

Care @ Home Newbury Limited

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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

This inspection took place on the 22 November 2016 and was announced.

Care @ Home Newbury Ltd is a domiciliary care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection 14 people received care from this service.

At the last inspection on 5th August 2014 we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as requires improvement in areas such as ineffective recruitment procedures, lack of assessment and monitoring of the quality of the service and appropriate training and supervision of staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their representatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were mostly complementary about the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff and would recommend the service to other people.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans in place to ensure the service continued should unforeseen events occur.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager and the nominated individual.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about

their care.

Is the service responsive?

The service was responsive.

Staff knew people very well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good ●

Is the service well-led?

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored through regular discussions and action was taken when issues were identified.

Good ●

Care @ Home Newbury Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 22 November 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and office based and we needed to be sure that relevant staff were available.

Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. The service had not sent any notifications to us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager and the nominated individual who jointly own the company. We spoke on the telephone to two care staff and with one person and three relatives/representatives of people who receive a service. We received three written responses to questionnaires that we sent to people which were completed by people themselves with support from relatives. We requested feedback by telephone and email from five professionals who have had dealings with the company but received no responses.

We looked at five people's records and documentation that were used by the service to monitor their care. In addition, we looked at four staff recruitment files, the registered managers and nominated individuals files and two staff files for individuals who were in the process of being appointed. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

During an inspection in August 2014 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the provider not operating effective recruitment procedures. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

The provider's recruitment procedures were mostly thorough and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. We found that attempts to verify relevant past employment references were not always robustly recorded. However, there was no evidence to suggest that this had adversely impacted on people or the service provision. The registered manager confirmed that past employment histories and any gaps were clarified at the interview and this was evident in the files were reviewed.

People were safe at Care @ Home Newbury Ltd. One relative said, "The carers provide very good care. We are very happy with them." Another said, "Yes I am confident that they are safe and in good hands." One staff member commented, "This is a very good agency, friendly and supportive. The registered manager is approachable and helpful". People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). The service had no reported incidents of alleged abuse/or abuse since the last inspection in August 2014.

We were assured that staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The information we received confirmed that they knew what to do if they suspected people they supported were at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. All risk assessments were reviewed regularly a minimum of annually and included guidance for staff on what to do to minimise any identified risks including environmental issues within people's homes. There were on call numbers and guidance available for staff should there be an emergency. The service had transferred the information held for people from one information technology system to another considered by the registered manager and nominated individual to be much more relevant to a domiciliary care service. Work was ongoing to ensure that sufficient information was transferred and included whilst not overburdening the system with data.

One person's relative informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided

personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training was sourced from a recognised training provider to ensure it aligned with the needs of the service and provided staff with the knowledge and skills to fulfil their roles. The nominated individual was a trained trainer in a range of topics which ensured that any delay in new staff accessing induction training through the external company could be met in-house.

Some staff had received training in the safe management of medicines. The nominated individual and registered manager had obtained relevant policies and procedures and reviewed them to ensure that the medicine policy, related risk assessments and medicine administration records were appropriate for the service. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. Where the service supported people with prompting to take medicines this was set out in their care plans.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. There were four staff employed to meet the needs of the people who were currently using the service. Because of the nature of the service call times were described as sufficient in length to allow for a range of tasks to be undertaken according to the preferences of the person that was cared for. We saw that there had been no reported missed calls or accidents since the last inspection.

Is the service effective?

Our findings

During an inspection in August 2014 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the provider not having suitable arrangements in place to ensure that staff were appropriately trained or supervised to deliver safe care and support to people. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

A person's relative said that staff had the skills and knowledge to give the cared for person the care and support they needed. Information was provided within a staff handbook which was made available to all staff. Staff told us that they had received an induction that enabled them to support people confidently. We saw from records that staff had completed updated training and some had received recorded supervision.

The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support individual people. The nominated individual confirmed that the staff induction was aligned to the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The service provided training in some topics through electronic learning, but core areas such as moving and handling and first aid were provided by an external trainer. The registered manager told us that they were always looking for opportunities to improve staff training to promote further learning and development.

People informed us that they received care and support from friendly, familiar, well trained and consistent staff. One relative said, "The service we have received is very good. All the carers know what they are doing and are courteous and respectful. We would not hesitate to recommend this service provider." The registered manager told us that they would not consider calls that were insufficient in time to allow carers to undertake their duties to a very good standard. One person was complimentary about the organisation of the service and the individual carers. Whilst another said that there was sometimes confusion between staff as to who and how to contact each other when there were traffic delays etc. However, we did not find evidence to support this statement.

Staff were rostered to cover calls to each person's home at variable times of the day. Each staff member had a regular timetable of calls to the people they supported. This was to provide support and / or personal care. A person's relative said, "The carers always arrive at the time agreed unless they are held up and then they usually let me know."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident within people's records. People who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. Staff were prompted within care plans to obtain consent from people before any task or activities were commenced with them.

Spot checks were carried out to ensure that the care provided was of a good standard. We were told that all spot check visits were not known about in advance by people or by the staff. The schedule of staff supervision was not rigid and could be conducted by telephone due to the wide spread of where staff and people receiving a service lived. We saw evidence within one file that an annual appraisal had taken place. The service benefitted from a low rate of staff sickness. This contributed to the effective running of the service and enabled consistent care to be provided by regular staff support workers.

People and their relatives described communication as very good. In response to questions about effective communication we were told that the office based staff particularly the registered manager was always available and relevant information was passed on without delay. Some staff provided feedback which indicated that changes were communicated appropriately.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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 Act 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. Applications to deprive people of their liberty must be made to the Court of Protection.

The nominated individual and registered manager had received mental capacity training and provided staff with information through regular updates and an information booklet which was supplied to all staff. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One relative told us, "I would just like to say how much I appreciate the service. I know (name) is in good hands."

People's diverse needs and how to meet them were contained in people's individual care plans. We saw they included cultural and spiritual needs, where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The recording of people's preferences, likes and dislikes was an area that was being further developed and will be included in all care plans moving forward. The nominated individual, registered manager and care staff kept in regular contact with the person's relatives by phone and in person, where appropriate. Recorded notes in the electronic care plan detailed all communications undertaken by the relevant staff.

The registered manager told us they frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed care staff were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes.

Information was provided for people and their carers that gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours.

People's care records were kept secure in locked cabinets in the office and on password protected electronic systems. The nominated individual and registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discreet. A relative commented, "I have no concerns about confidentiality."

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. Wherever possible, prospective care staff were introduced to people before the service commenced. Former care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. The nominated individual was assessing what the most relevant information was to be transferred to the new electronic recording system. The information was designed to provide guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. It was apparent from discussion that the current care staff knew the people they supported very well. It was not entirely clear whether the information that had been transferred to the electronic system was sufficiently detailed to enable a carer not familiar with the person to undertake support according to the needs and preferences of individuals. The nominated individual undertook to review the information recorded with this scenario in mind.

Care plans helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes which were used to improve record keeping overall. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes.

Staff told us how they responded to people or their carers changing needs. This was confirmed through feedback from people and their relatives. One relative told us they were, "Very happy, and they always check to see if everything is ok. The manager rang on Sunday to see if we needed any more help as my mother (who looks after my dad) has been in hospital." Staff wrote any concerns in the daily notes and informed the office immediately. We were told that office staff would then inform the next care staff member due to visit the person. They would also take action if a more in depth review of the care was needed. Daily notes described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager on a periodic basis dependent on the level of care provided.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any formal complaints from people or their relatives since the last inspection. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. We saw a selection of compliments from people and relatives about the service. There had been no safeguarding issues raised in the last three years.

Is the service well-led?

Our findings

During an inspection in August 2014 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This was in relation to the provider not assessing and monitoring the quality of the service. At this inspection we found action had been taken to make the improvements necessary and the requirements of the regulation had been met.

The service had improved their quality assurance processes. An independent specialist reviewing company had been contracted to conduct periodic surveys and sent questionnaires to people who were receiving a service. We were shown examples of responses which were positive about the service, management and care staff. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix.

Quality assurance systems that were currently in place included regular telephone calls to people by the registered manager to check if there were any concerns which needed to be addressed. Also all care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the person they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service.

The service was well led. People and their families were complementary of the services provided by the service. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. Comments from staff about the service included, "I have worked for other agencies and this one is the best by a long way", and "I work few hours now but consider that this agency is caring, and efficient". The feedback we received from people, their families and staff identified a positive culture, which was person centred and demonstrated a good understanding of equality and respect.

People benefitted from a staff team that were happy and well supported in their work. Staff indicated they enjoyed working for the service. There was confidence that any concerns could be taken to management and they would be taken seriously and managers would take action where appropriate. Staff members told us the office based management team was accessible and approachable and dealt effectively with any concerns they raised. The registered manager was open with them and always communicated what was happening at the service and with the people they support.

Quality assurance systems that were currently in place included regular telephone calls to people by the registered manager to check if there were any concerns which needed to be addressed. Also all care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the person they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to

gain people's views. The service kept people and their relatives informed on what was happening with the service.

The service used a number of informal contacts within the industry for support and guidance. We pointed out that the requirement to display the current rating for the service on the providers website was not complied with. The nominated individual undertook to address this without delay. We saw that the website displayed the rating and included a link to the report within 24 hours of the visit. All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. However, there had been no situations that had arisen since the last inspection which required a formal notification to CQC. Records were up to date, fully completed and kept confidential where required.