

Source Complex Home Care Ltd

Source Complex Home Care LTD

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

Source Complex Home Care Ltd is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, one person was using the service. 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

Details of how to reduce risks to the person's safety were included in the person's care plan. Quality assurance systems were in place to try to ensure the person was provided with a quality service.

The person and their relative were satisfied with the care that staff provided and with the management of the agency. They said safe care was provided, with the person protected against abuse, neglect and discrimination.

Safe recruitment practices were in place to ensure only suitable staff worked at the service. Enough staff were employed to meet people's needs and timely calls were in place to provide personal care.

Staff had been trained to effectively meet people's needs. The person was supported to have their food choices and enough fluids to remain hydrated. Staff were aware of how to ensure medical support was provided to the person when this was needed.

The person had maximum choice and control of their life 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 person and their relative told us they were treated with respect and dignity and staff had a caring and friendly approach. They said they had very good relationships with staff. Staff respected the person's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

The registered manager understood their responsibilities and worked in an open and transparent way. The person and their relative was aware of how to approach the registered manager to raise concerns or complaints. They said the registered manager and staff always listened to their views.

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 30 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection carried out to inspect the service for the first time, and to be able to award a

rating for 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this 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

This 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 homes.

Registered manager

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

Notice of inspection

We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service. Inspection activity started on 12 October 2022 and ended 13 October 2022. We visited the office location on 12 October 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. 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

We spoke with one person who used the service about their experience of the care provided and one relative. We spoke with one care staff, the registered manager and the care coordinator. We reviewed a range of records. This included one care plan. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

This is the first inspection for this service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The person was protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including how to assist the person to eat safely.
- Assessments included the environmental risk assessment which identified and managed risks in people's homes. They enabled staff to take action to reduce and mitigate the chance of harm to people.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet the person's needs.
- Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who used the service.
- The care plan identified the number of staff required to deliver care safely. The person and their relative told us that the required number of staff were always sent to provide personal care. There were no missed calls reported.

Preventing and controlling infection

- The person was protected from the risk of infection.
- They told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic, which protected them from the risk of infection.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Systems and processes to safeguard people from the risk of abuse

- The person was protected from the risk of abuse.
- The person and their relative said that staff followed safe working practices and there was good protection from the risk of abuse. The person said, "I feel perfectly safe with all staff. They always have my best interests in mind."
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected. They knew how to report to a relevant outside agency if no action had been taken by management. Staff had confidence management would act if there were any concerns about people's safety.
- The registered manager was aware of their duty to report any safeguarding concerns to the local authority safeguarding team and to CQC. To date, there had not been a need to do this.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- To date, no incidents had occurred.

Using medicines safely

- Records showed prescribed medicine had been administered by staff.
- The person and their relative told us staff had always provided prescribed medicine.
- Staff told us they had received training in medicine administration and had competency testing to ensure they knew how to supply medicine to people safely.
- The medicine policy supported people to receive their medicines in the way they preferred.

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

- Assessments of the person's needs had been completed before they used the service.
- The person confirmed the assessment involved them and ensured the service was able to meet their needs and preferences. They said the registered manager was very thorough in making sure all needs were identified.
- Care records had been reviewed and updated to reflect the person's changing needs. The relative said the registered manager was quick to change the care plan when their family member's needs changed. This meant they received care to meet their current needs.

Staff support: induction, training, skills and experience

- Staff training was relevant and up to date. The training matrix evidenced staff had been trained in relevant issues such as medicine administration and health and safety.
- The person and their relative told us that staff were well trained and they had no concerns.
- Staff are expected to complete the care certificate. Current staff had completed this training. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of care staff roles in the social care sector.
- The service had effective systems in place to support and supervise staff. Staff confirmed they received regular supervision. This included one to one sessions and spot checks of staff competencies. This covered relevant issues such as medicine administration and hygiene.
- Staff told us the training they had received meant they could provide care effectively. One staff member told us, "The manager is very supportive of me doing more training and has helped me to do this."

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

- The person was supplied with relevant assistance to ensure they had enough food and fluids.
- The person and their relative told us staff were always present to ensure they were able to eat safely.
- The person's care plan detailed the support they required from staff to eat and drink.

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

- Staff did not need to work with medical professionals. The relative dealt with these professionals to ensure treatment was provided for their family member's needs.
- The person said they were confident staff would support them to get healthcare if they needed this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The person had a mental capacity assessment in place.
- The registered manager was aware of the process to put best interest decisions in place when relevant and who to consult about this.
- Staff had received training in MCA and understood how to support people in line with the Act. The person confirmed that staff asked their consent when providing personal care. The person said, "Staff always respect what I want to do."

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 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 person told us they were well treated and supported.
- The person and their relative said that treatment and support could not be better. They said staff were very friendly and caring. Staff respected the way they wanted to live their lives.
- Staff members had a good knowledge of the person being supported. They were positive about providing quality care to meet the person's needs.
- The registered manager and staff members fully understood the need to respect people and their diversity. These values were stressed in staff training. The person described how staff fully respected their religious needs. They said the registered manager had even worn a religious cap without being requested, when going into their place of worship. The person was able to visit their place of worship whenever they wanted, and this had been organised by the registered manager.

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

- The person was supported to be involved in making decisions about their care.
- The person and their relative told us they were involved in planning their own care before personal care was provided. The registered manager had spent an extended amount of time with the person to fully understand their needs. The person appreciated this attention to detail.
- Staff members were aware of how people liked to receive their care. For example, the person was supplied with choices such as what food and drinks they wanted and the clothes they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- The person was respected, and their privacy, dignity and independence was encouraged.
- The person said that staff fully respected their independence and encouraged this, such as washing their face and cleaning their teeth.
- They said staff promoted privacy and dignity when providing care. Staff members gave examples of how they would do this such as closing curtains and doors and covering the person when providing personal care.
- Staff members said they always encouraged the person to be independent and would only provide support when needed.
- Staff were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

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 person's care was personalised.
- The person said staff always communicated and chatted to them, so they felt they were recognised and respected.
- The person said they had choice and control over the way their care was provided. For example, how long they wanted to sleep, what clothes they wanted to wear and whether they wanted to wash themselves.
- Care plans detailed the person's personal history such as family and their choices. This included information about the person's religion, interests and hobbies. This provided staff with more personalised information to understand and engage with what was important to the person.

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.

- The registered manager was aware of the need to put systems in place when needed. This included providing information in large print, audio and pictures. There was information in the care plan regarding the person's communication needs.
- The registered manager was aware of the need to respect the person's preferred communication style. This allowed the person to feel valued as they could always express themselves.

Improving care quality in response to complaints or concerns

- Care had been improved as a result of a relative raising a concern with the registered manager. The relative said the registered manager had swiftly responded and took all the necessary action.
- To date, no complaints had been made.
- The person and their relative told us if they had any concerns, they would have no hesitation about discussing this with the registered manager. This is because they always found management responsive to their views.
- A complaints policy and procedure was in place to investigate complaints and respond to complainants.

End of life care and support

- This was not yet needed at the time of the inspection.
- There was evidence in the care plan that the person's wishes and any relevant information would be supplied when they were ready to share it.

- The registered manager was aware of the need to respect people's end-of-life preferences to include respecting people's religious and cultural wishes. They said that this information would include personal preferences, such as which visitors they wanted to see, the temperature of the bedroom and whether they wanted music playing.

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.

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

- Audits and checks had been carried out to check the service met people's needs. These included checks on care and medicine they received from staff.
- The registered manager understood their role and the needs of their staff team. Staff understood their responsibilities, and who to report to if they had concerns and needed help.
- Surveys of the person and the relative views were positive about the high standard of care provided.
- Spot checks on staff took place. They showed staff were providing appropriate care and a positive approach to the person. This allowed the registered manager to maintain oversight of how care was being delivered.

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- This had been successful for the person and the relative we spoke with. The person said, "The amount of respect I get from staff and the manager is fantastic."
- Staff felt supported. They said whenever they had an issue, management always responded swiftly and positively. One staff member said, "The manager is always available when I need advice." Staff told us they were thanked for the care they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew that when concerns had been identified, notifications should be sent to the CQC as required by law. There had not been a need to do this to date.

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

- Feedback was sought from the person. Questionnaires had been provided to the person which gave them the opportunity to suggest any changes or improvements. The registered manager had not needed to act on any issues as none had been identified.

- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important topics, such as staff training and the person's care needs.
- The person told us that they were treated fairly. They said the registered manager could not be faulted for respecting their cultural or religious requirements, and all their needs had been met.

Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also information in place for management to liaise with specialist medical professionals when the need arose.
- Staff understood they needed to inform the registered manager and the person's relative if the person was ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.