

Helena McNally

Old Friends 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Old Friends Care is a service providing personal care to people in their own homes. The service supports people with all types of needs. One hundred and fifteen people were supported with their care needs at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were exceptionally positive about the staff who cared for them and told us staff's kindly and warm approach enhanced their lives and well-being. Staff valued the bonds they had built with the people they cared for and knew people exceptionally well. Staff were encouraged to provide exceptionally kind care by the culture set by senior staff. This included recognising and celebrating when staff provided exceptional care to people. People told us staff often went the extra mile to support them and their relatives and to show them they were valued. People were empowered to make their own decisions because of the culture of the service and the way they were cared for. Staff advocated for people, where people wanted this. This had led to improvements in people's lives. People and relatives highlighted staff were respectful and care was provided sensitively by staff, so people's dignity needs were met.

People were supported to manage their safety and reduce risks they experienced. People's wider safety needs and desire for independence was considered by staff. People could rely on staff to provide them with them they had planned together. There were sufficient staff to care for people, and staff noticed if people needed extra help. People's medicines were managed safely, and checks were made to ensure they were administered as prescribed. Staff took learning from any concerns and incidents, so risks to people were further reduced.

People decided what care they wanted, and care plans reflected people's preferences and needs. Relatives views were sought on the care planned for their family members, when people wanted this. Staff took action to support people to communicate their wishes, and to involve people in reviewing their care. This helped to ensure people were fully included in discussions and were able to make informed choices about their care. People had confidence any concerns or complaints would be promptly addressed. Staff sensitively supported people at the end of their lives. This support was extended to relatives and staff. The manager planned to further develop their understanding of people's preferences in respect of their end of life care.

People benefited from receiving a service where there was a commitment to developing staff skills and supporting them. People were supported by staff to access help from other health and social care professionals, so they would enjoy the best well-being possible. People's food and drink preferences were met. 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.

People, relatives and staff were positive about the way the service was led, and how staff were guided to focused on people's needs they cared for. The manager, senior staff and provider checked the quality of the care provided and worked with people, relatives and other organisations to drive through improvements to people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 10 August 2017).

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 ●

Old Friends Care

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 completed by one inspector and an assistant inspector.

Service and service type

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

The service was had a provider registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. 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 manager would be in the office to support the inspection.

Inspection activity started on 26 June 2019 and ended on 28 June 2019. We visited the office location on 27 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at staff training records and complaints and compliments received. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff were confident if they raised any safety concerns these would be promptly addressed by senior staff.
- One person told us systems were embedded to ensure they remained as safe as possible. The person said, "They [staff] always remind me to lock the door if I am by myself. They think about my safety."
- Staff had received training and developed the skills to know how to recognise and report abuse, if this was identified.

Assessing risk, safety monitoring and management

- People told us staff discussed their safety needs with them. One person told us, they required additional assistance because of their mobility needs. The person said, "Staff always work at my pace, and if I am trying to walk without my [equipment] they remind me to use it."
- Staff had developed a clear understanding of the safety needs of the people they cared for, and assisted people to reduce risks to their safety. This included risks arising from people's underlying health conditions, such as diabetes, and risks relating to people's mobility. One staff member gave us an example of how they had successfully worked with other health and social care professionals, so risks to people's skin health were reduced.
- Senior staff undertook checks on people's safety. These included checks the environment, such as people's smoke detectors and to ensure people had the equipment required to provide safe care. One senior staff member said, "You think about people's safety all the time, and the staff's, too."

Staffing and recruitment

- People and their relatives said staff were very reliable, and provided the care agreed at the times planned. One person told us, "They [Staff] come on time, if they are going to be late they let me know." One relative said, "Staff are really good and reliable, they are always here when they are supposed to be."
- People and their relatives said very occasionally staff may be delayed in reaching them. For example, if a person on a previous call needed emergency assistance.
- There were sufficient staff to care for people. People, relatives and staff gave us examples of times when the amount of care they received had been promptly increased at their request. This included if people needed additional care because their needs had changed.
- Staff were not allowed to care for people until checks had been made to make sure they were suitable to work with vulnerable adults.

Using medicines safely

- People were complimentary about the support they received to manage their medicines as prescribed. One person explained with the support of staff they had been able to reduce the medicines they need to take. Another person said staff always took time to explain what their medicines were for.
- People were receiving their medicines when they should, from staff who had been trained to do this, and whose competency was checked. The senior staff and manager made checks on the medicines administered by staff, so they could be assured people received these as prescribed.
- Staff understood some people preferred to manage their own medicines. One person told us, "I am doing my own medication. They [staff] recognise I am independent."

Preventing and controlling infection

- People told us staff consistently used the equipment they needed to reduce the likelihood of infections. One person said, "They are scrupulous with hand hygiene." The person told them staff respected them and their home.
- Staff had been given the guidance they needed to promote good hygiene practices and told us the gloves and aprons they needed were always available for their use.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, or near misses.
- Staff had opportunities to reflect on the care provided to take any learning from any incidents or near misses. This included through feedback during spot checks, one to one meetings with their managers and through text alerts from senior 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.

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

- People's care needs and preferences were identified by staff before care commenced. One person said, "They [staff] came out and gave me the chance to ask what I wanted. They asked about my medical history and what the carers [staff] need to be doing."
- People's assessments considered their safety, communication and physical and mental health support requirements. One staff member told us, "We want these to be person centred, so people are involved in these." The staff member explained if people need support their relatives were consulted. This ensured people's needs were fully recognised and addressed.

Staff support: induction, training, skills and experience

- People said staff had the knowledge to care for them. One person highlighted how well staff had been trained to support them with personal care, and to ensure they were safe. The person said staff the skills of the staff caring for them were, "Marvellous. They do everything I need, and they do it well."
- Staff were positive about the training they received and explained how their training matched the needs of the people they cared for. This included training to meet people's individual support needs, such as medication and mental health training. One staff member told us, "The training has been good. It makes you more aware of how to care for people, and the importance of cross checking what you are doing."
- New staff were supported through induction and induction training programmes. One staff member explained, "I did Parkinson's disease and catheter training before I could start shadowing [working with more experienced staff]." The staff member told us this helped to prepare them well to care for people.

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

- People were supported by staff to have enough to eat and drink, where they wanted this. One relative said staff supported their family member to have enough drink. The relative said, "They [staff] include me and ask if I want a drink, too."
- Staff understood the links between poor nutrition and health. Staff gave us examples of additional support provided so people would have enough to drink in hot weather, and to be encouraged to have sufficient to eat, based on people's preferences, so they would remain well.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People were supported to see other health and social care professionals when required. One relative said their family member required support from district nurses. The relative told us, "The District Nurses come in, they say the carers [staff] are some of the best they've seen, they leave notes for each other, or ask me to

pass them on." The helped to ensure the person received consistent care to manage their health.

- Staff gave us examples of the ways they worked with other organisations, so people's well-being and health was enhanced. This included by arranging appointments with other health and social care professionals and by advocating for people, so they would have the equipment they needed to live as full a life as possible.

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

- Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently described staff as exceptionally caring and considerate and were universally positive about the relationships they had built with staff. One person told us, "All the carers are fantastic." Another person said, "They are the best carers [staff] I have had. They are like members of my family." One relative said, "Staff are really good. [Family member's name] really looks forward to them coming." Another relative told us, "They [staff] brought some flowers on [family member's name's] birthday, I thought that was kind."
- People gave us numerous examples showing how the kindness of staff had enhanced their well-being. One person told us they had been extremely anxious. The person said because of staff's caring approach when supporting them, they felt more self-assured and less lonely. The person said, "They [staff] have helped me to get a foot back into the world."
- Staff consistently went the extra mile to ensure people's well-being. There were many examples of acts of kindness undertaken by staff in their own time, which had a positive impact on people's lives. One staff member explained they had noticed a person they cared for had become withdrawn, and more isolated. The staff member gently found out what extra support the person wanted. The staff member used their own time to do some personal shopping for the person. The person was delighted with this extra help and regained their confidence to re-engage with their community and their past.
- Staff had also demonstrated their caring approach in the way they supported people who were experiencing significant financial hardship. This included spending their own time to visit food banks on behalf of people who needed support, to ensure they had enough to eat. Staff also kindly donated items to Christmas hampers, so people would have luxury items to enjoy over festive periods.
- Relatives told us staff understood they were an integral part of their family member's lives and staff's kindness extended to them, too. One relative explained staff regularly took on additional tasks in their own time to help the household. This gave the relative additional quality time to spend with their family member. The relative said, "I could not wish for any more."
- Another relative told us kindness from staff was embedded into staff's everyday practice with them. The relative told us, "They are very supportive of us as a family." A further relative said because of the caring approach of staff to their whole family, "I feel fortunate indeed to be linked with Old Friends. Old Friends are so precious to us, in the care they give."
- Staff spoke with exceptional warmth about the people they cared for and acknowledged the close bonds they developed with them. One staff member said, "They are the loveliest people. I melt with them." Another staff member told us, "All the staff are interested in knowing how clients [people] are and how they are doing."

- Peoples equality and diversity was valued and was reflected in care plans which focused on empowering people to achieve their full potential, taking their individual needs and lifestyle choices into account. Staff understood the importance of the Equality Act 2010. Staff gave us examples of work proactively undertaken by senior staff with other organisations, so people were protected from discrimination due to any characteristics which are protected under the legislation. For example, senior staff had advocated for one person, so they would have the adaptations to their home they required. A staff member told us, "[Person's name] thinks it's brilliant, because this has helped them to get a wet room. Before this, they used to have to wash at the kitchen sink." Staff presented the person with a hamper of toiletries, for their enjoyment.
- Staff had received many compliments from people and their relatives. One compliment from a person using the service said, "You have made my life so much better." We saw senior staff ensured positive feedback was shared with staff. One staff member told us how touched they were by these compliments, as "It shows we are making a difference to people."
- People were always the focus of management team and providing sensitive and compassionate care was at the heart of the service. For example, staff were encouraged to recognise people's wider needs and to show consideration when supporting them. Where staff actions had made a positive impact on people's well-being this was acknowledged and celebrated by the management team through staff rewards and articles in newsletters. We found staff's compassionate approach had become so embedded staff considered such acts to be the norm.
- Staff told us they were supported and motivated to provide considerate care to people through guidance from senior staff, the management team and provider. This included effective systems for communicating people's needs and preferences, and a culture where staff were also valued and treated as individuals. One staff member emphasised this encouraged staff to work flexibly with people, and to support other team members, so people would receive the care they wanted.
- There was a culture of celebrating acts of emotional and practical kindness. For example, senior staff recognised where staff had used their knowledge of what was important to people, to enhance their independence and lives. This was demonstrated in the caring way one person had been supported during an extended hospital stay, with visits from staff. Staff took time to clean the person's house and ensure the person's favourite foods were purchased. This enabled the person to return to their home as soon as possible. Staff had also made arrangements for a mobile hairdresser to visit them, so they would feel as comfortable as possible. The staff involved in supporting the person were congratulated by senior staff for the difference they had made to the person.

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

- People decided how they wanted their care to be planned. This included checking what gender of care staff people wished to be supported by, and what type of care staff they would prefer. People told us their choices were respected.
- People and relatives told us they were empowered to request any additional care they wanted, and gave us examples of times when staff had worked together so their care call times could be varied at short notice to suit them.
- One person told us staff had sensitively worked with them to plan their care when they had been particularly unwell. The person said the empathetic approach used by staff had empowered them to resume making decisions about their life. The person explained this had helped them to recover their health. The person told us, "I thought this was really special. Staff here have contributed to my confidence increasing."
- People highlighted staff always asked if there was any further assistance they would like during care calls. One person said because of this, "I would feel comfortable to ask for anything."
- Staff understood people's care needs and preferences and gave us examples of how they consulted with people to ensure their needs were met as these changed. This included reviewing people's care plans when they came out of hospital. One person said, "We have the same routine on calls, but some days I am not so

well, so they check and give me extra help to dress if I want this." A staff member said, "We recognise people do not always want the same thing. You always ask the client, it's their care."

Respecting and promoting people's privacy, dignity and independence

- People told us staff understood their right to independence, dignity and privacy. One person told us, "I have the same two [staff], because I don't like having a shower in front of people I don't know. They respect my privacy and wait for me to say I'm ready."
- Staff told us the culture of the service encouraged them to support people's rights to privacy and dignity in a sensitive and supportive way. The management team reinforced staff understanding of this through articles in the service's newsletters, which provided guidance for staff to follow to ensure that people were respected, and their rights promoted.
- Staff gave us an example of how they had sensitively supported relatives to help them to ensure their family member was treated with respect and dignity at the time of their death.
- People's right to confidentiality and privacy was respected, with people's private information securely stored.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had care plans in their homes which included risk assessments identifying how risks in their care and support were minimised. People's care plans and records were detailed and reflected their current care needs and provided staff with guidance they needed to care for people. One person said, "I am involved in my care they come every year and sit with you, [to review] them."
- People's care plans were personalised and reflected people's care preferences and choices. The views of relatives were incorporated into care planning processes, where people wanted this. One relative told us, "We discuss the care plans together as team, [family member's name], the carers [staff] and me." This helped to ensure people received the care which reflected their preferences.
- People and relatives said staff worked in supportive and flexible ways to meet people's changing needs and choices. For example, people and relatives highlighted how accommodating staff were if they requested their call times were temporarily varied or increased. Care staff confirmed they were kept updated about any changes.

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 preferences were considered, and plans put in place to support people if they had specific preferences. One person told us, "They [staff] checked how I wanted to be communicated with and asked if I preferred to talk things through or have written stuff."
- Staff gave us examples of information they had provided to people in other formats, such as braille, large print and electronic formats, so people's communication needs would be met. The manager told us they planned to review how they let people know information was available in other formats, to further support people as their needs changed.

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

- Care planning arrangements and the support provided considered people's emotional well-being and social needs. One person was regularly invited to come into the office to spend time chatting with staff. The person told us they looked forward to regularly spending time doing this.

- People and staff gave us examples of assistance provided so people would enjoy opportunities to spend time doing things they enjoyed. This included support to attend local clubs and events such as coffee mornings which had been arranged by staff. This helped to ensure people remained active members of their community and reduced the likelihood of people becoming isolated.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints and told us they were confident these would be promptly addressed by senior staff.
- Systems were in place to manage and respond to complaints. In addition, processes were in place to take learning from any suggestions people and their relatives made, to improve people's care further.

End of life care and support

- People were encouraged to consider what support they wanted at the end of their lives. Relatives told us they were consulted as part of this process. One relative said, "They [staff] have talked to us about that. They have been good accommodating our wishes."
- Staff gave us examples of work they had done with other health and social care providers, such as district nurses and Macmillan nurses, so people's end of life wishes were respected.
- The manager planned to provide further opportunities for people to discuss and plan their preferences at the end of their life, in case of sudden death.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- People told us the service was managed well. One person who had previously received care from the service said, "It's a smashing company, the smallness contributes to it, all the staff are nice and the staff all support each other. It deserves to thrive through word of mouth. If I need to get some help in the future I will know where to come to. I know I will get quality treatment. Another person told us they knew the service was managed well because, "I am happy with how everything works."
- People and relatives told us communication with the staff was good and said the culture of the service encouraged them to make suggestions for developing their care further.
- Staff enjoyed working for the service and were very positive about their roles and support they received. One staff member said, "It's a lovely place to work. It's managed really well. The communication is good, and all this encourages us to work together, and cover others [care] calls if needed." Another staff member gave us examples of actions taken by the provider and senior staff which let staff know they were valued.
- Senior staff gave us examples of work they did to support staff. This included supporting staff with protected characteristics, so they were able to successfully complete their training and probationary period. Support from the whole staff team was also given to staff member's wider family, when required. Staff gave us further examples of support provided to them during difficult personal times.
- Staff told us the provider, manager and senior staff's focus was on wishes of the people who used the service. One staff member said, "[Senior staff member's name] wants the best for clients and they want us to be happy too. There's respect, and you have to build this." Another staff member told us, "[Provider's name] wants people to have polite, pleasant and punctual care, from staff who have got the training to do it well, and who are consistent and reliable."
- The manager said, "I am proud we have remained focused on our values, and have home grown our management talent. Staff understand my aspirations; to focused on the needs of people in Redditch; to get balanced between quality and quantity [of people supported] right; to recognize people's independence and unique needs. I know staff speak from the heart about people."
- The provider and manager knew they needed to support people in an honest and open way in the event of any mistakes in the care provided, and to notify important events in the service to the appropriate agencies, including The Care Quality Commission.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager kept up to date with best practice through research, learning from other registered manager's experiences and attending meetings with other health and social care professionals.
- Staff knew how they were expected to care for people through regular training and drop in days, one to one meetings with their managers and staff meetings. Service newsletters also provided staff with guidance on topics such as infection control and respecting people's rights. Staff told us they valued these opportunities to reflect on their practice and the provider's commitment to training. One staff member told us, "We have a lot of training courses we are notified on the 'phone, they are very supportive I have recommended them to other people as employers."
- Staff emphasised how effective the communication with senior staff was and told us this encouraged them to raise any concerns they may have for people as people's risks changed.
- The manager understood their responsibilities to advise CQC and other agencies of important events which may occur at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People's and relatives' views were incorporated into quality monitoring and assurance arrangements, through their individual reviews and surveys, which were positive about the service provided. Where suggestions for improving care further had been made these were promptly actioned.
- Staff said suggestions they made were listened to. One staff member told us, "They do try to address sort things out if we make suggestions. They listen to us, as they know we know what people like." This had resulted in additional support to people using the service, so their safety and well-being was improved. Another staff member said, "This is a learning organisation, and where ideas are put forward we are encouraged to do [new] things."
- People and staff told us the manager and senior staff checked people received the care they wanted. This included checks to provide the manager with assurances people received their medicines as prescribed.
- Learning was taken from incidents and checks to further improve care provided. This including following through on findings during unannounced spot checks senior staff undertook on staff providing care. The manager and senior staff considered if staff required additional training, supervision, extra shadowing opportunities. The manager and senior staff undertook further checks to ensure improvements in practice required were made.

Working in partnership with others

- People were supported to receive the care they needed through joint working undertaken by staff with other health and social care professionals. Staff gave us examples showing how this joint approach had led to improvements in people's independence and well-being.
- Staff also worked with charitable agencies such as Macmillan and were planning to further explore joint working with other agencies, such as hospices, to drive through further improvements in people's care.