

Competent Healthcare Ltd

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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

Competent Healthcare Ltd is a home care service providing personal care to people in their own home. The service provides support to older adults who may be living with dementia, a physical disability, sensory impairment or mental health diagnosis. At the time of our inspection there were 15 people using the service. The service supported people living in the Southampton area.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had made significant improvements around their governance processes and systems to monitor the quality of care. There was a clear management structure in place to help ensure key aspects of the service were run safely and effectively. The provider had demonstrated a commitment to work with stakeholders to make changes which had led to sustained improvements in the quality of care. There was a positive atmosphere at the service, with people, relatives and staff telling us leaders were approachable and professional.

The provider had made improvements around staffing since our last inspection. There were now systems in place to ensure there were sufficient numbers of staff in place, who had appropriate training and support in their role. Risks related to the delivery of care were assessed and reduced. There were appropriate policies and procedures in place to support people to safely manage their medicines. The provider had systems in place to safeguard people from suffering abuse or coming to avoidable harm.

There were appropriate processes in place to gain people's consent to care. 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. The provider had effective systems to assess people's needs and provided support around people's healthcare.

People told us that staff were caring and took time to get to know them as individuals. Staff were patient and did not rush people when providing care. People told us they were involved in making decisions about their care and that they were treated with dignity and respect.

The provider was completing work to ensure people's care plans were person centred and reflective of the support people required. Care was organised around the needs of people and the provider was flexible and responsive when changes were required. There were systems in place to monitor care pro-actively with the use of electronic care planning systems. The provider listened to people's feedback and acted appropriately to investigate complaints or concerns.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

At the last inspection we found the provider was in breach of regulation. This inspection was carried out to review actions the provider told us they would take to comply with the regulation and improve the service. As a result, we undertook a comprehensive inspection to review the overall quality and safety of the service.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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 ●

Competent Healthcare Ltd

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 completed by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type.

This service is a domiciliary care agency. It provides personal care to people living in their own 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 notice period of the inspection so that people could consent to take part in the inspection by giving us feedback by phone.

Inspection activity started on 7 October 2022 and ended on 20 October 2022. We visited the location's office on 11 and 17 October 2022.

What we did before the inspection

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 sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke to seven people and relatives via telephone to gain feedback about their care. We spoke to six staff including the registered manager, office staff and care staff. We also spoke with three health and social care professionals.

We reviewed records relating to people's care and the running of the service. These included care records for seven people, two staff recruitment files, audits, policies, incident reports, quality assurance records and medicines administration records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff received appropriate support, training and professional development relevant to their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- All staff had undertaken a full days practical training course, which covered key areas of their role including; safeguarding, first aid and moving and handling. Online courses were available for staff in additional areas such as stoma care. This helped ensure staff received relevant training to their role.
- The provider had systems in place to assess staff's competency and knowledge of their role. This included observations of working practice and reviews of knowledge in staff supervisions.
- Staff training records were easily accessible and regularly monitored to by office staff to ensure staff accessed regular training updates. This helped to ensure their knowledge was in line with current best practice.
- People told us they were cared for by a consistent team of staff who were scheduled at regular times. Comments included, "[My relative] has four visits per day with two carers in attendance for each visit", and, "We have a main carer who visits every day for both am and pm visits."
- The provider made responsible decisions around taking on additional care packages to ensure they could be covered safely. This included analysing staffing numbers, skills and the locations of new referrals. The registered manager told us they had experienced challenges in recruiting new staff and recruitment efforts were ongoing.
- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure suitable staff are employed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving care from staff. Comments included, "All the carers [staff] help [my relative] to feel comfortable with the day ahead", and, "I feel safe with them [staff] supporting me. They all seem very nice and nothing is too much trouble."
- The provider had a safeguarding policy in place which outlined the actions required to keep people safe from abuse or coming to avoidable harm. During the inspection, we found the provider needed to update

information in their safeguarding policy around their safeguarding lead and local authority contacts. The registered manager was responsive to feedback and made the amendments to their policy as required.

- Records of safeguarding alerts received demonstrated the provider investigated concerns appropriately to promote people's safety.
- The provider had taken steps to promote people's personal security and safety. This included informing people when staff left the provider's employment and advising people to change their key safe numbers on a regular basis. This helped improve people's home security and ensured they understood which staff were authorised to visit their homes.

Assessing risk, safety monitoring and management

- The registered manager had reviewed people's care plans and put appropriate risk assessments in place to reduce the fire risk associated with the administration of these creams.
- There were effective risk assessments completed around falls, eating and drinking and people's home environment. This helped to minimise the risk of harm to people and staff.
- The provider's business continuity plan detailed how the service would run safely in the event of emergencies, such as, extreme weather or acute staff shortages. People's care needs were risk assessed to ensure the most vulnerable were prioritised in the event of such circumstances.
- There was an 'out of hours' phone line in place, where people, relatives or staff could call if they needed to speak with senior staff if required. This helped to ensure the provider had systems in place to respond to incidents or emergencies.

Using medicines safely

- The registered manager had updated the provider's homely remedies policy and reviewed people's care plans to ensure the care provided around these products was in line with best practice guidelines.
- People required very little support around their medicines administration and their care plans detailed how independent they wished to remain around their medicine's management. This helped to ensure staff had a clear understanding of the care tasks required.
- The provider had a medicines policy in place. This detailed the procedures staff were required to follow to help ensure they administered people's medicines in line with best practice guidelines.

Preventing and controlling infection

- We were assured the provider used personal protective equipment (PPE) according to the guidelines in force at the time. People's comments included, "[Staff] always wear gloves, aprons and masks. They always remove them and place them in a bin."
- We were assured the provider's infection prevention and control policy was up to date. People and relatives told us staff followed good infection control practice when supporting the in their homes. Comments included, "Staff are very good at that [infection control practice] and use hand sanitiser. They also make the bed and leave the area clean."

Learning lessons when things go wrong

- The provider had procedures in place to learn from accidents and incidents. There had been very few significant incidents which had taken place, but the registered manager was able to demonstrate how they would investigate incidents to look for causes, trends and put strategies in place to reduce the 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The provider made assessments of people's physical, mental health and social needs prior to care commencing. Assessments reflected needs arising from people's protected characteristics and were completed with people's input. A relative told us, "We [the family] have been involved in determining which care tasks were needed", and, "We gave them [the provider] guidance when the care was set up. The care pretty much reflects what was agreed."

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent and well trained. Comments included, "[My relative] has superb care and support [from staff]", and, "They [staff] are very capable and I'm impressed with them."
- The provider ensured staff received training on specific equipment which was used during the delivery of care. This included training on the safe use of mobility aids, such as hoists. People and relative's comments included, "[My relative] needs the use of a mobile hoist to transfer him from a to b and the staff are very able to use the equipment", and, "When [my relative] is poorly, he uses the stand aid for support and the staff are good at transferring him with the use of it safely."
- New staff received an induction which helped them to understand the key requirements of their role. This included training on the use of the provider's electronic care planning system, time to read policies and shadow experienced care staff when completing care calls. Staff were positive about their experience of training and induction. One staff member told us, "I received really good support from the office staff."

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

- People's needs around their nutrition and hydration were documented in their care plans. People required limited support in this area and care plans were clear where assistance was not required.

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

- Staff worked with other health and social care professionals to promote positive outcomes for people. This included working with healthcare professionals to help monitor people's health conditions and ongoing related needs. In one example, a relative told us how staff helped monitor their relatives' skin integrity with guidance from community nursing teams. This helped to reduce the risk of the person developing a pressure sore.
- The provider supported people to ensure they had the right care-related equipment available to promote

safe staff practice. This included hoists and other mobility aids. Where staff had concerns around people's changing mobility, they made referrals to professionals to source the appropriate equipment for staff to use in the delivery of 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.

- The provider had appropriate systems in place to gain consent from people to provide care. People and relatives told us staff were careful to gain consent every time they provided support with personal care. Comments included, "My [relative] is in a routine now but they [staff] still ask before doing any tasks", and "The staff ask if they can conduct care tasks."
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 told us that staff took the time to get to know them as individuals, trying to provide companionship and comfort during their care visits. Comments included, "We [person and staff] have a bundle of laughs. I see the same staff all the time and have got to know them well", "They [staff] do everything well and [my relative] lights up when they come", and, "They [staff] engage really well with [my relative]. They have got to know [my relative really well] and are good at stimulating their morale."
- People and relatives told us that staff were patient and never rushed them when supporting with personal care. Comments included, "They [staff] always do things at [my relative's] pace. They never hurry or make it seem like they are in a rush to go somewhere else."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- People were able to express their views and participate in reviewing their care. The registered manager and managing director scheduled regular visits and phone calls to people to review their care needs and gain feedback about the quality of care. This helped to ensure care was suitable for people's needs and in line with their preferences.
- The service had received multiple compliments and positive feedback from people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect. Comments included, "[Staff] make sure that everything is done with dignity and privacy", and, "When [staff] take [my relative] to the toilet they wait for him with the door closed."
- People's care plans identified how and with whom the provider could share care related information with. This helped to ensure that people's private information was only shared in line with people's instruction and wishes.
- People told us that staff were respectful of their home environment. Comments included, "Staff leave the room clean and tidy [after support with personal care]", and, "The staff always put things away after using them."
- People and relatives told us the provider informed them about changes to their care. This included when times of care calls had to be changed at short notice. Comments included, "I got a phone call the other day as the carer was running late. I never have to worry."
- People's care plans detailed the level of independence they wished to maintain around their personal

care and staff were pro-active in promoting this. Comments included, "They [staff] do encourage [my relative] to do as much for himself", and, "They [staff] are very good at encouraging [my relative] to be as independent as is possible."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 told us they were happy with the quality of the care and that it was responsive to their needs. Comments included, "The care is done how we like it. All the staff know what they are doing", and, "Staff come at the right time, they stay the full 45 minutes and do everything that is required of them."
- People's the care plan detailed the care tasks which staff were required to carry out at each care visit. Staff marked these tasks as complete using the electronic care planning system, which helped office staff monitor that care was being carried out as planned. The provider was in the process of reviewing each person's care plans to ensure that only relevant care tasks were included.
- The registered manager had recognised where people's care plans required updating to include more detailed background about people's life, medical conditions and specific personal care routines. This would help give staff a deeper understanding of people and their preferences. At the time of inspection, work to update care plans was in progress and due to be completed by the end of October 2022.
- The provider had identified where technology solutions had the potential to improve people's experience of care. These included the implementation of an electronic care planning system. This system enabled the provider to monitor care calls, review care notes and update staff rotas via an electronic application.
- The provider adjusted people's care in response to their needs. For example, people who required medicines administration at specific times had their care calls prioritised to help ensure they received their medicines as prescribed. In other examples, care call times were adjusted to help fit in with family requests or people's specific daily routines.

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 identified as part of the provider's assessment processes. People's individual communication needs were documented in their care plans.
- The provider had arrangements in place to ensure information was available in alternative formats, such as care call rotas in adapted forms.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which detailed how people could make a complaint and how it would be investigated in response. The registered manager had recently sent a letter to people

detailing key office contacts, which helped to ensure they were familiar with how and whom they could contact if they had a complaint.

- People told us that when they had raised issues and made complaints, the provider had acted to listen and address their concerns. Comments included, "We have the agencies telephone number. We have not needed to complain", and, "I got all the information from them [the provider] about office telephone number, people in the office I can talk to if I have any issues. I think that side of things is pretty clear."
- The registered manager shared feedback with staff about completed investigations into complaints. This helped to promote staff reflection and learning from any concerns that had been received. This included sharing feedback with staff to ensure they wore appropriate uniform when attending care calls.

End of life care and support

- Nobody using the service was receiving end of life care at the time of our inspection.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure they operated effective systems to oversee the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There was a clear management structure in place. The registered manager was supported in the running of the service by a team of senior staff. Each senior staff member had a clear set of roles and responsibilities, which contributed to the effective running of the service.
- Senior staff had a weekly meeting where all upcoming rotas, previous incidents, complaints were reviewed and each staff members ongoing working tasks were agreed. This helped to ensure that key tasks related to the running of the service were prioritised.
- The provider had improved the organisation and accessibility of documentation and records. They had ensured that all documents were stored on a shared drive that was accessible to all senior staff. This meant that key documentation related to people's care was accessible when required.
- The registered manager had developed a system to ensure regular audits of care plans, care records, medicines records and staff compliance were carried out. Actions from audits were addressed with staff to help promote learning and encourage improvements.
- The provider had fulfilled the requirement to clearly display their rating from CQC's last inspection.
- The provider had notified CQC about significant events which occurred at the service through statutory notifications.

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

- People and their relatives told us they would recommend the service to others. Comments included, "I would definitely recommend them", and, "The care is of a very high standard."
- People and their relatives told us the registered manager and senior staff were professional, accessible and accommodating. Comments included, "The service is well run", and, "I've never had any problems contacting the office and staff are polite", and, "The office staff seem happy to help and are easy to get hold of."

- The registered manager and senior staff had a very good understanding of people's needs and were a visible and approachable presence for people, relatives and staff. All senior staff were trained to deliver care and regularly worked alongside staff or covered care calls in the event of staff absence or sickness.
- Staff told us they enjoyed working for the provider and that the senior staff fostered a supportive and positive atmosphere at the service. Comments included, "[The registered manager] is a good leader, compassionate and very supportive. I am really happy here."

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 and managing director understood their responsibilities under the duty of candour. There were open communications with people using the service, their families and representatives.

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

- People and their relatives were asked to give feedback about their care. After a person's care commenced, the registered manager scheduled a regular series of visits and phone calls with people to gain their views about the care. The provider made appropriate adjustments in response to feedback, including changing call times and staffing arrangements when requested.
- The provider engaged staff via supervisions and team meetings. This gave the staff a chance to share good practice to help promote a consistent approach.

Continuous learning and improving care

- We received positive feedback from health and social care professionals around the provider's positive and pro-active approach in making changes which improved the quality of care.
- The provider had made improvements since our last inspection and had put measures in place to help ensure these were embedded and sustained. This included improvements around training, auditing, care planning, staffing and governance.
- The provider had an ongoing service action plan. This had been developed in line with CQC's key lines of enquiry and outlined actions needed to make improvements in each area. The registered manager monitored and updated the action plan to track how quality and safety had improved.
- The provider had purchased two company vehicles, which could be used either by staff or to pick up staff to help them get to care calls safely. This helped as a contingency to minimise the impact of changes associated with staff being absent at short notice and the provider needing to find alternative staffing arrangements.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The provider kept professionals informed about people's health and medical needs where required. This included working with social workers, community nurses and occupational therapists. The provider worked with professionals to ensure the care provided reflected their recommendations and staff had appropriate training to meet people's needs.
- The registered manager worked with other local providers to share information and learning around local issues and strategies to promote best practice in care delivery. This had seen benefits in changing to a new telephone system, which improved communication and access to information for senior staff when manning the out of hours telephone service.

