

Apasen

Home & Community Services (Redbridge)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home & Community Services (Redbridge) is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to people in their own homes. 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.

The service was supporting 89 people with personal care at the time of the inspection.

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

Risks were identified and were assessed to ensure people received safe care. People told us they felt safe when receiving support from staff. Staff were aware of how to safeguard people from abuse. Systems were in place to ensure staff attended calls on time. Systems were in place to prevent and minimise the spread of infections when supporting people. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Medicines were being managed safely.

Staff had been trained to perform their roles effectively. People were supported to have maximum choice and control of their lives. 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 were supported by regular staff who were safely recruited and had the relevant training and qualifications to safely support them. There were sufficient staff to meet people's needs and ensure no care calls were missed.

People received care from staff who were caring and had a good relationship with them. Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional as well as communication needs. People received person-centred care. Care plans had been reviewed regularly to ensure they were accurate. Systems were in place to manage complaints and people's communication needs were met.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

Staff demonstrated a strong level of engagement, a real sense of pride of working for Home & Community Services (Redbridge) and there was a high level of staff satisfaction. The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external and

internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

The team at Home & Community Services (Redbridge) has worked well with various local health and social professionals.

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

Rating at last inspection and update

This service was registered with us on 02 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Home & Community Services (Redbridge)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Experts 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 10 people's care plans and risk assessments. We reviewed seven people's medicines administration records in detail. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 15 members of staff including, the registered manager, two field care co-ordinator, one field care supervisor, one out of hours call handler and nine health care assistants.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We spoke with six people who used the service and 17 relatives by telephone about their experience of the care provided.

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 of 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 protected from the risk of abuse.
- Staff demonstrated knowledge of safeguarding processes in place to keep people safe. One staff member told us, "If there is any abuse taking place, I will contact the manager straightaway." Another staff member also said, "If there is any abuse, I will remove the abuser away from the victim, I will report this to the office."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse. A safeguarding and whistleblowing policy was in place.
- People and their relatives told us they felt safe whilst being supported by staff. One person said, "They [staff] are actually good, kind and caring, the same carers that means a lot, I feel safe." A relative told us, "I'm happy that my [person] is safe."
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the health professionals to resolve any concerns they had.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, they had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks and safely support people and reduce the risk of harm. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people's health.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risk to them.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, health declaration, references and obtaining proof of staff identity and right to work in the UK.
- Systems were in place to minimise risks of late or missed calls. The service used an online call monitoring

system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically and the system alerted the office if staff did not log calls. This showed they had attended and left the care visit at the allocated time.

- People and their relatives told us their care calls were reliable and usually on time. One person said, "The carers were punctual, but if they were running late, we would receive an alert in advance." One relative said, "The carers were normally on time, but if they were delayed for even five minutes, they would text ahead. Whenever a relief carer was going to be in place, the office lets her know."

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- Staff received training in medicines management and records supported this.
- Medicines administration records (MARs) we reviewed were all signed with no gaps, which showed medicines were being administered as prescribed.
- People using the service had no concerns about medicines. One person told us, "They [staff] help me with all their medicines."

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks. Staff were also familiar with the providers policy on infection prevention and control and the field co-ordinator carried out relevant audits related to this.
- People and their relatives told us they felt confident with the infection control practice of staff who wore PPE to minimise the risk of the spread of infection. One person's relative said, "They do wear aprons, gloves, masks and they observed that these were disposed of and not reused."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- The provider had systems to ensure lessons were learnt from any incidents. Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Incident and accident records showed issues were recorded, investigated and addressed quickly. There was evidence of actions taken to mitigate future risks. For example, in relation to a late visit, there were immediate actions outlined for staff to undertake. The provider notified the carer to help mitigate future potential risks.

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

- Systems were in place to assess people's needs and choices.
- The provider ensured pre-admission assessments of people's needs had been completed prior to admission. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life, which were important to them.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.

Staff support: induction, training, skills and experience

- Staff had been trained and supported to perform their roles effectively.
- Staff undertook training to support them in their role. Staff told us they had a lot of training, including on mental capacity, safeguarding adults, medicines and moving and handling. Records confirmed this. One staff member said, "Yes, training is good here, it helps me to understand my role better."
- People told us staff understood their needs and had the ability to carry out their job. One person said, "Yes, they are well trained."
- The service had an induction programme for all new staff. The induction covered a number of areas, which included staff roles and responsibilities and key policies and procedures. Staff would shadow an experienced member of staff until they were confident to work on their own.
- Staff received regular one to one supervision with the registered manager. They told us that they found those meetings very helpful. This helped the registered manager to continually monitor and review staff performance and attitude towards people using the service.

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

- People were assisted to have enough to eat and drink where this was part of their care needs. Care plans included people's preferences and the support they may require with meals. Staff were trained in food hygiene.

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 with their healthcare needs. Care plans and risk assessment contained information relating to different medical needs, and people's health and wellbeing were regularly assessed.
- One person had complex health concerns and received support from a range of health care professionals. The provider maintained communication with these professionals where required and followed their

instruction where necessary.

- The service recorded relevant information about people's care in daily notes. Staff could access these notes and this assisted in providing effective and timely care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of people having the right to make their own decisions. They were aware of what to do to ensure people's rights were protected.
- Staff sought people's consent before carrying out any tasks for example when assisting them with personal care. People and their relatives told us staff consistently sought their consent before providing any care or support. One relative said, "They [staff] always ask for our permission."
- People were fully involved in decisions about their care and their capacity to do so was respected.
- Staff received training on the Mental Capacity Act, which covered obtaining people's consent prior to delivering any care and the principles of the MCA.

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 were treated with kindness and respect. A relative commented, "We are really lucky, the biggest thing is the care. The staff are very kind and continuity is brilliant."
- People's religion and ethnicity had been recorded on their care plans. People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual orientation and all people were treated equally.

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

- People were involved in decisions about their care. Care plans were signed by people to ensure they agreed with the support they received.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular meetings. This meant that people were involved in deciding their care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with personal care. A staff member told us, "If they [people] have capacity, we always include them in decision. If they don't have capacity, then we will let manager know, so a best interest decision is made." A relative commented, "They [staff] always involve me with decisions. They also try to involve [person] as well."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were secured and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.

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 person centred care.
- People and professionals were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including communication, medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. One staff told us, "The care plans is online, it helps with our roles."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Where people had limited verbal communication, staff knew how to communicate with them, for example, by using simple sentences in a clear voice.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- Records showed a number of complaints had been received. A log was kept of complaints and a response was sent with the action being taken. Complaints had been analysed to identify potential trends and to ensure improvements can be made to the service and minimise risk of reoccurrence.
- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

End of life care and support

- At the time of inspection, the service did not support people with end of life care. Staff had received training in this area.

- The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes, and would ensure staff were adequately trained to meet the person's needs.

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

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Staff confirmed they were happy working for the service. One staff member said, "We are like a family here. Registered manager is nice, he keeps us aware of any changes."
- Systems were in place to ensure people's care was regularly reviewed and any changes or improvements were acted upon in a timely manner.

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- The registered manager were clear about their role and responsibilities. They ensured they were appropriately trained and kept abreast of developments in the domiciliary care sector. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The provider had a robust system to monitor, assess and drive improvements to the quality of their service. The monthly audits included care plans, visit notes, medicines administration records, and, risk assessments. Every three months audits included accidents and incidents, complaints and safeguarding. Where actions had been identified this informed an action plan to help make the necessary improvements.
- The provider also had an external auditor who completed an annual audit checks on the service. Where any concerns were found, an action plan was produced, and concerns addressed. We saw the last audit had found no concerns with the service.

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

- The provider had systems in place for people and professionals to give feedback about their experiences

of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.

- The provider sought feedback to improve the service. People and staff were asked to provide feedback and the provider used this feedback to continuously develop the service.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, PPE, and safeguarding.
- Staff told us they were happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.
- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regards to equality and diversity.

Continuous learning and improving care

- There were quality assurance processes in place. Various audits were carried out by the registered manager, including audits of care plans and risk assessments, health and safety and staff training.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service.
- The provider emailed staff a bi-monthly newsletter, which contained information and updates, such as guidance on keeping safe, guidance and good PPE practice, upcoming events or activities, and any changes to the service.

Working in partnership with others

- The provider had good links with community-based health services where needed to meet people's needs. For example, GPs, local authorities, district nurse, occupational therapists, and other health care professionals. This was underpinned by a policy or relevant information being shared with appropriate services within the community or elsewhere.
- The registered manager attended various social care and health conferences to maintain and develop their own learning, which they shared with staff. They took pride in sharing their knowledge and experience, promoting the service at the local events which helped other professionals to gain a better understanding of what people with the right support could achieve.
- The provider was passionate about raising the local community's awareness of homecare agency. The provider is part of the Care Provider Voice. Care Provider Voice aimed to create a strong network of providers, partners and valued workforce to collaborate and showcase the difference they can make to people's lives.