

# Courage Health Care (West Midlands) Limited

## Suite 6B, Anchor House

### Inspection report

Anchor Business Park  
New Road, Netherton  
Dudley  
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Tel: 01384211141

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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

Suite 6b, Anchor House provides personal care to people within their own homes. The service provides support for older people and younger adults and those with physical disability, dementia or with a learning disability. At the time of the inspection there were 12 people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt they were safe and relatives raised no concerns over how staff supported their family member. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. People received their medicines appropriately and as required. Staff used correct equipment, such as gloves and aprons when assisting people. Accidents and incidents were managed appropriately.

Staff received an effective induction and appropriate ongoing training and felt able to support people confidently. People felt staff supported their individual needs and requirements. People received food and drinks as required. 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 felt staff were kind and caring towards them. People were given choices and were able to make their own decisions as far as possible. Staff supported people to be independent and ensured people's privacy and dignity was maintained.

People and relatives felt involved in the development of care plans. Care plans provided staff with information about people's needs and preferences and how they would like these to be met. A complaints procedure was in place and people and their relatives knew how to raise concerns and felt these would be addressed.

People, relatives and staff thought the service was managed well. The registered manager was described as being effective in the way they managed the service. Systems were in place to monitor the delivery of the service. Where issues arose, action was taken to address these.

The service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected the principles and values of Registering the

Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

#### Rating at last inspection

This was the first inspection since the provider registered on 02 February 2018.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

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

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Suite 6B, Anchor House

## 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 undertaken by one Inspector.

#### 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 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection began on 04 March with an office visit and telephone calls were made to staff, people using the service and their relatives on 06, 09, 10 March.

#### What we did before the inspection

We reviewed information we had received about the service since it was first registered. We sought feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return [PIR] prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of documents and records including the care records for two people and related medicine records and two staff files and training records. We also looked at records that related to the management and quality assurance of the service.

After the inspection

Via telephone calls we spoke with three people who used the service and three relatives about their experience of the care provided. We also spoke with three members of care staff.

# Is the service safe?

## Our findings

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

This was the first inspection rating for the service. At this inspection this key question was rated Good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff provided safe support. One person told us, "The staff keep me very safe." A relative said, "[Person] is kept very safe by staff. When new staff start, they are never allowed to care for someone until they know them well and the manager is satisfied, they can keep people safe."
- Staff were aware of their responsibilities to report safeguarding concerns and were able to discuss with us issues which they felt were notifiable. They understood the correct process to take to raise a safeguarding concern with the registered manager.
- Staff understood people's specific needs in the event of an emergency and were able to describe the action they would take, such as calling emergency services and providing support to the person.
- Although there had been no safeguarding concerns to escalate, we saw a process was in place to share information with the appropriate external authorities where required.

Assessing risk, safety monitoring and management

- People and relatives told us they felt risks were managed well. One person told us, "They [staff] keep on top of things, they would know if I was at any risk." A relative told us, "I am completely satisfied that all risks to [person] have been considered and I don't worry about any risks from the care or staff."
- Risks to people were assessed and these included, but were not limited to personal care, moving and handling, eating and drinking, skin care and falls and mobility. We saw risk assessments included actions taken to maintain the safety of people using the service.
- In the event of an emergency staff were aware of best practice in safely assisting people from their property and each person had a current personal evacuation plan in place.

Staffing and recruitment

- People and relatives told us there was enough staff on duty to meet their needs. A person said, "They never miss calls and they are never rushed, I look forward all day to seeing them [staff]." A relative told us, "The staff turn up when they should and never try to cut calls short."
- We saw that a staffing rota was in place to record staff members working patterns.
- People and their relatives told us there were good levels of consistency of staff and they were able to get to know them well. A relative told us, "We are familiar with all the staff who turn up, but new ones are always accompanied by a staff member we know. There are never any surprises with the staff."
- Records confirmed required recruitment checks had been completed before staff commenced work, these included references, a work history and a Disclosure and Barring Service check, which ensured potential staff were suitable to work with vulnerable people.

#### Using medicines safely

- People told us they received their medicines when they required them and without any undue delay.
- Medicine Administration Records were completely appropriately.
- Competency checks were carried out on staff to ensure that they continued to administer medicines correctly.

#### Preventing and controlling infection

- People and relatives told us staff used clean and hygienic processes. One person said, "The staff are very clean and never make any mess in my home."
- Staff told us they had access to protective personal equipment such as gloves and aprons to prevent the spread of infections.

#### Learning lessons when things go wrong

- There had been limited accidents and incidents, however those which had occurred had been recorded with actions taken. For example, were one person had experienced a break-in at their home the registered manager had ensured the key safe had been made secure.
- The registered manager discussed how lessons had been learned and told us they had experienced difficulties in employing appropriate staff who wanted to remain in post long term. The registered manager reviewed their recruitment processes following several unsuccessful attempts to recruit suitable staff members.



# 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 was the first inspection rating for the service. At this inspection this key question was 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.

- Information was taken on people's needs prior to them using the service and we saw the registered manager used this information to ensure an effective service could be provided to the person in order to meet their needs. Information taken included; medication and health needs, mental capacity, personal care needs and likes and dislikes.
- We saw people's protected characteristics, as identified in the Equality Act 2010, were considered within their assessments. This included people's needs in relation to their religious, cultural and social needs.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff were knowledgeable and able to meet their needs. One person said, "The staff really understand their job and they know what they should about me. I understand care work and I feel they are really knowledgeable."
- Staff told us they received an effective induction and they had completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff told us they received regular supervision and had an annual appraisal. One staff member said, "I have supervision with [registered manger] around every three months, but I can always contact them if I need to."
- We saw comprehensive training was in place and staff were up to date with this. Staff told us recent training included, safeguarding, end of life care and training around the use of a Percutaneous Endoscopic Gastrostomy [PEG] feeding tube. The training matrix in place did not include dates when training was due, which would alert the registered manager to staff's training needs. the registered manager told us this was to be implemented immediately.

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

- People told us they enjoyed the food they received. One person said, "It is mainly just microwave meals, but that isn't to say I don't enjoy them, and I always get my meals at the right time. A staff member told us, "I always give people a choice of meal and we will leave them a snack for throughout the day. They also have a hot drink and a cold drink left for them when we visit".
- Care plans looked at nutritional outcomes and risk assessments were in place for people who may be at risk of weight loss or dehydration. Staff told us how food and fluid intake would be recorded if required.
- Where people received nutrients through the use of a PEG, there was guidance for staff as to the regime to follow to keep the PEG clean and in working order.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support

- One person told us, "If I needed a doctor the staff would call one." A relative said, "I have no doubt the GP would be called if [person] was poorly."
- People's oral hygiene was included as part of their care plan. This included an oral health assessment to ensure people's mouths were kept in a hygienic state and well hydrated.

Adapting service, design, decoration to meet people's needs

- People lived in their own homes and told us that staff respected their property and belongings when visiting to provide care.
- People told us that staff ensured they had items they needed to hand, such as access to water throughout the day.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- Staff had a good understanding of mental capacity and the impact this legislation had on their role.
- People and their relatives confirmed staff asked their permission before providing support. One person told us, "They [staff] always ask for my consent every time, but to be fair I am happy for them not to as I know they are only here to support me."
- Staff gave us examples how they would seek consent from people. One staff member said, "The majority of people we support can say yes or no and we do as they wish, however if people cannot speak, I would understand gestures such as head shake or pushing away."

# 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 was the first inspection rating for the service. At this inspection this key question was 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 relatives told us they were respected and treated well by the staff. A person said, "I look upon these staff as my family, I am so happy they care for me." A relative told us, "We are more than happy with the staff, they go above and beyond for [person], nothing is too much trouble."
- Staff told us they got along well with people using the service and relatives and they ensured they had time to speak with people and offer any information or updates on the care given.

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

- People told us how they were supported to make choices regarding their daily life. One person told us, "I was able to make choices right from when [registered manager] came to talk about my care plan, we put all my choices and likes and dislikes into it, but I can still tell them [staff]."
- Relatives told us they felt involved with the service and were kept up to date about their loved ones care. One relative told us, "We have regular reviews and also updates from staff, everything is open, and family are included."
- The registered manager had an understanding of when advocacy services would be required and how to access these services for people.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff provided respectful and dignified support. One person said, "They [staff] come and wash me and tell me what they will do. They do it in the privacy of my room. I trust them completely." A relative told us, "The privacy and dignity is amazing. [Person] has invasive care and this is always done sensitively." A staff member told us, "I am not rushed when I carry out personal care and so it is done right. I keep curtains and doors closed and cover people up."
- We found people were encouraged to be independent and were supported by staff to stay as active as possible. One person told us, "They [staff] know what I can and cannot do, I like to be independent."

# Is the service responsive?

## Our findings

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

This was the first inspection rating for the service. At this inspection this key question was 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 and relatives told us they were involved in the care planning process. One person told us, "I was involved from the start, all the questions were about me." A relative told us, "We have regular reviews and family are involved."
- Although no one currently had any specific cultural and religious requirements staff told us they were aware of people's backgrounds and would put actions in place to meet such needs if this was required.
- Care plans were detailed and up to date. Recording of reviews was outstanding in some cases, but the registered manager stated this would be completed immediately.

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'.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available in large print or alternative languages if required.
- One person told us, "I receive the information in a format that is suitable for me."
- Information on people's communication needs was identified in initial assessments and care plans.
- We saw where required a semi-pictorial format was used. For examples feedback forms showed happy and sad faces to indicate how people may be feeling about the service received.

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

- People told us that staff knew about their interests and engaged them in conversations about things they liked to do. One person said, "They always stop for a chat we talk about all sorts, it really helps to keep me company."
- People told us how the registered manager and staff members had arrived at their home to sing Christmas carols over the Christmas holiday period. People told us how they had been dressed in festive jumpers and that it had been a highlight of their holiday.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns and felt staff would be responsive. One person said, "I would contact [registered manager's name] if I had a problem. They would deal with it." A relative told us, "I would feel comfortable enough just to call [registered manager] if I had a complaint as I know they would

respond."

- We saw there was a complaints process in place, but as yet no complaints had been received.

#### End of life care and support

- Where people were at the end of life, plans had been put in place and staff had completed appropriate training.
- Do not resuscitate orders were in place and staff were aware of them.

# 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 was the first inspection rating for the service. At this inspection this key question was rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We saw feedback was sought from people, their relatives and staff. Feedback given was positive and included the following comments; 'I am very satisfied with my care and help. My carers are very kind and helpful' and 'I love them all [staff] and look forward to seeing them come in'.
- The registered manager discussed with us how they considered the feedback taken from people and told us if any concerns were raised actions would be taken to improve.
- We saw meetings for staff occurred periodically and staff told us they found such meetings an opportunity to voice any issues or opinions they may have. One staff member told us they had suggested that extra stocks of aprons and gloves be kept in people's homes to alleviate the event of none being available and this was done.
- We saw agendas for staff meetings included; discussions around training, medicines audits, staffing and specific conditions people experienced.

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

- People found the registered manager supportive. One person said, "[Registered manager] is always coming here, I see them often and they regularly call, they are a wonderful person." A relative told us, "[Registered manager] is very responsive, they want the best for people." A staff member shared, "[Registered manager] is really supportive and encouraging. They have enabled me to do my level 3 [qualification] in care."
- People were positive about the service. One person said, "I am completely happy with this service and I have recommended it to other people." A relative said, "We had a bad experience in the past [with another service], so were reluctant to let another agency in. But these have been absolutely excellent." A second relative told us, "We have never been let down by this agency."
- Staff told us they liked working within the service and one staff member told us, "It is a good organisation, I am really happy here and am not considering working elsewhere."
- The registered manager was able to speak passionately about their drive to continue to provide a positive service and to seek out opportunities for improvement. They told us about how they wanted people to feel confident in using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation and we found they had been open and transparent when reporting any incidents.
- We found learning was taken from any incidents and this was shared with staff, so they were aware of any actions they needed to take. An example being where a person had fallen staff had spoken with the person to help them to limit the action that resulted in the fall.
- Staff understood the need to raise concerns and issues and one staff member told us, "I would whistle blow, [registered manager] has given us the details." A whistle-blower exposes any information or activity that is deemed incorrect within an organisation.

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

- Systems were in place to monitor the service provided to people, this was in the form of various audits and reviews, which were carried out in a timely manner. These audits included care files, medicine administration, complaints, missed calls, accidents and incidents and staffing. However, there was no system being used to give the provider an overview of patterns and trends month on month, to enable them to be aware of any areas that needed consideration. We spoke with the registered manager and they showed us a comprehensive format they had compiled which would allow them to track any such patterns. They told us they would begin using it immediately.
- Staff understood their roles and responsibilities and were able to describe them to us.
- The provider had met their legal responsibilities in promptly informing CQC of notifiable incidents.

Working in partnership with others

- We saw that the registered manager and staff worked in partnership with people's relatives, health professionals, local authority departments and various services to ensure that people were supported appropriately.