

## Confidence Care and Support

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### Inspection report

Blyth Workspace  
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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

Confidence Care and Support provide personal care to people living in their own homes. At the time of our inspection the service supported 11 people.

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

People were safeguarded from the risk of abuse. Staff liaised openly and proactively with external safeguarding professionals. The registered manager ensured risk assessments specific to people's needs were in place, alongside appropriate plans to mitigate risks.

People told us staff were kind, caring and interested in them. People were involved and listened to in the care planning and review process; their preferences informed care plans and communication strategies.

Continuity of care was a key strength of the service and people had often known their carers for a number of years.

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.

There was a positive culture amongst the staff at the service. The registered manager and deputy had supported staff through a year made additionally challenging by the COVID-19 pandemic. They worked flexibly and proactively to ensure people's safety, and the safety of staff, was prioritised.

There were systems in place to assess, monitor and improve the quality of care being provided. The registered manager and deputy worked well with external agencies and maintained oversight of national guidance.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 31 December 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

Further details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Further details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Further details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Further information is in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Further details are in our well-led findings below.

Good ●

# Confidence Care and Support

## **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 carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be contacting them for feedback and provide us with records for review as part of the inspection.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed information we had received about the service since the last inspection.

We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records. We spoke with the registered manager.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed six further members of staff for their feedback, as well as two further health and social care professionals. We reviewed training information, recruitment information, policies, surveys, newsletters, and quality assurance records.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Systems were in place to ensure staffing levels met people's needs. Rota planning was well managed and ensured a high level of continuity of care. One staff member said, "I have the same rota most weeks and they always give me as much notice as they can." One relative said, "They always know who is coming beforehand and there is never anyone they don't know."
- The registered manager was trialling new phone handsets, with a Global Positioning System. This meant the service could act quickly if there were delays to scheduled calls, and also helped to keep staff safe.
- Staff were safely recruited by the service. Appropriate pre-employment checks were undertaken to ensure prospective staff did not present a known risk to people.

### Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risk assessments had regard to common areas of risk such as environmental hazards, and specific risks people faced due to their needs. One risk assessment we reviewed would benefit from additional person-centred details. The registered manager acted on this feedback immediately.
- The provider had systems in place to safeguard people from the risk of abuse. Staff understood their safeguarding responsibilities well and received appropriate training and competence support.
- People felt safe. They trusted staff, whom they knew over a period of time. One person said, "I trust them to know when I'm not well." Another said, "I feel completely safe."
- The registered manager had completed COVID-19 specific risk assessments with all staff and put in place pro-active measures to safeguard people and staff.

### Using medicines safely

- Staff did not administer medicines. There were plans and risk assessments in place for people who self-medicated. Staff documented when they prompted people to take their medicines and there were arrangements in place for them to seek advice if a person did not take their medicine.

### Preventing and controlling infection

- Staff were provided with appropriate PPE to support people, in line with current guidance. The provider had ample supplies and contingency plans in place, COVID-specific and otherwise.
- Staff helped people to keep informed regarding the pandemic and to help keep themselves safe. One person was uncomfortable with additional people coming into their house and the service agreed to undertake additional cleaning duties, so the person could limit the number of professionals coming into their home.
- Staff had received appropriate training on infection prevention and control.

## Learning lessons when things go wrong

- Appropriate action was taken in response to individual incidents, and there was clear evidence of management and staff reflecting on incidents as a means of improving practice.

# 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

- Staff assessed people's needs before they were supported by the service. People and their relatives gave positive feedback about how staff took time to get to know them and ensured care planning and support was timely and effective.
- Staff understood people's changing needs. Care plans reflected their preferences and specific needs. People's care plans were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff were well trained and confident in their roles. Their knowledge and skills were valued. Their competence was regularly assessed and supported by the registered manager. One staff member said, "Everybody is treated with respect and equal opportunities. Everyone is given the opportunity to bring new ideas to the table."
- The registered manager ensured staff had organised refresher training online from a training provider they had researched to ensure it was fit for purpose. Staff undertook regular training in mandatory areas and topics specific to people's changing needs. One staff member said, "I think the training I received has been very good and has been added to as more service users come along or with changing needs."
- Staff told us they felt well-supported in their roles with regular supervisions and team meetings online. The registered manager had worked proactively to ensure staff who could be were supported by a reasonable adjustment. They encouraged staff to complete further vocational qualifications.

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

- Staff supported and encouraged people to maintain a healthy and balanced diet. Where people had specific dietary needs, these were set out in care planning and staff demonstrated a good understanding.
- People's care plans gave staff clear information about people's preferences. Staff were respectful of people's preferences. One person said, "The always ask me what I'd like and put something together – they're very helpful."

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

- Staff worked with people to ensure they could confidently access healthcare and other services when needed. The service has well established links with health and social care teams; they worked well with other agencies rather than in isolation. One external professional told us, "They have been really responsive and I would recommend them."
- The provider respected staff knowledge of people's needs. One staff member said, "If we feel a change may

need to be amended to a person's care plan it is carefully reviewed and amended."

#### 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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and obtained in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected.

# 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 told us staff were patient, knew them well, and treated them well. One person said, "The carers are polite and friendly. They treat me with respect and can have a laugh with me. I know them really well now." One relative said, "[Carer] is more like a mate they know [person] so well."
- Staff were knowledgeable about the people they supported and their needs. They had got to know them over a number of years in some cases. Continuity of care was a key strength for the service, with people confirming they always knew which staff would arrive and were always introduced to new staff.
- People's equality and diversity needs were appropriately considered and met. One person's relative gave an example of how they liked to interview staff members to establish if they shared similar interests.

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

- People were involved in the care planning process. They had regular conversations with staff about whether they were happy with the care provision in place. They were involved in decisions about unexpected changes to a call to ensure they were happy with any prospective change.
- Staff respected people's choices about their care and other things, such as hobbies and interests. People felt comfortable sharing these with staff. One relative said, "They may go for a pizza, do clothes shopping, food shopping. They may just sit in the back garden if the weather is good."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people respectfully and as individuals with valued backgrounds and interests. Staff respected people's right to privacy and right to choose or change their mind. One person said, "Staff respect me and ask my permission before they do anything. They always explain what they're going to do. I've told them you don't need to explain as we've been doing it for 11 years."
- People's confidential information was stored securely.

# 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 registered manager and deputy manager ensured care plans were person-centred, meaningfully reviewed and sufficiently detailed. Care files gave any new staff (and visiting professionals) the information they needed to safely and effectively support people, from a person-centred starting point.

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 identified and clearly set out in care planning. Staff demonstrated a good understanding of different people's communication needs and preferences. For instance, one person used assistive technology to communicate. Staff knowledge and care planning was detailed and person-centred regarding this.
- Staff used alternative methods of communication to help people explain their choices and feelings where needed. People told us staff communicated with them in ways that made them feel at ease.

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 registered manager and staff had worked hard to ensure people could avoid social isolation where possible, despite the pandemic. For instance, going shopping.
- People told us they enjoyed the company of staff and had built strong bonds with them. They confirmed this had helped them during the particularly difficult year of the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- There were clear policies and procedures in place to manage complaints. There had been no recent complaints. One person said, "I've never needed to complain but I think they would do something about it if I did ever complain."
- Where people had raised minor issues these had been resolved appropriately.

End of life care and support

- Staff were appropriately trained and there were supportive plans in place should people require end of life care whilst using the service. This was discussed sensitively with people and, where they chose, advance plans were in place.

# 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. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- The service had systems in place to ensure people's individual support needs were met.
- There was a positive culture and strong morale amongst the staff at the service. Staff told us they valued the hands-on support of the registered manager and deputy manager, and that they felt part of a strong, mutually supportive team. One staff member said, "They have been amazing – working for this company is like no other."
- The registered manager understood their responsibilities regarding statutory notifications and the duty of candour; they liaised openly with external agencies when changes needed to be made.

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

- The registered manager led by example and had worked flexibly during the pandemic to ensure people's care needs were met and staff were properly supported in their roles. Staff told us they understood their roles. One said, "They have been so supportive. They have still kept up with team meetings, training and support. Morale is high, all things considered."
- The registered manager had notified CQC of all significant events which had occurred in line with their legal obligations.
- Policies and procedures were up to date. The registered manager demonstrated an understanding of national best practice and relevant legislation.

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

- People and relatives gave their feedback via telephone calls and the registered manager planned to introduce surveys. People felt they could share feedback with staff or the registered manager directly.
- Staff were well supported in their roles. The registered manager acted proactively and responsibly on their duty of care and staff told us they were supported to develop their careers.
- The provider had a range of systems in place to monitor, assess and improve the quality of service being provided. These were effective and well understood by those who had oversight of them.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals, such as GPs, community nurses and social workers, to ensure people's health and wellbeing was maintained.

- Feedback was strong from a range of external agencies. One social care professional had nominated a member of staff for a Care Award for how they had worked flexibly and responsively to support one person.