

Pebblestones Limited

Casterbridge Homecare

Inspection report

30 Easton Street
Portland
DT5 1BT

Tel: 01305818306

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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

Casterbridge Homecare is an agency which provides personal care to people living in their own homes on the Isle of Portland and in the seaside town of Weymouth and surrounding villages. At the time of the inspection the agency was providing care to 33 people.

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 supported by an agency which had systems in place to identify and report concerns. Staff knew how to recognise and report abuse.

People and relatives told us they felt very safe and relaxed with the staff who supported them. Risks to people were reduced because staff were very observant and took action to make sure risks were minimised.

People received support from a regular staff team and staff were recruited safely. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE whilst spending time in their homes.

People's needs were assessed and staff with the right skills helped to meet these. Staff supported people with their eating, drinking and to access healthcare support.

People and their relatives spoke very highly of the way staff cared for them. Comments included, "Each carer seems to be on the ball, and yes they show kindness and care towards my mother" and "They are always nice to me." Staff told us they were proud and enjoyed working at the service.

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 confirmed their views were sought and they were involved in making decisions about their care.

The provider had a complaints process and had not received any formal complaints.

People and their relatives were able to give feedback about their care in a variety of ways. Examples

included, through care reviews and surveys.

People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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

Rating at last inspection

This service was registered with us on 12 June 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Casterbridge Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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

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

The service had two managers registered with the Care Quality Commission (CQC). 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.

Notice of inspection

We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered managers would be in the office to support the inspection.

Inspection activity started on 4 October 2021 and ended on 20 October 2021. We visited the office location on 6 October 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered. 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.

We requested a number of records to review before we visited the office. These included a variety of records relating to the management of the service, including policies and procedures and training matrix. We reviewed these before visiting the office.

During the inspection

We spoke with both registered managers at the beginning of our visit to their office. One of the registered managers was called away and we worked with the other for the rest of our visit.

We reviewed further records. This included two people's care records, two staff files in relation to recruitment and staff supervision, compliments, quality monitoring audits and surveys.

On the day we visited the office the expert by experience contacted people and their relatives to ask for their views about the service. The Expert by Experience spoke with four people who use the service, three relatives and a support worker.

After the inspection

We contacted staff to give them the opportunity to share feedback with us. We received feedback from four of them.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by an agency which had systems in place to identify and report concerns. Staff knew how to recognise and report abuse. Staff said they were confident action would be taken by the registered manager if they reported any concerns. Comments included, "I have raised concerns, situation was dealt with promptly and effectively" and "I am very confident that I can raise issue's with management. I am very confident that they would take appropriate action."
- People and relatives told us they felt very safe and relaxed with the staff who supported them. Comments included, "Yes of course I feel they are safe", "I keep an eye out when they change staff, and they seem to be doing a good job" and "Yes for sure I feel safe".
- The registered manager told us about an incident where a staff member's action had protected a person from abuse. The carer had overheard a person giving bank details over the phone, they intervened and reported the incident to the office and the persons family. This had meant the person had not been financially abused.

Assessing risk, safety monitoring and management

- People's individual risks and needs had been comprehensively assessed and planned for. Staff had access to clear information about people's personal risks and how they should be supported.
- Risks to people were minimised because staff were very observant and took action to make sure risks were minimised. Example of risk assessments included, choking, premises, moving and handling and skin integrity. The premises risk assessment included checking there was adequate lighting in entrance ways and fire hazards.

Staffing and recruitment

- Staff had been safely recruited. Employment and criminal checks had been carried out to ensure staff were of good character to work with people.
- People were supported by a small stable and familiar staff team who had been trained to fully understand people's support requirements. The registered manager told us that nobody received a visit from a staff member they had not previously met.
- The agency only took on new packages of care if they had sufficient staff to meet the person's needs and wishes. The registered manager said, "We get calls to take packages daily but will take what we can accommodate." They confirmed they were fully staffed and had some availability to take on some additional support packages.
- There were systems in place to ensure people received their visits and prevent missed visits. The registered manager recorded on their provider information return (PIR) "We have a robust rostering system which flags up any short falls which can be addressed quickly, we also have a pool of staff... Continuity of staff during

Covid times has been paramount to our service users to ensure that they know the person that is delivering their care and trust them so that they can provide reassurance during this time." People and relatives confirmed that overall they had consistent carers. Comments included, "It's good the staff are pretty consistent" and "I mainly have the same...there seems to be the same staff."

- People and relatives said there had been an occasional missed visit but were satisfied with the reasons why. They confirmed they had been informed when visits were delayed.

Using medicines safely

- There was a medicine policy in place to guide staff.
- People received their medicines safely because staff received training to handle medicines safely. Staff said they felt medicines were safely managed. One staff member commented, "I do administer medicines I think the system is effective and robust." Another said, "We had some training and course work...I feel confident giving medication."
- People and relatives told us they were happy with the support they received with their medicines. Comments included, "Yes, it's always been fine."
- Staff recorded support provided with medicines on administration charts written by the staff. We discussed with the registered manager that it was good practice for a second staff member to check handwritten entries for any errors. The registered manager said they would implement this change.
- People's medicine administration charts were audited monthly to ensure they were being administered as prescribed.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff received training in how to reduce risks. Staff were kept well informed regarding Covid-19 and were kept up to date with all government guidelines about how to work safely during the pandemic.
- People told us that they felt safe being supported during the pandemic and staff wore Personal Protective Equipment (PPE) whilst spending time in their homes. Comments included, "Yes and they change their gloves in between chores which I think is so good."
- Staff had access to appropriate PPE to help to keep themselves and people safe. The registered manager told us that staff could access PPE from the office when they required additional.
- The management team undertook spot checks which included checking staff were using PPE in line with the provider's policy and current government guidance. The registered manager told us, "I trust my staff. I have never come across PPE not being used at spot checks."
- The registered manager recorded in their PIR, "Staff are all trained in the safe use of PPE and infection control, this includes hand washing and donning and doffing of PPE. Staff are spot checked both randomly and arranged. All staff have received training in Covid-19."

Learning lessons when things go wrong

- The registered manager and staff team learnt from mistakes and treated them as an opportunity to make improvements. For example, Staff had been given people's weekly schedules to deliver. These were not always being delivered so the registered manager sent them by post.
- People received a service from an agency who kept comprehensive records of accidents and incidents. The registered manager had a good oversight to ensure appropriate actions had been taken.

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

- People's needs were assessed and regularly reviewed as and when required if a change occurred.
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation. The registered manager recorded in the provider information return (PIR), "Person centred care planning, Face to face assessments dependent on Covid restrictions. Family involvement where applicable asking the service user their personal likes and dislikes and what they would like from our service."
- People and relatives commented positively about the service provided and told us they were involved in developing their care plans. Comments included, "I have full power of attorney, so yes I'm involved in every aspect of her care including safety, but we are happy" and "I have a copy of my care plan and the office were very thorough."

Staff support: induction, training, skills and experience

- Staff confirmed they received the training they needed. An induction was in place to support new staff. This included on-line training and shadowing more experienced staff. One staff member said, "Medication course and loads of online training in which covers everything, shadowing when I first started until ready, spot checking, and supervision. Training is ongoing and courses. We have staff meetings too."
- People and relatives said they felt staff had the right skills and knowledge to support them. Comments included when asked about staff skills, "We recently moved to this agency and the staff are much better than the old agency and we are happy with them" and "I was pleased to know that the staff have had extra training in dementia."
- Staff confirmed they had regular supervision to discuss any concerns and identify further training and development needs.

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

- Not all the people who used the service required support with eating and drinking. People's dietary needs were assessed, and plans were put in place that supported these needs. Staff assisted some people with the preparation of a favourite meal, drink or food.

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 by staff who were aware of their healthcare needs. People's care plans included a detailed record of people's health conditions and needs such as skin integrity, and how staff would manage these. Staff said care plans were informative and enabled them to support people safely. One staff member

commented, "Yes care plans are up to date and relevant."

- The registered manager said staff worked with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed

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.

- No one being supported by the agency was being cared for under the Deprivation of Liberty Safeguards (Community DoLS.) The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe.
- Suitable processes were in place to give people's maximum choice over their lives. People had opportunities to give and withdraw their consent. Each person who received a service, or their representative, signed a consent form when they began to receive care.
- The registered manager confirmed staff checked with people on every visit that they continued to consent.

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 and their relatives spoke very highly of the way staff cared for them. Comments included, "Each carer seems to be on the ball, and yes they show kindness and care towards my mother" and "They are always nice to me."
- The registered managers led by example to make sure people were always respected and cared for with kindness. The registered manager told us that they undertook support visits at the weekends. This enabled them to work alongside staff and so people knew who they were and to ask for their views about the service and staff supporting them.
- Staff had completed training in equality and diversity and demonstrated an understanding of people's care needs and the importance of respecting diversity. Everyone said they were treated with kindness and respect. The management team carried out spot checks to make sure staff were working in a way that respected people and ensured they received kind care.
- Staff said they would be happy for a relative to use the service. Comments included, "I think we have a good team at Casterbridge and promoting independence whilst assisting clients to maintain a good quality of life in their own homes is vital...I believe everyone should have the right to have a say about the care they receive and things should be how they want it and at Casterbridge that's what we do" and "Staff are really friendly, professional and have a wealth of knowledge and experience in care."
- The management team and staff had gone out of their way to provide additional support and to help people. For example, collecting medicines for people, stepping in at short notice to undertake additional visits when another agency had staffing difficulties due to Covid-19 and supporting a person who was discharged from hospital late at night and required support to be put to bed.
- A relative told us how staff had gone above and beyond when a person had gone missing. Their comments included, "Really they tried everything they could...staff had kept ringing to see if (the person) had been found and also went out searching for her as well, they were better than family."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with dignity and respect. A person said, "It doesn't worry me, but they respect my modesty by keeping me covered up." A relative said, "The girls are lovely, they take their time and don't rush him."
- Staff confirmed they encouraged people to remain as independent as possible.

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

- People confirmed their views were sought and they were involved in making decisions about their care.
- Staff understood people's needs encouraged people to make choices about their care.

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 received care and support which was personalised to them and their unique circumstances and wishes. The provider told us in the provider information return (PIR), "Our focus is person centred care and building strong community links."
- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about people's preferences.
- Staff knew people well and how they liked to be cared for. Each person had a small team of staff who they got to know well and who knew their preferences. One staff member said, "I feel the care plans are put together in a clear and concise manner in which I am able to gain all relevant information to meet the client's needs safely."
- Where a person's need changed the registered manager and staff involved health professionals where necessary to implement changes.

End of life care and support

- People could be assured that if they required support at the end of their lives, they would receive care that was kind and compassionate. Staff had completed an advanced care plan with people to ascertain their wishes in the event of them requiring end of life care. For example, where they would like to be cared for.
- People were cared for by competent staff at the end of their lives, who worked with the community nurses and Marie Curie service to ensure people had a pain free and dignified death. The registered manager told us about a person they were asked to support as they required end of life care. The person had required two staff to support their needs. They had improved significantly, and they only required the support of one carer and were doing very well.

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 care plans highlighted if people had any communication needs which enabled staff to effectively communicate with people. Each care plan we saw gave a clear description of how people communicated. For example one person's care plan identified that they slurred their speech when tired and could read standard print when wearing their glasses.
- The provider told us in the PIR, "All information is written in a person centred care plan, staff have easy

access to this, on a need to know basis following the GDPR guidelines. We ensure that their family member are involved in the whole care planning process. All paperwork is completed at each visit to ensure that the multi-disciplinary team have a good insight into the service users daily living."

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint.
- People and relatives said they knew how to make a complaint and were confident the registered manager would take action. Comments included, "I know the manager she is hands on, and a good example is that once she cleaned my kitchen up when she popped in just for a chat about my care" and "They are really good at respecting wishes and workout what triggers my parent, the manager gets it sorted."
- The registered manager said they had received no formal complaints and was aware of the provider's policy.

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

- Although the agency was not responsible for providing activities for people, the registered manager told us how they supported one person on outings to their favourite beach and helped them with their correspondence to keep them in touch with family and friends.

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

- People benefited from a management and staff team who were passionate about their jobs and proud to work for the organisation. Staff said they felt supported by the management team. One staff member commented, "Management and staff are there and supportive to all clients, families of clients and carers. Casterbridge expect high level of care from us carers and rightly so. I feel privileged to work with Casterbridge, staff and clients. I highly recommend them to anyone."
- People were happy about the care and support they received and the leadership of the service. One person said, "I can speak to any of the staff with any issues they are all approachable". Another said, "She (registered manager) seems very on the ball."
- The registered managers supported each other in their roles. They told us that they worked together three times a week, mentored each other, reflected on situations and bounced ideas off each other. They had recently appointed a deputy manager to support them and had two care coordinators and a care field coordinator. An administrator from one of the provider's other services helped with administration.
- The provider visited the service twice a week to support the management team complete checks and to undertake the registered manager's supervisions.

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 managers were open and approachable. They acknowledged when things went wrong and took action to prevent re occurrence.

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

- People could be confident that their care was provided by an agency who monitored risks and followed up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe.
- Records showed appropriate action and improvements were made when needed and staff and managers were committed to continuously improving the service.
- The provider had a system for monitoring and managing service quality. There were required audits to be undertaken. This included monthly care plan audits and three-monthly safeguarding audits. Audits were carried out of medication records. The registered managers had taken action where improvement was needed to help achieve good outcomes for people. For example, where it was identified a medicine had

been missed the staff member had undertaken a competency assessment with the registered manager.

- The management team completed spot checks and observations on staff to monitor staff performance and competency.
- The registered managers understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were kept informed about their care and consulted on all aspects. The provider asked people and relatives for their views about the service through care reviews and surveys. Everyone we spoke with said they would recommend the service. Comments included when asked, "They walk the extra mile they are really good", "We would definitely recommend this service" and "Even when they are on call they care."
- Staff were encouraged to raise concerns about the care provided, including through whistleblowing processes. Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these. One staff member commented, "I have 100% confidence in the management team and know that without a doubt I can raise any concerns at any time and am 100% confident that the concern raised would be dealt with."
- The registered manager recorded in their PIR that they worked in partnership with Social services, District nurses, GPs, mental health teams, Marie Curie, Probations service, Speech and language therapists and Advocates.