

Consultancy Care Limited

Consultancy Care Limited

Inspection report

19 Shepherds Lane
Bracknell
Berkshire
RG42 2BN

Tel: 01344305891
Website: www.consultancycare.com

Date of inspection visit:
31 March 2019
05 April 2019

Date of publication:
30 May 2019

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:

- Consultancy Care Limited is a home care service. At the time of the inspection the service was supporting 13 people in their own homes.

People's experience of using this service:

- We received positive feedback about the service and the care people received. The service met the characteristics of good in all areas.
- People received safe care. Risks associated with their health and home environment were assessed and mitigated.
- People were supported by skilled staff with the right training and ongoing support.
- People were treated with dignity and respect.
- People received personalised care. The provider made adjustments to care arrangements to meet people's diverse needs.
- There were effective management systems in place to monitor the quality and safety of the service. The registered manager promoted an open and transparent culture within the service.

Rating at last inspection:

- The rating at the last inspection on 1 September 2016 was good in all areas.

Why we inspected:

- This was a planned, comprehensive inspection of the service.

Follow up

- We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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

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 remained safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

Consultancy Care Limited

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 checked 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.

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- The service is a domiciliary care agency. It provides personal care to older people with a range of needs, living in their own homes. At the time of the inspection nine people were being supported by the service.
- Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, which is help with tasks including personal hygiene and maintaining adequate nutrition.
- The service had a manager registered with the Care Quality Commission. 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Inspection activity started on 31st March 2019 with telephone calls to people who use the service.
- Inspection site visit activity started and was completed on 5 April 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:

- Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed information we held about the service, for example, statutory notifications. A notification is

information about important events which the provider is required to tell us about by law.

- Before the inspection site visit we requested and reviewed key documents from the provider such as the staff training matrix and policies relating to the running of the service. We also spoke to two social workers with experience of working with the service.
- During the inspection site visit we spoke with the registered manager and two members of staff. We also reviewed three people's care plans and medicine records, three staff recruitment files, staff supervision records, audits, the provider's incident log and the provider's business continuity plan.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who received support from Consultancy Care Limited told us they felt safe. One person told us, "I feel very safe. The staff are reliable, punctual and do their jobs well."
- The provider had a safeguarding policy in place which detailed actions required to keep people safe in the event of concern to their health or wellbeing. The registered manager understood their responsibilities in reporting and working in partnership with local safeguarding teams to help ensure people were safe.
- Staff had completed safeguarding training as part of the provider's mandatory induction and received regular training updates.

Assessing risk, safety monitoring and management

- People's care plans contained detailed, individualised risk assessments. These included the risk of a person falling and risks associated with the use of mobility equipment, such as bath hoists. Records showed these plans had been regularly reviewed by staff.
- The provider made assessments of people's home environments to help ensure they were safe for people and staff.
- The provider's business continuity plan contained details about appropriate actions for staff to take in case there was an emergency, such as adverse weather conditions.

Staffing and recruitment

- People were supported by enough numbers of suitable staff with the right skills and training.
- People told us staff were punctual and reliable. One person told us, "I have my small team of staff that come in. I know when they are coming, and they are usually on time."
- The registered manager reviewed people's needs regularly to ensure enough numbers of staff were available. They assessed the geographical location of prospective new care packages to make sure they fitted in around existing care calls. This helped to ensure people received consistent care.
- The registered manager used robust systems and checks when recruiting staff to help ensure that they were suitable for their role.

Using medicines safely

- There were safe systems in place to ensure people received their prescribed medicines in a timely way.
- The support that people required around their medicines management was clearly documented in their care plans
- Staff received training and assessment of their competency to safely administer people's medicines in line with best practice.

Preventing and controlling infection

- People were protected from the spread of infection by suitably trained staff, who had completed the provider's infection control and prevention training.
- Staff used personal protective equipment, such as disposable gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong

- The provider had a duty of candour policy in place. The registered manager communicated openly with people when things went wrong or if improvements to care were needed.
- The registered manager kept a log of all incidents that took place, such as falls. They analysed incidents to look for trends and ways to avoid risk of reoccurrence.

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

Good: 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 thoroughly assessed and documented in their care plans.
- Assessments were comprehensive and contained details about the support people required in areas, such as washing, dressing, taking medicines and maintaining good nutrition and hydration.
- The registered manager used information from assessments by social workers and healthcare professionals to help ensure people's care assessments reflected their needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received comprehensive training. The provider's mandatory training was based on the Care Certificate. The Care certificate is a nationally recognised set of competencies relevant to staff working in social care settings.
- New staff completed a shadowing period, working alongside experienced members of staff before supporting people independently. This helped to ensure they understood how to provide effective support to people.
- The registered manager monitored staff's ongoing learning and development through regular supervision and observation of their working practice. This helped them monitor their performance and training needs.

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

- The support that people required around their nutrition and hydration was documented in their care plans.
- People told us they received effective support around their nutrition and hydration. This included help with preparation of meals and drinks, and assistance with eating. One person said, "The staff always make sure I have plenty of drinks and snacks available for after they leave."

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

- The provider worked in partnership with professionals from health and social care to meet people's needs.
- The provider made appropriate referrals to health professionals when concerns were raised about people's wellbeing. This helped to ensure they received the correct support and professional input.
- The provider ensured sufficient information was provided to incoming services, such as hospitals or other providers when people left the service. The registered manager told us, "When people are admitted to hospitals or other settings, we ensure that people's needs are fully communicated in order to aid a smooth transition."

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

- People were supported to access help from professionals such as GPs, district nurses and occupation therapists.
- When people had healthcare appointments the provider made arrangements so staff could support people to attend if needed. They also rearranged care calls to fit around these appointments if necessary.

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.

- The provider had systems in place to gain appropriate consent to care. The provider sought consent from people for different aspects of their care and the sharing of information with professional agencies, such as social workers or doctors.
- Where people were unable to consent to their care. The provider gained consent from a person who had legal authority to consent on their behalf such as their power of attorney. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves.

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

Good: 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 we spoke with told us staff were caring. One person said, "I have a lovely group of caring staff." Another person told us, "The staff are all very helpful, friendly and caring."
- The provider had put in place measures to meet the diverse needs of people. In one example, they had recruited staff who were fluent in a person's native language to help ensure the person could communicate effectively with staff and were comfortable receiving care. The registered manager told us, "We respect the clients cultural and religious beliefs as well as helping to overcome communication barriers by providing staff with similar speaking language."
- The provider made assessments to ensure that people's care was delivered in line with their cultural preferences and beliefs. This included highlighting sensitivities when delivering personal care and the use of preferred terms of endearment when addressing people.

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

- People were supported and encouraged to provide feedback on the care they received. The registered manager made visits and phone calls to people to help ensure they were satisfied with the care they received.
- The provider sent out questionnaires to people and their family members to gather feedback on care provided. Results were then collected to assess where improvements could be made. The results from the most recent questionnaires sent in January 2019, showed that people and relatives were happy with their care arrangements in place.
- People and their relatives told us they were involved in planning and reviewing their care. One relative said, "I have a good relationship with the registered manager, she is open to feedback and will listen when I have ideas or changes are needed."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "The staff are very polite." A relative told us, "I believe all the staff that come treat [my relative] with respect and uphold their dignity."
- People and their relatives told us the registered manager was effective in communicating changes about their care to them. One person said, "If the staff are ever running late, I will receive a phone call to let me know. This means I don't have to worry."
- People's independence was promoted through the delivery of care. People's care plans reflected the areas where they wished to remain independent. This included managing aspects of their personal routines and enabling enough time in care calls to ensure people were not rushed to complete tasks. The registered manager said, "We believe that enabling people is important. We do not want to take the skills away from people if they are able to do things for themselves."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care from staff.
- People's care plans detailed their preferred routines around their personal care. This helped ensure that staff understood how to provide care responsive to their needs.
- The provider complied with the Accessible Information Standard, which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. This included providing guidance and documentation in adapted format or language to meet people's needs.
- The registered manager regularly reviewed people's needs and adjusted care plans accordingly when their needs changed.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable in raising a concern and that their feedback would be acted upon. One person said, "I would just give the registered manager a call and I'm sure they would sort things out." A relative told us, "I have never had any issues when speaking to the registered manager if something was wrong. I have found that issues can be sorted quickly and efficiently."
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be responded to.
- The registered manager investigated complaints thoroughly, meeting people to listen to their concerns and updating them once their investigations were completed.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life.
- The provider had previously provided care for a person in their own home, during their last days. The registered manager demonstrated how they had worked with other stakeholders, such as hospices and district nurses to provide responsive and effective care during this time.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us that the registered manager was effective in their role and listened to their feedback. One person said, "The registered manager is a very good role model to staff." A relative said, "The service is run very well. The registered manager is a good listener and takes our feedback into account."
- The registered manager was actively involved in the day to day running of the service. This included supporting and advising staff, coordinating care rotas and visiting people to gain feedback about the service.
- The registered manager had a clear vision about the standards required to maintain a high-quality service. They had carefully considered how to sustainably grow the number of people who used the service without compromising safety or quality.
- The registered manager understood the importance of delivering person centred care and had introduced a minimum call duration to ensure people and staff did not feel that care calls were rushed. One person said, "I can honestly say, the staff never rush me or make me feel like they don't want to be here."

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

- The registered manager used effective systems to monitor the quality and safety of the service.
- The registered manager carried out regular audits of people's care plans, daily and medicines records. These audits had been effective in identifying errors in recording where staff required additional support or training.
- Spot checks and competency checks were carried out on staff during care calls to monitor the quality of the care being given.
- The registered manager understood their regulatory responsibilities in informing CQC about significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in planning and reviewing their care.
- The registered manager had established good links with local cultural groups, to help ensure that the service provided care in line with people's cultural beliefs and sensitivities.

Continuous learning and improving care

- The registered manager kept a record of accidents and incidents and used these to reflect on ways to

improve care for people.

- The provider held regular staff meetings where learning from incidents and examples of good practice were shared.
- In one example, the registered manager used a staff meeting to explore staff's knowledge of safeguarding and whistleblowing. This helped to ensure that staff could share learning to promote best practice in this area.

Working in partnership with others

- The provider had established links with other stakeholders to provide positive outcomes for people.
- In one example, they had worked with the local fire service to provide training for staff and practical advice to people about fire safety in their own homes.
- The registered manager was part of a group of local care providers, who regularly met to discuss issues relating to the care sector and to share best practice.
- The registered manager had been invited by the local authority to participate in delivering training, aimed at improving providers and commissioners understanding of issues related to equality and diversity in care settings.