

## Ange Trusted Care Limited

# In Home Care (Fareham)

### 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

In home care is a domiciliary care agency providing personal care and support to people living in their own homes. 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. There were 25 people being provided with personal care at the time of our inspection.

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

People told us they felt safe and secure when receiving care. People were supported to meet their nutritional and hydration needs, medicines were safely managed, staff contacted healthcare professionals when required.

Staff followed infection prevention measures. People told us staff washed their hands when they entered their homes and when they left and that all care staff wore a face mask all times when in their home.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. People told us there were mostly enough care staff to maintain the schedule of visits but on occasion some calls had been delayed. Staff told us they felt supported and received regular supervision and training.

Care plans reflected people's individual needs and choices which staff were aware of and responsive to. People's risk assessments and risks relating to their home environment were completed and helped reduce risks to people while maintaining their independence.

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 understood consent and were clear people had the right to make their own choices.

The management team were open and transparent and understood their regulatory responsibilities.

There were systems and processes in place for assessing, monitoring and improving the quality of the care provided by the service.

The management team kept in regular contact with people, checking if they were happy with the service they received and if any changes were needed.

The service worked well with other partners, organisations and commissioners.

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

### Why we inspected

This service was registered with us on 21 April 2021 and this is the first inspection.

### 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.

# In Home Care (Fareham)

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

In Home Care is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### 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.

Inspection activity started on 8 July 2022 and ended on 25 July 2022. We visited the location's office on 20 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service including notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided and four relatives. We received feedback from eight members of staff and spoke with a company director and the registered manager. We received feedback from one social care professional.

We reviewed a range of records, including seven people's care records and five staff files in relation to recruitment and staff supervision. We looked at records in relation to the management of the service, such as policies and procedure and training data.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This was 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.

### Staffing and recruitment

- Staffing levels were determined by the number of people using the service and the level of care they required. Travelling time was not always built in between each visit, this created some calls to be late, one person said, "They are usually within 15 mins either side of my call times. If they are going to be very late, they do call me." Another person said, "No they are not on time. A lot depends on how they have got on with previous client. They don't ring and let me know so if no one has come 20 minutes after my time slot I ring the office. Usually they tell me the carer is on their way." We discussed this with the registered manager who assured us that they would review this to ensure staff schedules included travel time to ensure calls were on time and people using the service received weekly visit schedules.
- At the time of the inspection, the registered manager was recruiting additional staff.
- Safe and effective recruitment practices were followed. We checked recruitment records and found all the required pre-employment checks had been completed prior to staff commencing their employment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- The provider had an up to date infection control policy in place and staff undertook training in this area.
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and this was used effectively and safely. People confirmed this was worn as required by staff. One person said, "Yes they do use PPE. They keep it all but the masks in my bathroom. They wear a mask on entry and go straight to my bathroom to wash their hands before putting on gloves."
- The provider was accessing testing for people using the service and staff however, one person said, "They [Staff] wash their hands on arrival and on leaving. They also leave my rooms tidy and clean. I have not been given any information though on what would happen if I got Covid or one of the carers did." We spoke to the registered manager who told us they would ensure people received further information about Covid 19 infection and how the service would care for people during this time.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety when staff visited them. One relative said, "[Person] felt very safe with the carers. Only had them as a temporary arrangement for four days three times a day. This was because I was going away, and the current agency could only provide 8pm call but none during the day. This [In Home Care] was the only agency who were able to provide this service. [Person] was really happy with the carers so much so that I am thinking of moving their care to In Home Care."

- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.
- Staff told us they had completed safeguarding training and were able to demonstrate an understanding of their responsibility to report any concerns. Staff confirmed they would escalate concerns to the registered manager or would contact external agencies, such as the Local Authority, police or the Care Quality Commission.

#### Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and reduced. These covered a range of areas, including medicine management, moving and handling and medical conditions.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- The registered manager completed care calls frequently. This helped them to identify any changes in people's needs in a timely way. This meant risk assessments could be updated by the registered manager when required, to ensure staff had relevant information to support people safely.
- There were lone working arrangements in place to promote staff safety.

#### Using medicines safely

- Safe systems were in place to support people with their medicines which were managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans.
- One person said, "They give me my medication on time, they give me what is written on the bit of paper left here and record on a chart in my folder exactly what I have taken. They do make absolutely sure I take my medication," another person said, "I have tablets at night which the carers ensure I have taken. I have a skin condition and it itches a lot, so they have to apply creams. This morning the GP has added another cream for them to apply and it should be here this afternoon. The carers always follow the instructions and record all the meds and creams given."
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

#### Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents over the last 12 months.
- The registered manager described how, if any incidents or accidents occur, these would be recorded, investigated and action taken to reduce the risk of recurrence.



# 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

- The provider carried out an assessment prior to people receiving a service to ensure they were able to meet their care and support needs. Assessments were detailed and looked at people's physical, emotional, communication and health needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual protected characteristics.
- If required the registered manager liaised with health and social care professionals to develop people's care plans.

Staff support: induction, training, skills and experience

- New staff completed a structured induction when starting with the service. This included training and a period of shadowing until staff were deemed as competent to support people unsupervised. Staff completed the Care Certificate, this is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People using the service told us most staff were skilled and competent in their role. One person said, "I feel carers have adequate training to meet my needs. New carers usually shadow a more regular one." A relative said, "They are short of staff and at one stage [person] was getting lots of new ones [carers] and didn't like this. [Person] would tell the office about this and would get regular carers back again. They all appear to be able to meet [persons] needs."
- Records evidenced that staff received the necessary training to meet people's needs, including moving and handling, medicines management, health and safety and safeguarding. Staff confirmed this training had been received, a relative said, "[Person] was only having carers from In Home care for four days and prior to this the carer and manager were trained to use their hoist. They did a very good job caring for [person] and fully understood the level of support they required."

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

- Information about the level of support people required with food preparation and eating and drinking was included in their care plans.
- Where staff were required to prepare food, people confirmed suitable food and drinks were provided and they were included in making decisions about what they ate and drank, a person said, "The carers do give me a choice but I tend to take a long time to decide. They are very patient with me. I get what I ask for and they do go through what I have available and if for example, I run out of milk they will nip out and get it for

me".

- The registered manager told us, "If required a person's food and fluid intake would be monitored and any concerns would be reported to the appropriate healthcare professionals".

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

- People told us staff would support them to access medical support if required. One person said, "They do support me to get health care and they have offered a couple of times when I am having problems with my mental health to contact certain people if necessary."
- People had care plans in place, which contained essential information, including information about their general health, current concerns, social information and level of assistance required. Information was maintained in each person's home for any medical or emergency staff. This included essential information about the person's medicines and their wishes or decisions about the level of emergency care they should receive, a quick response code (QR) was available on the front of the care plan to allow emergency services to access personal information. This allowed person centred care to be provided consistently.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was aware of their responsibilities under the MCA and the role this might play in care delivery.
- Staff received training on the MCA. Mental capacity assessments had been completed where required.
- Where people had capacity to provide consent, we saw they had signed consent forms and care records to confirm their agreement with the proposed plan of care.
- People told us staff respected their views and asked for their consent. A person told us, "They [staff] ask me what and how I want things done. They don't override me and make sure I am comfortable. Care at home is new to me but as I didn't want to go into a care home this was the best option."

# 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 told us they were treated with kindness and were positive about the staff's caring attitude, a person said, "Our regular carer is excellent. She is so very kind and always sits and chats to us and asks us what we want done and how," another person said, "They are very kind and compassionate to me especially when I am upset partly due to my health condition. I moved to a new house and the carer bought me an omelette maker. This same carer when I lived with a friend bought my friend a present on their birthday. They [staff] will stay and comfort me when I am upset and let the office know."
- People were supported by a service that was flexible to meet people's needs, a person said, "I currently go to an art class and they have extended my Thursday call to ensure I can attend my class. After next week I am going to change to a Wednesday class so the carers will change times again to suit me."
- The registered manager and staff told us they aimed to ensure people's equality, diversity and human rights needs were supported and respected. People were asked questions about protected characteristics during the initial assessment stage, the registered manager told us they ensured they looked at individual needs during care planning.

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

- Records demonstrated, and the registered manager confirmed people were initially involved in the implementation of their care plans and ongoing reviews. People and their relatives told us they were involved in decisions about their care. One person said, "I was involved in the setting up of my care plan and talked everything through at the time. My family were worried that after being in hospital I might not be able to look after myself. Having this care has eased my family's worries."
- Care plans included information about the people's life history and preferences around food and drinks. This meant care staff had access to important information about people, such as equality and diversity and/or protected characteristics, before attending and would therefore be better able to meet people's individual needs.
- People and their relatives were invited to complete a questionnaire about the service they were receiving, this was analysed and responded to by the management team.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. For example, some people requested female only carers, and this was respected, a person said, "I believe I was asked if I was okay with male or female carers and said I don't mind. I had one male carer who was brilliant," another person said, "I made it very clear that I did not want male carers."

- Staff respected and promoted people's independence. A relative said, "[Person] tries to be as independent as they can be, the carers do support [person] in enabling them to do things for themselves."
- Staff had a good understanding of and were keen to support people to maintain their dignity and independence.

# 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's care plans were person centred including information about people's individual preferences and life history as well as identifying health and care needs.
- People told us they received person centred care. When asked if they would recommend the service, one person said, "Yes, I would, I'm thinking about keeping them on after [rapid response] care package ends."
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes to the registered manager in the office and documented these changes within the daily records kept in people's homes. This meant all staff who provided care to the people could be kept up to date with any changes or concerns to enable effective monitoring and timely interventions.
- Staff confirmed there were risk assessments to support person centred care. One staff member said, "The care plans and risk assessments are always available to read, I read the risk assessments regularly, especially if I have not visited the client recently."
- There were systems in place to ensure changes to people's needs were reviewed and information made available to staff, a person said, "They do review my plan and make changes when necessary."
- Should people's needs change staff were clear about the actions they would take. One care staff member told us, "I will talk with the client and if required I will call ambulance or GP, I will record all information in daily notes, inform the next of kin and the manager in the office. If required, staff stay with the person until family or the ambulance arrives and let the office know so they can sort other care calls."
- The management team liaised with health and social care professionals when needed.

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.

- The service had systems in place to support the communication needs of people. Care plans contained information to guide staff how to communicate effectively with people, the registered manager had developed information for people in line with the Accessible Information Standards (AIS).
- The management team understood their responsibilities under the AIS. People or family members could be provided with large print documents if needed to meet communication requirements.
- People had their communication needs assessed during the initial assessment, these needs were reviewed, and care plans updated so staff had the most up to date information.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. They told us when they had reported complaints, they had been resolved. One person said, "We haven't made any formal complaints except when they sent a carer who we couldn't get along with. Our relative rang the office and asked them not to send the carer again and they haven't. We have confidence should an issue arise it would be sorted to our satisfaction."
- There were systems and policies in place to investigate complaints and the management team completed appropriate actions and follow up actions when complaints were made. The outcomes were shared with staff and action taken when necessary to reduce the likelihood of similar concerns being raised in the future.

#### End of life care and support

- At the time of the inspection, the service was not supporting anyone receiving end of life care. However, there were systems and policies in place for end of life care, which could be used when the need arose.
- The registered manager was able to describe the steps to be taken when people need end of life care and accurately described how support would be accessed from other professionals.

# 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

- People and their relatives praised the staff and management for their kindness and compassion. One person said, "The care is excellent and reliable, I think of my carers like my own family. I receive the very best care and, I am happy with the care I receive."
- There was a person-centred culture within the service and people were placed at the centre of their care.
- During discussions with people it was clear they felt valued and respected by staff. A person told us, "I couldn't do without them [staff]. The registered manager is marvellous and is always there for me when I need her." Another person said, "If it is a hot day the carers will put my awning out in the garden for me." A relative said, "I have a problem getting my socks on and if I am struggling to do it when the carers come to see [person] they will do it for me. I really look forward to them [staff] coming."
- People were fully involved in their care and the provider consulted people in a range of ways; these included quality assurance surveys and one-to-one discussions with people. Outcomes of these were analysed and feedback from people was used to improve the service. People felt confident to contact the registered manager and speak to them about their care package.
- Staff felt listened to and spoke positively about the registered manager and provider. They told us they felt fully supported. A staff member said, "I feel really well supported by the registered manager." Another staff member said, "The [registered manager] is so supportive, the company really cares about the staff and people. I would never want to leave."

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 understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered manager gave examples when she had complied with her duty of candour by informing people and family of incident and described how this is done when the need arose.

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

- There was a clear management structure in place, consisting of the nominated individual, the company director, the registered manager and care staff. Staff understood their roles and communicated well between themselves to help ensure people's needs were met.

- Quality assurance procedures were in place to ensure the smooth running of the service and support continual improvement. These processes included the completion of audits for care plans and medicine administration records. The registered manager monitored all findings and feedback received and where issues or concerns were highlighted, these were reviewed, and actions taken as required to reduce future risk.
- The registered manager worked closely with staff and conducted frequent supervisory spot checks of care staff to assess staff performance and offer support and advice as needed.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on but not limited to, safeguarding, training and infection prevention and control. Policies and procedures were shared with staff.
- The registered manager understood their responsibilities and had notified CQC about all incidents and safeguarding concerns.

#### Working in partnership with others

- The service worked in partnership with other organisations, including the local authority and health and social care professionals to provide joined-up care. This was evidenced within people's care records and from discussions with people and staff.
- The registered manager had a positive relationship with external professionals and used them for support and advice when needed.