Care Quality Commission

Better Home Care Ltd

Better Home Care

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

Overall summary

Better Home Care is a domiciliary care service that is registered to provide personal care to people living in their own home. At the time of our inspection there were 25 people using the service. The provider's head office is based in the village of Comberton.

This was the first inspection of the service since it registered with the Care Quality Commission at this address.

This announced inspection took place on 28 September 2015 and was completed by one inspector. 48 hours' notice of the inspection was given because we wanted to make sure the manager and staff were available. We needed to be sure that they would be in.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A robust recruitment process was in place. Only those staff deemed suitable to work with people using the service were offered employment. A sufficient number of suitably qualified and experienced staff were employed to help ensure people's needs were safely met. An induction programme was in place to support new staff as well as regular ongoing coaching and mentoring.

Staff were trained in, and adhered to safe, medicine's administration practice. Staff had their competency to do this assessed regularly.

Staff had been trained and were knowledgeable about protecting people from harm. Reporting procedures were in place which staff were aware of and knowledgeable about their use.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when an assessment of people's mental capacity was required. They were also aware when they needed to liaise with the local authority should a need arise to lawfully deprive any person of their liberty.

Staff respected people's choices and preferences and supported them to improve their independence. This was by staff who provided people's care with compassion whilst respecting their privacy and dignity.

People's assessed care needs had been determined from their input, information from relatives, care staff and health care professionals. This was to help ensure that people were involved in their care planning.

People were supported to access a range of health care professionals including occupational therapist, a GP and speech and language therapists. Staff adhered to the advice and guidance provided by health care professionals. Risk assessments were in place to help manage each person's assessed health risks.

People were encouraged to eat and drink sufficient quantities. People were able to choose what, where and when they ate. This included support for people who were at an increased risk of malnutrition.

Staff were supported with regular supervision to develop their skills, increase their knowledge and obtain additional care related and management qualifications.

People were provided with information, guidance and support on how to raise a complaint. The provider took appropriate action to ensure any complaints were addressed to the complainant's satisfaction. The registered manager used complaints as a way to drive improvement proactively.

The registered manager and senior care staff had effective audit and quality assurance processes and procedures in place. Any areas requiring attention were raised at staff meetings, formal supervision or during staff coaching opportunities.

Summary of findings

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.

Staff were knowledgeable and skilled in medicines administration. People were kept safe by staff who were knowledgeable about protecting people from any potential harm.

People's care needs were met by a sufficient number of trained and suitably qualified staff.

Safe and effective recruitment procedures were in place. Staff who were deemed suitable to work with people using the service were offered employment.

Good

Is the service effective?
The service was effective.

People were supported to make and be involved in the decisions about their care. Staff knew people's care needs and they were experienced in meeting these.

People were supported to eat and drink sufficient quantities of the foods they preferred. People were offered choices of meals and drinks.

Staff worked well with health care professionals, followed their advice and reported any changes to people's health condition promptly.

Good

Is the service caring?
The service was caring.

Staff provided people's care with tenderness, compassion and dignity. People were made to feel they really mattered and were always at the front of staff's thoughts.

Staff understood people's care needs and provided these with sensitivity.

People were supported to see or be seen by relatives, friends and visitors when they wanted. People's human rights were respected.

Good

Is the service responsive?
The service was responsive.

People were supported to achieve aspirations or goals that had a positive impact on their quality of life.

People and those others involved in their care contributed to the assessment and planning as much as possible.

People's concerns, compliments and suggestions about their care were used as a means to monitor their satisfaction. These were also used to inform decisions about any changes where these were required.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager had audits and quality assurance processes in place. These were effective in identifying areas requiring improvement.

Staff were supported to gain additional health care related qualifications. The registered manager and senior care staff promoted an open culture and supported staff to ensure people's needs always came first.

People, relatives and staff confirmed that the registered manager was available when they needed them.

Better Home Care

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 provider is 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.

This announced inspection took place on 28 September and was completed by one inspector. 48 hours' notice of the inspection was given because we wanted to make sure the registered manager and staff were available.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we hold about the service. This included the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

We also received information from the local authority who commission and contract care from the service.

During the inspection we visited and spoke with two people in their homes and spoke with five people by telephone. We also spoke with two relatives, the service's registered manager and two care staff.

We also observed people's care to assist us in understanding the quality of care people received.

We looked at three people's care records and records of staff meetings. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, supervision and appraisal process records, training records compliments and quality assurance records.

Is the service safe?

Our findings

We saw that people were provided with details of the staff providing their care a week prior to the visit by staff. People told us that this reassured them knowing which, and when, staff were going to call. People who used the service told us that they felt safe. This they told us this was because staff turned up on time or informed people for the reasons for any delays. One person said, "There are enough staff. I have never had any calls missed." Another person said, "If I ever had any concerns I would call the [registered] manager but I have never had to do so."

1. Staff were able to describe the signs of any potential harm, who and how this could be reported to and the actions they needed to take. For example, informing the registered manager, the local safeguarding authority or the Care Quality Commission. One person said, "Why shouldn't I feel safe. I trust them [care staff] implicitly." The commissioners' of the service confirmed to us that they felt confident in people's safety. This meant that any concerns about people's safety would be recognised and acted upon swiftly.

Staff were also confident to report any poor standards of care if ever this was necessary by whistle blowing. One care staff said, "I would absolutely be confident to report any concerns and I know my [registered] manager would support me." The registered manager told us that they only retained those staff who maintained the right standards of care.

During our inspection we saw that there were sufficient numbers of staff to meet people's care needs. One person said, "they [care staff] are reliable. I get good continuity of care." The registered manager told us that people's needs came first and foremost. They said, "We only care for those people that we know we can provide, and have available, the right number of staff with the right attitude." They said, "We only recruit staff who have the right skills and attitude. We are recruiting two more senior care staff to be champions for medicines administration and for people living with dementia."

The registered manager and staff confirmed that there were arrangements in place for unplanned absences such as staff calling in to report their ill health. Other measures planned to be introduced included a nominated staff member to cover any unforeseen absences. This included poor weather conditions and staff sick absences. The registered manager said, "All staff, including me, can cover short notice changes as well as overtime and additional shifts. However, we never use agency staff." People confirmed to us that this was the case. One person said, "It is good to see them [care staff] each time they arrive." We found that the service had a low staff turnover rate. Staff said that this was because they were valued.

Accidents and incidents such as where people had experienced a fall were recorded. We saw that actions had been taken to prevent the potential for any recurrences. This included changes to the use of equipment with people's safe moving and handling.

The provider had processes and procedures in place to ensure that only those staff deemed suitable to work with people were offered employment. This was confirmed in records we looked at. Checks were completed before staff commenced their employment and included evidence of staff's previous employment history and evidence of a Disclosure and Barring Service (DBS) check.

We saw that staff gave people as long as they wanted to complete their chosen activity. For example, people having as much time as they wished to finish their meal, going to the toilet or with movement around their home. One care staff said, "I have worked in several care settings but [name of provider] gives me travelling time and the time I need to help people as much as they want."

We saw that risk assessments were in place for subjects including people at risk of isolation, falls, malnutrition and pressure sore care. These were reviewed regularly. This was to ensure people's support and care was undertaken in the safest practicable way. One person said, "I need two staff to help with getting up and going to bed and this is always the case." Records we viewed confirmed this.

People were supported to take their medicines in a safe way. We saw and staff confirmed that they had been trained in the safe administration of medicines. Staff's competency to do this safely was regularly assessed. Medicines were recorded accurately and were stored securely in people's homes. Staff were aware of those medicines which had to be taken at a certain time of day or under specific conditions such as 'with food'. We found that medicines administration records (MAR) included people's allergies and also how and when they liked to take their prescribed medicines.

Is the service effective?

Our findings

People told us that staff were competent and that they understood their needs. One person said, "They have cared for me over the past year and they do exactly what I ask and often without having to be asked as they know me so well." A relative said, "If there are ever any health concerns about my [family member] they [care staff] respond quickly."

Staff were aware of the specific decisions people could make and where support to make these was required. For example, reminding people to take their medicines or when to go to the toilet. One care staff said, "I have had training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)." No one currently using the service had, or needed to have a DoLS in place. The registered manager and senior care staff knew when and what circumstances could lead to an application through the local authority to the Court of Protection.

The provider had a training programme in place. This was so that staff were able to safely provide care to people. These included moving and handling, caring for people living with dementia, infection prevention and control; and fire safety. Training records and plans we viewed showed us that staff were reminded when they had to complete refresher training on any particular subject. This was done automatically through the provider's electronic recording system. Staff were also receiving training regarding the Care Certificate'. This is a nationally recognised qualification in the standards of care to be provided. As well as formal training, staff were mentored and coached by more experienced staff in providing care based upon what worked well for the person. One member of staff said, "It [induction] was a gradual process. I soon became confident dealing with any situation. If I needed any additional support I just asked."

Staff told us that the support from the registered manager was good and he was available when needed and that they could call him at any time. One staff member said, "I have a mobile phone number I can call." All staff confirmed that they worked well as a team and that supporting each other was key to being successful in meeting people's needs. Staff confirmed their regular support and formal supervision was a two way conversation and an opportunity to discuss their plans for future training and qualifications.

We saw that people were supported to eat and drink sufficient quantities. People were involved in decisions about what they wanted to eat. People could choose from a variety of their preferred meal choices as well as having access to frozen food ready meal suppliers. We saw that where people did not like their choice that staff offered an alternative such as making a sandwich. They also respected people's decisions on the quantity people chose to eat. Where people were at an increased risk of malnutrition we saw that appropriate measures had been taken to ensure their health was not unduly affected. This included fortified drink and food options prescribed by the person's GP.

We saw that staff supported to people to access a range of health care professionals. This included occupational therapists, community nurses and their GP. We saw that staff had adhered to the advice health care professionals had offered. This including ensuring the person was using any equipment provided correctly. We saw that appropriate referrals were made to health care professionals when required, such as when people experienced an untoward number of falls. We saw and found from records viewed the difference various health care professionals had made to people's lives and confidence levels. Commissioners' of the service confirmed that there were clear care plans in place to support people and also enable them to access other health professionals and secondary health care services.

Is the service caring?

Our findings

We saw that at each of the people's homes we visited that the staff offered and provided care in privacy and with dignity. At one person's house the staff gently knocked on the person's garden gate to not suddenly wake them. We saw that the way the care staff gently woke the person was done sensitively. One person said, "They [care staff] are amazing. They do what they say on their care plans. They really are better home care." Another person said, "When we first started with [name of provider] we weren't too sure as it was all so new, but [name of registered manager] could not have put us more at ease."

People said that staff always announced themselves before entering. One person said, "They always knock and wait [for me to answer]." Where people preferred or they were not able to easily answer the door staff could access the property independently. We saw that staff introduced themselves as well as engaging in polite and general conversation. This also included seeking assurance that the person was well and not in any unnecessary pain. We also saw that the staff had a very good rapport with the people they cared for. One person said, "Oh yes, we have such a laugh. It isn't all serious." Another person said, "they [care staff] help me with a shower. I prefer a female [care staff] and this is what I get."

Care plans we looked at included the details and guidance staff needed when providing people's care. This was especially relevant where new staff were employed. One person said, "Whenever a new one [care staff] comes they are always accompanied by an experienced member [of staff]." People, relatives and the service's commissioners' confirmed that people were involved as much as and wherever possible in their care planning. The registered manager told us that for some people, alternative formats were used included larger print or having their care plan read to the person. Another person said, "They [name of provider] are wonderful in every respect."

People told us that they were always treated with dignity and respect. One person said, "We have had a few care staff but they are all so caring." Staff were able to describe the circumstances they needed to be mindful of when providing any personal care. For example, offering reassurance and having people's clothes ready for them to put on. People told us and the registered manager confirmed that where required, staff were matched to the people they cared for. Another person said, "The staff are efficient. They have and make the time so that I never feel guilty about asking for anything." One member of staff told us that they cared for people who shared their passion for certain hobbies and interests.

Throughout our inspection and at each of people's homes visited we found that the quality of care provided was based upon each person's individual needs. One person said, "It is the size of the service which makes it so homely. I am a very critical person and [name of provider] are top notch." We found that people had their personal care provided in the room of their choice. One relative said, "Staff know my [family member] and their needs very well. I am very pleased with what they [care staff] do as they do it well." We found and observed that staff attended to and met people's needs promptly.

The registered manager told us and we saw in the service user guide about the advocacy arrangements that were available. Advocacy is for people who can't always speak up for themselves and provides a voice for them. A relative told us "I advocate for my [family member] for the subjects they are not able to speak up about on their own." The registered manager also told us and we saw in records viewed that people were supported with their civil rights such as being able to vote in elections. Other options such as the input from people's families were always considered. This meant that people were supported to have their rights respected

Is the service responsive?

Our findings

People's needs were assessed prior to them using the service. This included input from the person, people's life histories, relatives and staff's knowledge of the person. This also included where required information from commissioners' of the service and health care professionals. This was planned to assist care staff with understanding people's care needs and what the person actually wanted.

People were involved in having person centred care plans as much as possible. One care staff said, "I find the care plans easy to follow. Even if my usual [care] round is changed I can soon pick any relevant aspects up from the care plan. Especially if the person has any allergies or particular preferences." This showed us that the service considered the aspects of people's care that were meaningful and important to the person.

We observed and found that when people requested or staff identified a need for assistance that staff responded with enthusiasm. One person said, "The staff get on well with [family member]. I also find it nice to chat as it breaks up the day." People were supported with a range of their preferred hobbies and interests. This included going to a day centre, reading the newspaper and completing crosswords and puzzles as well as watching TV. This showed us that the service and its staff supported people to reduce the risk of social isolation.

We saw that there had only been one formal complaint and that this had been responded to. This had been to the satisfaction of the complainant. The registered manager told us, "When I received this complaint I acted swiftly. I made sure that [appropriate steps had been taken]." People were supplied with information in the form of a service user guide and support on the ways they could raise concerns, suggestions or compliments. This included other organisations people could contact such as the Local Government Ombudsman.

One person said, "If I was ever unhappy about something I would just need to speak to [name of registered manager] or ring the office staff." One person had requested a change in the time for one of their calls. We were told and saw that this had been implemented and of the difference this had made to the person's quality of life. Another person said, "The staff and what they do are marvellous. I have never had to complain."

We saw that compliments were also used as a way if identifying what worked well and where staff's commitment had proved particularly successful. One recent comment stated, "Thank you for all the dedication for my [family member's] care." The registered manager told us that any compliments were always passed on to staff.

The registered manager explained to us how they put people first and foremost. This included any changes in people's general health such as a change to their medication. We saw that staff meetings were used as an opportunity to involve staff in making a difference to the service they provided. Examples included where staff had been reminded to ensure they wore their personal protective clothing when supporting people. We saw that this was the case. This helped ensure people and the care they received was individualised.

Is the service well-led?

Our findings

Management staff explained to us how they actively involved people in highlighting areas within the service for development. For example, through regular home visits, telephone calls to people and gaining staff's comments. This was the weekly records care staff made about the care that had been provided. This helped determine the required care needs, or changes to them, for each person. One person said, "It must be well-led because the care I get is excellent. I would give them top marks if I could." The registered manager told us that they asked people what they thought about the quality of the care they received. This included regular conversations with the person, observations and; seeking relatives' and health care professionals' views. One relative said, "The service is well-led as [name of registered manager] calls in regularly to ask how [family member] is and if anything needed attention."

Quality assurance checks completed by the registered manager and senior care staff helped ensure the expected standards of care were maintained. This was for subjects including medicines administration and spot checks on staff's performance. Information from other organisations such as the local authority commissioners confirmed that the service constantly strove for improvement. Other ways the provider used to obtain information was by completing a staff survey. This had identified a need for training regarding people's catheter care when this was needed.

One area of good practice we found was the use of a digital image [Quick Reader code] on people's care plans. This was scanned by a mobile smartphone and this information confirmed who the person was and when staff arrived. This helped ensure that people's care could be monitored by management staff. This supported lone workers as well as confirming when staff had completed a care visit and for the correct period of time.

Links were maintained with the local community and included assisting people with their shopping, going to a day centre, being visited by friends and family or just going out for a gentle stroll. People confirmed that staff assisted them with what they had chosen to do.

Staff told us that they were aware of whistle-blowing procedures and would have no hesitation in reporting their concerns, if ever they identified or suspected poor care standards. They said that the registered manager was always supportive of staff if ever a concern was identified.

We saw that alerts and guidance from national organisations such as the Royal Pharmaceutical Society were immediately brought to staff's attention. For example, if changes had been made to the recommended time that care staff had to spend with people. We found that this standard was being adhered to. Information from nationally recognised organisations was used as good practice and cascaded to staff by the registered manager.

Staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. For example, requests for additional training on people living with dementia. These meetings were attended by all staff where practicable and information was also e-mailed to those staff who were unable to attend the meeting. The registered manager reminded staff of the standard of care expected and how this was to be maintained. This was also through formal supervision. For example, reminding staff to adhere to the provider's double up call policy as a result of concerns raised.

The registered manager regularly worked on shifts with staff. This also provided them with the opportunity to complete spot checks as well as mentoring new staff. Spot checks included monitoring that people's medicines had been safely administered as well as being recorded accurately Staff spoke highly of the registered manager and how they were supported by them. Staff also said that the registered manager kept themselves aware of the day to day staff culture and that the care, values and beliefs of the service were being maintained by staff. One member of staff told us, "The [registered manager] has helped me grow in confidence."

From records viewed including the Provider Information Return we found the registered manager had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about.