

There was also a good response from those service users and relatives that were visited, they gave examples of satisfaction with the service and the standards operated by the manager and the staff team, care staff were "kind and caring" and confirmed that personal care is provided in a way, which maintains the privacy and dignity of the service user and that the agency kept them updated with all matters.

What has improved since the last inspection?

New information pack for service users, which contains useful information, phone numbers for HICA and any useful local phone numbers e.g. social service, age concern and advocacy service. The pack also contained the service users guide and complaint procedure.

The agency continue to provide a good quality service, the management team has a proactive response to regulation and continues to look at ways of improving their services.

What they could do better:

Continue with on going NVQ training to ensure a minimum ratio of 50% of care staff are trained to NVQ Level 2 and continue to support the manager to obtain a nationally recognised management qualification equivalent to NVQ level 4 in management.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

User Focused Services (Standards 1-6)

Personal Care (Standards 7-10)

Protection (Standards 11-16)

Managers and Staff (Standards 17-21)

Organisation and Running of the business (Standards 22-27)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,6

People who use the service experience Excellent Quality outcomes in this area. This judgement has been made from evidence gathered during the inspection. This included a visit to this service and seeking the views and experiences of people who use the service.

Service users had some information about the services, and all were individually assessed prior to using the service, to ensure that their needs will be met.

EVIDENCE:

Information is available about the service provided, this was found to be very clear and concise. It is available in different formats and languages if required, and available on tape for those service users who had problems with vision.

All new service users received a pack of useful information including the service users guide, the pack also contains phone numbers for HICA and any useful local phone numbers e.g. social service, age concern and advocacy service.

Most referrals come via social services and an assessment of need is completed. The agency also completes a care needs assessment looking at personal care, moving and handling and if they require any equipment.

Risk assessments are completed using various assessment tools to ensure they can meet all service users needs. All this evidence and the assessments are kept in the service users care file, both at the office and in the service users file at home.

During the inspection care staff confirmed that they fill in a daily diary and report back to senior management if any issues were raised, or any changes they feel may affect service users care, evidence of this was seen when visiting service users in their own homes.

Service users said they feel they get good care, and that the agency provided a consistent and reliable service that meets their individual needs, and that care staff work the full time of care hours that is allocated.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

People who use the service experience Good Quality outcomes in this area. This judgement has been made from evidence gathered during the inspection. This included a visit to this service and seeking the views and experiences of people who use the service.

Care planning systems are sufficiently detailed to enable staff to deliver the care to service users, medication policies and procedures were well managed

EVIDENCE:

Two care plans were case tracked and as part of this inspection both service users were visited in their own home. Care plans showed that service users were assessed prior to accepting the services from the agency both had been referred by social workers that were involved in assessing their care needs.

Care plans contained detailed information for staff to deliver the care to service users, and set out in detail what care was required, taking into account service users wishes and preferences in relation to the way care is provided.

Care plans showed that they were developed to meet service users individual needs; they included various risk assessments, pen picture, personal and medical information. Whenever possible these are developed and agreed with service users and relatives. Evidence that regular reviews and re-assessments of care was completed, or because of changes in circumstances.

Service users are supported in taking risks as part of an independent lifestyle, both care plans seen and service users comments provided evidence that service users are risk assessed to minimise any identified risks or hazards. This was also confirmed when speaking to staff.

All service users who completed a CSCI survey and service users spoken to indicated all were very happy with the care received, and feel they are treated with respect and courtesy, at all times and their privacy upheld.

All service users had a copy of their care plan and said carer's carry out the care detailed in this plan.

The agency had policies and procedure regarding medication; care staff must never dispense, administer medicine, they can prompt if medication has already been dispensed in Nomad dispenser or Blister pack, staff members spoken to understood the medication policies and were able to give examples of how they put them into practice.

Protection

The intended outcomes for Standards 11 - 16 are:

- 11.** The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
- 12.** The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
- 13.** The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
- 14.** Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
- 15.** Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
- 16.** The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11,12,14,16

People who use the service experience Good outcomes in this area.

This judgement has been made from evidence gathered during the inspection. This included a visit to this service and seeking the views and experiences of people who use the service. Policies and procedures are in place to minimise risk so that the safety and welfare of service users is promoted. The policies and practices of the agency ensured that service users are safeguarded from abuse or harm.

EVIDENCE:

Safe working practice was discussed with the manager and staff, evidence was seen that the agency had comprehensive health and safety guidelines for staff to follow, all of which is documented in the staff handbook.

Safety of service users is promoted by assessing any identified risks, for example care plans showed risk assessment were in place regarding moving and handling, staff confirmed they had received training to use any equipment for example the use of hoists.

Policies and procedures were in place regarding abuse, and information is available in the staff handbook for staff to refer to. All staff had CRB and POVA checks completed prior to commencement of employment

Staff had an understanding of potential indicators of abuse and what to do if they became aware of an allegation of abuse. Staff confirmed they had received training and were aware of whistle blowing policies.

Part of the Inspection process was to visit service users and relatives in their own homes, these were chosen at random and agreed to take part in this process. Service users had written records giving details of their planned care. With the service users consent these were checked, records showed what care was given, and records were found to be legible and kept up to date.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

- 17.** The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
- 18.** Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
- 19.** Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
- 20.** The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
- 21.** Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17,18,19,20,21

People who use the service experience Excellent outcomes in this area.

This judgement has been made from evidence gathered during the inspection. This included a visit to this service and seeking the views and experiences of people who use the service. Staff at the agency were enthusiastic and worked positively with service users to improve their quality of life. The agencies employment and training practices ensured that service users are safeguarded and protected, and benefit from staff that are appropriately trained.

EVIDENCE:

The agency had robust recruitment procedures, which ensured that staff were suitable to work with vulnerable people. All the personal files that were examined revealed that thorough pre employment checks had been completed.

The agency had a staff trainer on site, who confirmed and could evidence that all staff had received induction and mandatory training. Each member of staff

had an individual training file that clearly showed what training had been achieved and when updates were due.

A structured induction process for new staff consists of orientation and shadowing programme. Induction training was linked to NVQ foundation training.

A number of staff had completed NVQ level 2 or level 3 courses, and most of the staff had enrolled on NVQ level 2 courses. The manager had started her NVQ 4 in management.

Responses from surveys, and staff interviewed said they felt well trained and supported by the agency.

Supervision was discussed with management and records checked, which showed that staff received supervision on a regular basis, and had their standard of practice observed and appraised regularly with written records available.

The agency had various ways of communicating with the staff, newsletters and staff meetings took place on a regular basis with minutes taken, and were available for the inspector to read.

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

- 22.** Service users receive a consistent, well managed and planned service.
- 23.** The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
- 24.** The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
- 25.** The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
- 26.** Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
- 27.** The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22,24,25,26,27.

People who use the service experience Excellent outcomes in this area.

This judgement has been made from evidence gathered during the inspection. This included a visit to this service and seeking the views and experiences of people who use the service. The agency delivers a well organised consistent, reliable service. Service users are provided with information to enable them to raise concerns or complaints about the agency and the care received.

EVIDENCE:

The agency was well managed with an excellent management structure with permanent premises, tour of these found them to be suitable and excellent working environment, they contained provision for private space and confidential meetings and a large training room for staff.

Record keeping was discussed with management and a number of records checked. All were found to be up to date, accurate, kept in good order and secure.

The agency had a complaints procedure, this is accessible to service users and relatives. All this was confirmed in the questionnaires that were sent out prior to the inspection or when speaking to people during the visit.

Complaint records showed one complaint since the last inspection, the agency recorded, responded and investigated in an efficient and thorough manner. The agency has a customer service manager who received copies of all complaints and monitors these.

Quality assurance was discussed with the manager and the customer service manager during the course of the visit.

The agency had a process for consulting with service users to gain their views and satisfaction of the service provided.

The customer service manager ensured that all service users and stakeholders are audited on a regular basis these are analysed and any issues are addressed.

Comments on surveys received both from service users and staff were very positive and complementary about the agency.

A few comments received "we think HICA is very good" "the agency does everything well" " the agency takes care of all my needs".

Comments on staff surveys "plenty of training on different subjects and support" "the agency looks after the welfare of staff and service users".

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion
 "N/A" in the standard met box denotes standard not applicable

| User Focused Services | |
|------------------------------|--------------|
| Standard No | Score |
| 1 | 4 |
| 2 | 3 |
| 3 | 3 |
| 4 | X |
| 5 | X |
| 6 | 3 |

| Managers and Staff | |
|---------------------------|--------------|
| Standard No | Score |
| 17 | 4 |
| 18 | 3 |
| 19 | 4 |
| 20 | 2 |
| 21 | 3 |

| Personal Care | |
|----------------------|--------------|
| Standard No | Score |
| 7 | 3 |
| 8 | 3 |
| 9 | 3 |
| 10 | 3 |

| Organisation And Running Of The Business | |
|---|--------------|
| Standard No | Score |
| 22 | 4 |
| 23 | X |
| 24 | 3 |
| 25 | 4 |
| 26 | 3 |
| 27 | 4 |

| Protection | |
|--------------------|--------------|
| Standard No | Score |
| 11 | 3 |
| 12 | 3 |
| 13 | X |
| 14 | 3 |
| 15 | X |
| 16 | 3 |

Are there any outstanding requirements from the last inspection? NO

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|---|
| 1 | DO20 | The registered person should ensure that the agency achieves a 50% NVQ staff attainment as soon as possible. |
| 2 | DO20 | The manager obtains a nationally recognised management qualification equivalent to NVQ level 4 in management. |
| | | |

Commission for Social Care Inspection

Sheffield Area Office
Ground Floor, Unit 3
Waterside Court
Bold Street
Sheffield
S9 2LR

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI