

Care-Away Limited

Newham Branch

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

Newham Branch is registered to provide personal care to people living in specialist 'extra care' housing across two sites. The service supports a range of people of different age groups and varied support needs. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. 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. At the time of our inspection, there were 42 people receiving personal care.

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

People were protected from the risk of abuse and harm. Staff were recruited safely. Medicines were managed safely. People were protected from the risk of infection. Risks of hazards that could cause harm were well managed.

People's needs were assessed before using the service. The provider worked well with other health care professionals supporting people to live a healthy life. Staff were well trained and had regular meetings with their line managers this gave them the opportunity to learn and develop their skills.

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.

Staff promoted people's dignity, privacy and independence. Staff demonstrated they knew people well and were kind and caring. People were encouraged to make decisions about their care and get involved in planning their care.

People's care plans were personalised and contained people's preferences, likes and life history. People told us they had no complaints but if they did, they knew who to contact if they were unhappy with the service.

There were systems in place to monitor the quality of the service. Regular audits and checks were carried out by the provider. People, relatives and staff were asked for feedback and this information was used to improve the service.

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 good. (Report published on 28 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about the 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? The service was Safe	Good ●
Is the service effective? The service was Effective	Good ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was Well-Led	Good ●

Newham Branch

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 team consisted of one inspector and an 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 provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last 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 used all this information to plan our inspection.

During the inspection

We spoke with four people who use the service and five relatives. We spoke with six staff including the registered manager. We reviewed a range of records including five people's care records and medicines records. We reviewed five staff recruitment files and managerial records such as quality audits and supervisions. After our visit the registered manager sent us some documents, we had asked for such as audits, training matrix and surveys carried out by the provider.

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 good. At this inspection the rating for this key question has remained good.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had effective systems in place to protect people from the risk of harm.
- People told us they felt safe with the staff. One person said, "Yes I feel very safe here."
- Relatives told us they felt their relative was safe. One relative said "yes, because they [staff] are there 24 hours a day."
- Staff had a good understanding of what to do if someone was being abused. Staff stated they would report it to the registered manager and follow the company's protocols.
- The registered manager told us all staff had training in safeguarding and training records confirmed this to be the case.
- The registered manager sent us notifications about safeguarding concerns. This meant people were protected from harm as concerns were investigated by the provider and local authority. They understood their role in reporting and investigating safeguarding concerns for example in one case concerns were raised about a person's living conditions which in turn led to changes to their care package, giving them more hours of care.
- Records reviewed showed lessons were learned from incidents. For example, a person had phoned for an ambulance three times in one day, but had not contacted the staff, as a result of this the registered manager put in extra welfare checks which resolved this issue and gave the person additional reassurances.

Assessing risk, safety monitoring and management

- The service had systems in place to monitor and manage people's safety and protect them from harm.
- A relative told us staff responded to their family member when they twisted their ankle and staff took immediate action to get the person medical attention.
- Staff told us they know what to do if a person is unwell. They would check the person is safe, make them comfortable, ask them what is wrong and call for medical assistance if needed.
- One staff stated. "The person I support uses equipment. The position of their bed was taking up a lot of space and making it difficult for the person to manoeuvre. I suggested moving the bed and the person was happy as they now had a safer environment."
- The registered manager told us the occupational therapist carried out environmental assessments for each person, which enabled people to live more independently for example people were provided with equipment to support them to access the community.
- Risks assessments carried out for people included areas such as falls prevention, activities, medication, environment and eating and drinking. Assessments outlined guidance for staff to follow to keep people safe from harm.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff were on time for their shift. One person stated "They [staff] are great here, they [staff] are always on time, they are reliable."
- A relative told us "For my [relatives'] needs I can only say yes, if staff are off for whatever reason there is always someone to fill in."
- Records showed there were no late or missed calls for people. This meant people received the care visits according to their care plans.
- Staff records showed appropriate recruitment checks had been completed. These included checking potential employee's criminal background using the Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had a system in place to monitor staff absence or lateness. The registered manager told us if there was any cover needed for example if staff were running late, this will be picked up by the floating staff who were on duty daily.

Using medicines safely

- The provider managed people's medicines safely. Not everyone using the service was supported with their medicines.
- People told us they were supported with their medicines. One person said, "The staff are great at reminding me when to take my tablets."
- A relative told us, "They are really good with keeping [my relative] medication under lock and key which is really good."
- We looked at four people's medicines records and found they were up to date and accurate. Records had guidance for staff to follow such as how the person should take their medicines.
- Staff had medicines training and competency assessments were carried out to ensure they had the skills to administer medicine safely.
- People's care records contained lists of medicines, their usage and any side effects. This information helped to guide staff on what to do in the event of a person needing urgent medical attention, should they show signs of an adverse reaction to their medicine.

Preventing and controlling infection

- The service used effective, infection, prevention and control measures to keep people safe.
- Staff completed training in infection prevention and control.
- Staff were observed wearing personal protective equipment [PPE] when in people's homes.
- Staff had access to personal protective equipment such as gloves and aprons. Staff told us they had enough PPE and could ask for it whenever they needed it.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before starting the services, including mobility, mental health, physical, social, cultural and psychological health. Families and health care professionals were involved in these assessments.
- People's assessments included the need for equipment in some cases such as wheelchairs, rollators or hoists, these items promoted people's independence. Records showed that staff were trained to use this equipment.
- People's choices and preferences are recorded in their care plans for example in two care plans people have requested either a male or female carer, the registered manager explained that when making decisions on staff support these preferences are always considered.

Staff support: induction, training, skills and experience

- People told us that the staff were excellent at their jobs. One person said, "The staff here are great, they go out of their way to help me and meet my needs."
- Staff stated that they had a lot of training. One care worker said, "We do it [training] yearly either face to face or e-learning. We make time to do them. I find them very useful helps me do my job better."
- Staff told us they had regular one to one meeting and a yearly appraisal. Staff stated that they discussed topics such as their welfare, care planning and training.
- Records showed staff had a comprehensive induction which included shadowing experienced staff to build confidence. Training considered mandatory by the provider was being provided in moving and handling, medication, infection control, fire safety and food hygiene.

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

- People stated that care staff supported them with food and drinks. People said they had no issues or concerns with the support.
- People's nutrition and hydration needs were assessed and guidance from health care professional was available for staff to follow.
- Care plans outlined people's needs for example one plan stated, "Please make sure you cut my food into small pieces." Health care records confirm this was a recommendation from the speech and language therapist.

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

- Care records showed that referrals to health care professionals were made in a timely manner.

- The registered manager told us people were encouraged to register with the local GP and all appointments were face to face which was more beneficial for people.
- Care records reviewed showed the involvement of health care professionals such as the GP, occupation therapist and the speech and language therapist in the care of people.
- There is a full-time health and wellbeing officer employed by the provider. They told us they were involved in people's care, visited them regularly in their home and engaged them in activities.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us that staff asked their permission before providing care> One person said, "Yes the staff are very respectful, they ask me how I want things to be done before just going ahead and doing them."
- People who had the mental capacity had signed their care plans to give their consent to care.
- One care plan showed that the person did not have the capacity to sign the consent forms or the care plan. In this case documents were in place showing a family member had lasting power of attorney for health and welfare, and the family member had signed the care plan on behalf of the person in line with 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.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well and respected their diverse needs. People told us "Staff are lovely, they are kind and respectful, they treat me like an individual."
- Relatives told us staff were kind and patient and looked after people well.
- People's religious preferences were recorded in their care plan. In one example staff changed the way they supported one person so the person could fast during the day and eat food much later than usual. Staff fully supported the changes which were temporary over a period of the religious festival. The person appreciated the staff making these changes to their support requirements so they could observe their religious beliefs.
- The registered manager told us staff had training in equality and diversity and records reviewed confirmed this.

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

- People were able to express their views and make decisions about their care. One person said, "I can ask them [staff] to change my support at any time and they will."
- People and relatives said they were involved in their care. One relative said, "I come and see [my relative] we have regular contact. They ask me about the care, there is no issue from my side."
- Staff had a flexible approach to supporting people. They told us people could make their own decisions and they respected this and the person could change their mind if they wanted to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by staff.
- People told us staff are respectful. One person said, "Yes staff always knock on the door, they cover me up with a towel when giving me care."
- Staff told us they promoted people's independence and one staff said, "I want to ensure people stay as independent as possible. One person struggles with washing their lower body, I help with this but I still encourage them to do the parts they can reach."
- Care plans included details of people's needs and outcomes, including details on how to involve people in their care as much as possible. One care plan stated, "I would like to be supported to carry out my personal care, allowing me to do things that I can do and to help and support me to the things that I cannot do."

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 and relatives told us care was provided in a way which was personalised. One person said, "I am particular about my routine being followed. The staff here know me well and do things how I like them."
- A relative told us, "Well they know my father well and he can say no to a lot of things, but they do what they can"
- Staff told us they offered choices to people. One staff member said, "Each day I offer a choice of food, clothes and activities. It is important for people to have choices as it is their life."
- Care plans were personalised and details included people's preferences, likes, dislikes and a full life history. For example, one person's care plan stated, "I like reading the bible" and "I dislike if I want something done and it is not done."
- The service has a full range of indoor and outdoor activities on offer. A calendar of events is sent to people each month, people can choose to participate. The welfare officer tailors activities for everyone for example in one person's case they wanted to learn more about budgets, a programme was put together to offer support in this area. In another case a person wanted to learn about using an iPad, the welfare officer researched some classes they could attend in the local area.
- On the day of the inspection one person was supported to attend the job centre to look for employment opportunities in line with their goals.

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.

- Staff knew how to communicate with people. Care plans had details in them about communicating with people.
- People told us that staff kept them up to date with information. Relatives also told us they had regular contact with the care team and managers. This was done through email, phone or face to face.
- We observed staff interactions with people It was respectful and appropriate for the person.
- The registered manager told us if a person spoke other languages this would be considered when matching staff support.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person said, "I don't have any concerns here but if I did, I would first talk to the carer and then speak to the manager, I know it would be sorted out."
- Relatives told us they knew who to complain to and one relative said, "Yes I do, any concern would be dealt with."
- Staff understood what to do if someone made a complaint. One staff said, "I would ask the person to explain the issue and report it to the manager."
- The provider has a complaints procedure in place. The registered manager told us there has been no complaints made in the last six months. Records confirmed this was the case.

End of life care and support

- At the time of the inspection no one at the service was receiving end of life or palliative care. The registered manager confirmed there was an end of life policy in place.
- The registered manager told us they have a good relationship with the health care professionals and would be able to access the palliative care team if required.
- Care records contained advanced decision plans. For example, in one care plan funeral arrangements and the wishes of the person were recorded stating what to do in the event of their death.

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 rated inspection this key question was rated as requires improvement, [published 28 June 2019]. We carried out a follow up focused inspection, [published 17 December 2020], and found the provider had made the necessary improvements. At this inspection the rating has changed to good.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and provider promoted a positive open culture. People told us they were fully involved in their care. Records showed the provider worked well with healthcare professionals and other agencies and the local authority.
- People had clear outcomes recorded in their care plans for example in on case the outcome was to maintain good health, health records showed input from health care professionals, outlining how to achieve this goal.

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 demonstrated a good understanding of the duty of candour, they told us they were aware of the need to be open and transparent, to report any issues to relatives, CQC and the local authority when something goes wrong.
- The registered manager confirmed there had been no serious safety incidents since the last inspection.

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

- The registered manager understood their role and responsibilities and knew what to notify CQC about. They understood the needs of the people using the service and the staff team.
- People told us, "The manager is around, they will come up to you if you need them to" and a relative said "If you go to them they are never too busy to assist, they won't say they are too busy, they will always assist you."
- Staff told us they felt very supported. One staff said, "You can talk to the managers, they will listen to your concerns and not just about the job."
- Staff understood their roles and their responsibility. Some staff had mixed feedback about the managerial team, some staff reported that they were not always listened to, we spoke to the registered manager about this and they informed us it would be addressed.

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

- People, staff and relatives told us they were often asked for feedback about the service. This was done through surveys or regular quality reviews.

- Spot checks were carried out regularly. Staff received regular feedback from managers of their overall performance which enabled them to do a better job and make improvements where needed.
- Staff told us regular meetings were held and the team discussed where improvements could be made in the service. For example, in one meeting communication and record keeping was discussed as a concern and staff were reminded to record each time they went to see a person using the service.

Continuous learning and improving care

- The provider had a system of audits and checks across the service to monitor quality and identify areas for improvement. Medicines records, care records, care notes and call monitoring were regularly audited to address any concerns or shortfalls.
- The provider analysed feedback from different sources and the result was a high level of satisfaction with the service. The registered manager told us they use this information to improve the service, for example residents have asked for more day trips, the registered manager and welfare officer are in the process of organising a day trip to the coast.