Care Quality Commission

Raven Care Ltd

Orchard Dene

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
Hale Business Centre is a domiciliary care agency. At the time of our inspection there was one person using the service. The service provides care to older people and people with dementia.

People's experience of using this service and what we found
The person who used the service was protected from the risk of abuse. Their relative told us their family member felt safe. Risks to safety were managed. Staff were recruited safely.

Staff had been trained and had the necessary skills and experience to support the person using the service to achieve a positive lifestyle. The service worked closely with external health professionals to monitor the person's physical and mental health.

The person who used the service was treated with kindness and their privacy was respected by staff. The person who used the service was encouraged to express their views and were involved in making decisions about their support with support from family where necessary. This included reviewing their care plans.

The person who used the service was supported in line with their communication needs and staff demonstrated an excellent understanding of how to communicate with them in a personalised way.

The registered manager had a clear vision about the service and support they offered. A range of audits were completed to ensure good quality services.

The person who used the service was 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 1 April 2021 and this is their first inspection.

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

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

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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
The inspection was carried out by one inspector.

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
The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on June 30 2022 and ended on July 11 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.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager and one relative. We looked at one care plan and risk assessment, recruitment records, quality audits, daily records and training records.

Good

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
• The relative of the person who used the service told us their family member was safe with their care worker, "I feel totally safe leaving [registered manager] alone with [relative]."
• Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. The policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
• Staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. The registered manager who was also the main care worker for the person using the service told us, "If I had any concerns, I would contact social services. I would inform the family."

Assessing risk, safety monitoring and management
• The risks to people's safety and wellbeing had been assessed and planned for. Risk assessments were thorough and appropriately detailed, they gave guidance for care workers about how to reduce risks and they were regularly reviewed and updated.
• Care plans included information for care workers on how to look for signs of increased risk and how they should respond to this. This meant care workers were able to help keep people safe and put in place extra measures when they identified concerns such as a person becoming mentally unwell, changes in physical health or changes in appetite.

Staffing and recruitment
• The provider carried out robust checks on all staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks.
• People and their relatives told us they had regular and familiar care staff and cover arrangements were in place for the registered manager, who was also the main care worker for the person who used the service, should there be any unexpected absences.

Using medicines safely
• At the time of inspection, the person using the service was supported by their family with their medicines. The registered manager told us that should this change, they were trained in medicines administration and also shared their medicines policy with us.

Preventing and controlling infection
• There were effective systems in place for the prevention and control of infection. The registered manager confirmed they were easily able to access supplies of Personal Protective Equipment (PPE) and they participated in a programme of regular testing for coronavirus.

• All staff were trained in infection prevention and control, including the correct use of PPE.

Learning lessons when things go wrong
• There were processes for learning from things that went wrong and making improvements to the service. These included investigation and analysis of all accidents, incidents, complaints and any safeguarding alerts. The management team discussed adverse events and made sure they shared appropriate information with all staff so they could be learnt from and improvements made.

Good

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
• The service had effective systems in place to assess people's needs and deliver care accordingly. The relative of the person who used the service told us they were involved in the planning of their family member's care, "We have been involved in the care plan and planning of care."
• Records showed assessments were in place for people's health and care needs. These were kept under review and updated to reflect changes.
• Assessments showed where other health and social care professionals were involved in helping to assess and meet people's needs. For example, district nurses or occupational therapists.

Staff support: induction, training, skills and experience
• Training for staff was robust and relevant and records confirmed this. Training for staff included modules such as first aid, autism awareness and medication management.
• Staff also completed the Care Certificate and records confirmed this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet
• The registered manager told us they were not supporting the person using the service with food or nutritional needs, "We don't tend to cook for [person]. [Their] family does all of the food". However, the registered manager also explained that should this need arise, a care plan would be implemented and if there were any nutritional risks, food and fluid charts would be made so the person's nutritional intake could be monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The registered manager told us they worked closely with other health and social care professionals when needed and would highlight any change to a person's needs with the GP or any other relevant health professional. They gave us a recent example of needing to liaise with the local authority, "Service user needed extra support from the local authority and we supported the family to get the extra hours. Since we took [person] on [their] needs have increased and we highlighted this."
• The registered manager also told us, "We recently spoke with the [relative] about making an occupational therapy (OT) referral, and the OT did an assessment and provided bath aids and [walking] frame and also a pendant alarm." This meant the service was proactive in supporting the person in all aspects of their 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.

• The provider had policies to follow should people not have the mental capacity to consent to their care and care plans were detailed in relation to people's capacity.
• The relative of the person using the service told us consent was always sought, "[Registered manager] always asks consent and permission."
• The registered manager and management team had been trained in and understood the MCA and provided examples of how they supported the person using the service to understand their care and give consent. The registered manager told us, "For example, normally under person's [body part] it can go red. I always ask if [person] minds if I apply [their] cream."

Good

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
• The relative of the person who used the service was very complimentary about the care their family member received and told us consistently that the registered manager was kind and caring. Comments included, "[Registered manager] treats [relative] in a dignified way" and "[Registered manager] is very kind and gentle."
• All staff had completed equality and diversity training and people's religious and cultural needs were respected. The relative of the person using the service told us, "My [relative] listens to a church service in the mornings and [registered manager] will wait until it's over and respects [relative] listening to this and never rushes [relative]."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence
• Care plans reflected people's views on their care and recorded where they had been asked and given feedback on the care provided to them.
• The registered manager told us they always encouraged the person who used the service to be as independent as possible, "We promote [person's] independence to wash [themselves], do [their own] hair and brush [their own] teeth."
• The relative of the person who used the service told us, "I can't praise [registered manager] highly enough. For [relative] and myself, [registered manager is providing very good care."

Good

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
• The service provided care that was individualised. The person who used the service received personalised care focused on their needs and those important to them were fully involved in the planning and review of their care.
• The person who used the service had a person-centred care plan which provided staff with the information they needed to support them. For example, their care plan contained specific detail about their preferred body cream and perfume that they liked to wear every day.
• The registered manager knew the person they cared for very well and this was demonstrated during the inspection.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• People's communication needs were documented within their care files. The registered manager was very knowledgeable about the communication needs of the person they cared for and this was reiterated by the person's relative.

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
• The person who used the service lived with their family so this need was met by them.

Improving care quality in response to complaints or concerns
• The service had a complaints policy and records confirmed this. At the time of our visit there were no complaints. The relative of the person who used the service told us, "No complaints. I would tell [registered manager]."

End of life care and support
• At the time of inspection, no one at the service was being supported with end of life care. The registered manager told us, "I have worked with palliative care patients before. But no one is palliative at the moment."

• The registered manager shared their end of life policy with us and told us they were in the process of

arranging training for staff to ensure they were prepared, should a person using the service require end of life care.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 their role and responsibilities and knew how to send statutory notifications to inform CQC of any significant events that placed people at risk, meaning that CQC were alerted to the current level of risk at the service.
• We received positive feedback about the management of the service. The relative of the person using the service told us, "[Registered manager] is very flexible. [They have] a lot of experience."
• Quality of care was monitored and analysed and records confirmed this.
• Systems for supporting staff included inductions, supervision and appraisals were implemented to help support the delivery of safe and high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The management team worked effectively with external professionals to help achieve positive outcomes for people, for example with the local authority and health professionals.
• The registered manager spoke passionately about providing care and this came across during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
• The service actively engaged people and their families to ensure they had a say in their care. Feedback from the relative of the person who used the service was welcomed by the management team and we saw records of a recent survey that had been sent out.
•Regular staff meetings were held which enabled the management team to continuously monitor and improve people's experiences of the care and support provided and records confirmed this.
• The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals.