

Care Reserve Ltd

Care Reserve Peterborough

Inspection report

Workspace House, Unit 28-29
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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

Care Reserve Peterborough is a domiciliary care agency providing personal care support to twelve people living in their own home. Personal care is help with tasks related to personal hygiene and eating, we also consider any wider social care provided.

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

Some risk assessments would benefit from being more detailed to ensure that staff had the information they needed to provide safe care. All staff we spoke to told us they would report any concerns if they suspected a person had been harmed. However not all staff were aware of what organisations they could contact about safeguarding concerns outside of the agency.

Care workers had been recruited safely and they knew how to identify and report concerns. Safe management of medicines procedures were being followed. Learning from accidents, incidents and complaints were used to prevent issues from reoccurring. People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

People received person centred care. Their assessments showed they had been involved in the assessment process. People or their relatives told us they were happy with the care they received.

Care workers were knowledgeable about people's needs. The registered manager told us that the agency considered training staff as very important in delivering a quality service.

There were governance structures and systems which were regularly reviewed. Quality assurance processes such as audits and spot checks were in place. People, their relatives and staff were asked about the quality of the service being provided. Detailed action plans were completed in response to any comments raised.

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.

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 19 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration with the CQC.

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?

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 ●

Care Reserve Peterborough

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

One inspector carried out this inspection.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be able to support the inspection and provide us with information we requested.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 21 March and ended on 24 March 2022.

We spoke with five relatives about their family member's experience of the care provided. We spoke with the four members of staff currently providing care, one of whom is also the registered manager.

We reviewed a range of records. This included care records. We looked at files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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 harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff.
- All staff had received training about what action to take if they anyone was at risk of harm.
- All staff said they would report suspected harm straight away to their line manager. However not all staff were aware what other organisations they could report suspected abuse to outside of the agency.
- People's relatives told us people were safe in the presence of care workers.

Assessing risk, safety monitoring and management

- People had risk assessments in place. However not all risk assessments contained the information staff needed to prevent harm occurring. For example, one risk assessments regarding skin integrity did not take into consideration that the person was spending the majority of their time in bed and how this could increase their risk of pressure ulcers. The registered manager stated that they would add this information straight away.
- Staff providing the care had time prior to delivering care to read and understand the person's care plan and risk assessments. Staff told us that they received notifications about any updates to risk assessments and care plans.

Staffing and recruitment

- Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff confirmed they received the right training during their induction to keep people safe. For example, Emergency First Aid and Food Hygiene.

Using medicines safely

- Staff had completed training in the administration of medicines and been assessed as competent before administering medicines on their own.
- The medicines administration records were being regularly monitored to identify any issues so that action could be taken when necessary.

Preventing and controlling infection

- The registered manager had up to date policies and procedures in place to safeguard people and staff and reduce the risk of transmission of infection.
- The service had a plentiful supply of personal protective equipment (PPE) to prevent the spread of infection. People confirmed that staff wore PPE when visiting in people's homes.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents.
- The monitoring process included looking for any themes and/or patterns and taking action to prevent a reoccurrence when possible.

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 and preferences were assessed, before support plans and risk assessments were drawn up. Agreed goals and outcomes of care were delivered in line with standards and relevant guidance.
- Relatives told us their family members received the care they needed, and their choices and preferences were responded to. One relative told us, "They go above and beyond what is expected to rectify the issues caused by last agency."

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role. Staff were positive about their roles and told us they received enough training and support.
- The registered manager told us that they place a great importance on delivery an effective training programme. Staff told us that they had completed their training and were reminded when refresher training was due.
- The registered manager told us newly employed care workers shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
- There were records confirming staff received regular supervision and support. Staff also received regular spot checks to monitor their performance when supporting people.

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

- Staff had received training in food hygiene and diet and nutrition to ensure the safety of any meals they prepared for people.
- Relatives told us they were satisfied with how staff prepared meals and drinks.

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

- People received the care and support they needed. People's records showed that where other professionals were involved this was incorporated into their care plans.
- Staff worked with guidance and information from external health and social care professionals including district nurses and GP's. This was to promote people's well-being and deliver effective care and support.
- One relative told, "If it hadn't of been for the actions of the care staff in requesting an ambulance when previously they had been told not to by medical staff my [family member] would have died."

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.

- People's support plans described if they needed any support with decision making in relation to the care and support they received. People's relatives confirmed staff asked people for their consent and understanding before starting care.
- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making. They explained to us how they supported people to make decisions when possible. The registered manager told us they would only make a best interest decision for someone when all other strategies had been exhausted to enable the person to make a decision for 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.

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; Respecting and promoting people's privacy, dignity and independence

- People's relatives told us care workers were kind and caring. One relative told us, "The carers seem to be really nice, they are all friendly and look after [family member] as best as they can."
- People and their relatives had built positive relationships with staff who knew them and their needs.
- The service respected people's diversity. Care staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. This ensured people's individual needs were understood and reflected in the delivery of their care.
- People's privacy and dignity was respected. People's relatives confirmed staff worked in a way that ensured people had privacy and dignity when receiving care.

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

- People's relatives described frequent contact from the service as part of checks to ensure people received the right care and support and were able to express their views.
- On the whole people received support, wherever possible, from the same staff so that the care they received was consistent and in the way they preferred.

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's care files contained information that identified their abilities and the support required. We discussed with the registered manager how some areas of care plans would benefit from being more detailed. People's relatives confirmed people received support that met their individual needs.
- Care workers were knowledgeable about people's needs and could describe to us how people liked to be supported. This was also enhanced by the fact people had a regular team of care workers, which ensured they were familiar with people's individual needs.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.

Improving care quality in response to complaints or concerns

- The service had systems in place to deal with any concerns or complaints. We reviewed one complaint and found that it had been dealt with appropriately and action taken to prevent a reoccurrence. The registered manager stated that they always tried to use complaints as a learning experience to improve the service.
- People's relatives were confident they could raise any concerns with the registered manager if they occurred. They told us that when they had raised any concerns in the past it had always been dealt with in a timely manner and to their satisfaction.

End of life care and support

- Staff were not currently supporting anyone who was at the end of their life. However staff had received training in palliative and end of life care.

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; 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 committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and was committed to providing a good service for people.
- The provider understood their obligations to be open and honest with stakeholders when things went wrong. There were systems in place to identify and address issues when things went wrong. These including recording and reviewing accidents and incidents and responding to complaints.
- The registered manager had clear expectations about the quality of care and support people should receive from the service. They made sure these were communicated to people when they first started using the service and when staff applied for jobs. The registered manager told us that they talked about the company values during staff supervisions and meetings.

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

- There was an effective quality assurance process in place. Regular audits were carried out to identify any areas for improvement. Detailed action plans were written in response to the audit findings.
- The registered manager used the monitoring checks along with supervision and staff meetings to check staff were up to date in their knowledge of the care and support needs of people using the service and informed about any changes to the service's policies and procedures.
- Staff told us they felt well supported by the registered managers and other staff.

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

- The registered manager undertook monitoring visits and telephone calls with people to check that the support being provided was meeting their needs and to the standard expected. Outcomes from checks showed the majority of people were satisfied with the care and support provided by staff.
- People were provided opportunities to have their say about the service and how it could improve. Staff were also encouraged to give ideas and feedback about how care and support could continually be improved for people. Action plans were written in response to feedback.
- The registered manager worked proactively with healthcare professionals involved in people's care. When needed they liaised with GP's and district nurses on behalf of the person. They also worked closely with the

local clinical commission groups to provide the right level of care and support for people.