

Our Family Home Care Ltd

Our Family Home Care

Inspection report

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Date of inspection visit:
03 November 2021

Date of publication:
13 December 2021

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

Our Family Care is a domiciliary care agency based in Stowmarket, but has care rounds in Ipswich, Woodbridge as well as Stowmarket and surrounding villages. It provides personal care to adults with a range of support needs who are living in their own homes. There were 27 people using the 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.

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

People, relatives and staff were all positive about their experiences with this new domiciliary care service. People told us that they had reliable support that was centred on them and gave them a better quality of life.

People said that they had a small group of staff that knew them, their situation and their support networks well. People felt safe and trusted the staff that supported them, because staff were well trained and respectful. Risks were appropriately assessed, which then lead to assessments being put into place to guide staff on how to keep people safe.

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.

No one had any complaints or concerns, but if they did were confident that the registered manager would listen and resolve matters. People knew of the registered manager and spoke highly of their dedication and visibility. There were systems in place to protect people from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the registered manager.

Care records were in the process of being transferred to another electronic system. This new electronic system had many functions and could also lead to better management oversight and monitoring of service delivery. This is the key area for this agency to develop before it grows bigger, because currently the agency had limited quality monitoring systems in place. This was a known risk to the registered manager, and they were actively working on an action plan prior to our visit that had timescales and actions already identified for development. The registered manager was committed to providing high quality care and the service worked well in partnership with others to ensure the best outcomes for people.

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 1 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Our Family Home Care

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 Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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 in the office to support the inspection.

Inspection activity started on 3 November 2021 and ended on 15 November 2021. We visited the office location on 3 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with nine people who used the service about their experience of the care provided. We spoke with

10 members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and medication records. 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 reviewed.

After the inspection

We continued to seek clarification from the provider and spoke to staff to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who knew the service.

Is the service safe?

Our findings

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed. One person said, "The manager visited to go through all of the assessment."
- People using the service were involved in the care planning and risk assessment process, so they could decide what level of support they wanted from the service. One person said, "They are getting it all right for me and making me as independent as I can be."

Using medicines safely

- Medicines were safely managed. The service was providing limited support with people's medicines at the time of this inspection. Where they took responsibility, people were complimentary about the safe management. One person said, "Each day they get all my medicines ready for me. They know the routine very well."
- People had individual medication administration records to ensure they received their medication as prescribed.
- People's medication and the support they needed to take their medicines was recorded in people's care plans.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. Comments included, "It's a big thing to have carers come in. I was very unsure. All my fears were put to rest. I feel comfortable and safe." Another person said, "I definitely feel safe with them."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Managers understood their safeguarding responsibilities.

Staffing and recruitment

- Robust recruitment procedures were followed to ensure the right people were employed to work in the service. This included criminal records checks (DBS), references and employment history. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager was aware of the need to complete health screening for staff and was actioning this matter.
- There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.
- Comments from people and relatives about staffing included, "My carer is brilliant. I have the same girl and she is friendly, helpful and reliable." Another person said, "They are brilliant. It's like having another family member but they are professional."

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately.
- Staff knew when to report any accidents or incidents so action could be taken to address any concerns and learn lessons.

Preventing and controlling infection

- People supported were protected from the risk of cross infection.
- Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment (PPE).
- People told us staff always wore PPE appropriately.

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

- People's needs were assessed before the service started, to check whether they could meet the persons needs safely and effectively.
- A care plan was created following the assessment process, so staff knew what care people needed and when.
- People's care plans considered people's diverse needs. For example, around people's heritage, beliefs, cultural requirements and lifestyle choices.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- New staff received induction training which included a personal introduction to the people they were recruited to support. The registered manager worked alongside them to teach best practice and ensure that the new staff member followed the individual care plan.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. Staff were encouraged to do additional training and/or gain qualifications to help them with their career progression.
- Staff told us they received effective support from the registered manager. All staff told us they felt very well supported in their roles. One staff member told us, "The manager is perceptive and can encourage staff to step up. I can ring any time and get support".

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where it was part of the agreed package of care people were supported to eat and drink.
- People's care plans contained information about the support they needed in this area, so staff knew what support to offer people and if people had any dietary preferences.
- The service worked well with other local agencies to ensure people were able to access healthcare services. The health and wellbeing of people was monitored and support to refer to a suitable health professional was actioned by the registered manager.
- One person said that the staff knew them so well, "They just look at me and can tell if I'm ill. They are getting it right for me. They are professional."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the MCA and staff received training to support their practice in this area.
- There were systems in place to ensure people consented to their care, if they had capacity to do so, and to ensure the principles of the MCA were followed when people lacked capacity to make decisions about their care.
- People told us staff gave choices to them and respected decisions and requests, which helped to ensure people consented to care delivery on an ongoing basis.

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

- People were treated with compassion, kindness dignity and respect. One person said, "They are truly brilliant. I feel comfortable with them in my home as it can be quite intimate."
- Feedback from people and relatives described staff as kind and caring. Comments included, "I know they adore [name of person]." And "They not only support me, but my whole family. They know when to be quiet and not wake others. They know how I like my clothes folded. They even know when to make themselves invisible."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and relatives confirmed they were involved in decisions around their care and support. One person told us, "My care is tailored to me. I know I can ask any niggly thing and it is sorted out."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service.
- Staff were passionate about treating people in a person-centred, dignified way and they spoke respectfully of the people they supported to remain independent. One person told us, "They are very good because without them I would not be able to stay in my own home." Another person said, "They keep me going and make me an independent person."
- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

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,

- People were involved in planning their care and support.
- Each person had a care plan which recorded the outcomes they wanted to achieve and contained information about how they wanted to be supported.
- People told us the care and support they received met their needs. Comments included, "They are reliable. They help me have a bath and wash my hair and they do the cooking and housework. Every Wednesday we go to the Co op and do the shopping." A relative said, "They do everything we ask. Totally satisfied and happy. They even feed the dog."

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 assessed and met.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.
- Information about the service was available in different formats if requested. The registered manager explained that they had learnt that their leaflets were not easy to read because of the colour palette chosen. When reprint was due, they would choose a bolder colour so people who were sight impaired could read more readily.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People told us they knew how to make a complaint however most people said they had never had any reason to complain. Comments included, "I'm confident that if I spoke to [name of registered manager] it would be sorted out." Another person said, "I have the number and know who to contact to sort things out." And "I wouldn't put up with them if I did not care for them, but I'm content and trust them."

End of life care and support

- The service was not providing end of life care at the time of this inspection.
- When people needed end of life care, staff worked closely with other health professionals to provide the best care for people in a compassionate way to ensure people had a dignified death of their choosing.

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; 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 management team were engaging, transparent and clearly passionate about wanting to provide a high-quality service to the people they supported.
- The registered manager had an action plan that they shared with us that showed where improvements were needed. They had set timescales and dates to achieve these. This included developing monitoring systems that could produce audits and reports on the service quality. A new computer system had been launched that could achieve this.
- The registered manager understood the types of incidents that need to be reported to CQC and had notified us of relevant events.
- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

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

- The service had an open culture and staff were confident any concerns or issues they raised would be dealt with appropriately by the registered manager. Staff morale was positive, and staff told us they enjoyed their jobs. One staff member said of the manager, "They are an open book and I know I can raise anything with them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team made themselves easily accessible to people using the service, their relatives and staff. This gave them the opportunity to share any concerns or feedback about the service. The registered manager was preparing to send out a survey to people to seek formal feedback to drive improvements within the service. Comments were positive about the service and included, "I couldn't be happier because they are perfect with [name of person]. They are a five-star service and we are in good hands."
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.

