360 Degrees Health Care and Rehabilitation Services Ltd

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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

We carried out an inspection of 360 Degrees Health Care and Rehabilitation Services Limited on 6 and 7 December 2016. We gave the service 48 hours' notice to ensure the registered manager would be available when we visited.

360 Degrees Health Care and Rehabilitation Services Limited is a domiciliary care agency. The service provides personal care and support to older people, younger adults, people living with dementia, people with mental ill health, physical disabilities, a sensory impairment or substance misuse issues. The agency's office is located in Nelson in East Lancashire. At the time of our visits the service was providing support to 41people.

At the time of our inspection there was a registered manager at the service who had been the acting manager since July 2016 and had registered with the Care Quality Commission on 25 November 2016. 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.

At our last inspection on 15 and 16 February and 25 April 2016, we found four breaches of our regulations relating to a lack of care plans and risk assessments in people's homes, lack of effective staff induction and training, lack of effective audits of quality and safety and unsafe staff recruitment. During this inspection we found that improvements had been made and all of our regulations were being met.

During our inspection people told us they received safe care. Staff had a good understanding of how to safeguard people from abuse and what action to take if they suspected that neglectful or abusive practice was taking place.

We saw evidence that staff had been recruited safely. They received an appropriate induction, effective training and regular supervision. Staff told us they felt well supported by the registered manager and could request additional training if they needed it.

We found that recent improvements had been made to the management of people's medicines and people told us they received their medicines when they should. People were supported with their healthcare needs and were referred to healthcare professionals when appropriate. We received positive feedback from community healthcare professionals involved with the service.

People told us they were happy with the service they received. They told us staff arrived on time and stayed for the full duration of the visit. People told us they were involved in planning their care. Where people lacked the capacity to make decisions about their care, their relatives were involved.

People told us the staff who supported them were caring and respected their privacy and dignity. They told us staff encouraged them to be independent.

Staff supported people to make everyday decisions about their care and support, such as what they wore and what they had to eat at mealtimes.

People were asked regularly to give feedback about the service they received. The people we spoke with and their relatives, expressed a high level of satisfaction with the standard of care and support being provided.

People told us they were happy with the way the service was being managed and they felt able to raise any concerns.

Records showed that staff practice was observed regularly and checks were made of the care records they completed. We found evidence that where improvements were identified as necessary, appropriate action was taken to ensure that appropriate standards of care and safety were maintained.

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.

The manager followed safe recruitment practices when employing new staff and checked their suitability to support vulnerable people.

Staff completed training in safeguarding vulnerable adults from abuse and knew what action to take if they suspected neglectful or abusive practice.

Risks to people's health, safety and wellbeing were assessed and were reviewed regularly. We saw evidence that people's risks were managed appropriately.

There were processes in place for the safe administration of medicines and people told us they received their medicines when they should.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction, effective training and regular supervision. This helped to ensure that they provided safe, effective care.

People's care plans were detailed and individualised. Care plans included information about people's preferences as well as their needs.

Staff had an awareness of the Mental Capacity Act 2005 (MCA) and supported people to make everyday decisions about their care. Where people lacked the capacity to make decisions about their care, their relatives were consulted.

Staff supported people appropriately with nutrition and hydration and people's healthcare needs were met. People were referred to healthcare services including GPs and district nurses when appropriate. We received positive feedback about the service from local healthcare professionals.

Is the service caring?

Good

The service was caring.

People were supported by small consistent teams of staff who knew them and how they liked to be supported.

People told us staff respected their privacy and dignity and did not rush them when providing care. They told us staff encouraged them to be independent.

People told us they were involved in decisions about their care. They told us staff encouraged them to make choices about their everyday lives, such as what they wore and what they had to eat.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before the service started supporting them. People told us their care needs were discussed with them and they received personalised care which reflected their needs and their preferences.

We found evidence that people's needs were reviewed regularly and staff were kept up to date with any changes in people's needs or any risks to their health, safety and wellbeing.

People told us they were regularly asked to give feedback about the care they received. They told us they felt able to raise concerns with the staff or the registered manager. Where people had raised concerns, they had been resolved quickly and to their satisfaction.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post. People and their relatives were very happy with the management of the service. They told us the management team were approachable and helpful.

The service had a statement of purpose which focused on person-centred care and was promoted by the staff and the registered manager.

The registered manager regularly checked staff practice, including the completion of care documentation. We found

evidence that action was taken where it was necessary to ensure that appropriate standards of care and safety were being maintained.	

360 Degrees Health Care and Rehabilitation Services 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 was 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.

The inspection took place on 6 and 7 December 2016 and we gave the provider 48 hours' notice as we needed to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information we had about the service, including concerns, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed previous inspection reports. We contacted two community healthcare professionals who had been involved with the service for their comments, including a District Nurse and an Occupational Therapist. We also contacted Lancashire County Council contracts team for information.

During our inspection we spoke with four care staff, the registered manager and the nominated individual for the service. Like a registered manager, the nominated individual has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We also visited one person at home who was supported by the service.

Following our visits, we contacted six people who received support from the service and four relatives by telephone, for feedback about the care provided. In addition, we reviewed the care records of three people

receiving support. We looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records and records of quality and safety checks completed.

Good

Is the service safe?

Our findings

The people we spoke with told us they received safe care. They said, "Staff have to help me move around and I always feel safe with them" and "The staff are very good. They know what they're doing. I always feel safe with them". The relatives we spoke with also felt people were kept safe. One relative told us, "[My relative] is always safe. Staff manage his risks well. Two staff always visit and they know what they're doing".

We looked at how the service safeguarded vulnerable adults from abuse. There was a safeguarding policy in place which identified the different types of abuse and listed the contact details for the local authority and the public protection unit of the local police.

Records showed that all staff had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with understood how to recognise abuse and told us they would raise any concerns with the registered manager or the local authority. We found that the service had retained records of safeguarding vulnerable adults concerns and the action taken.

We looked at how risks were managed in relation to people supported by the service. Risk assessments had been completed for each person, including those relating to moving and positioning, personal care and nutrition. Risk assessments included information for staff about the nature of the risk and how it should be managed. They documented what people were able to do for themselves and what they needed support with. The risk assessments we looked at had been reviewed regularly.

Records showed that all staff had completed up to date moving and assisting and health and safety training, which included fire safety. This helped to ensure that people received safe care and would be kept safe in an emergency.

We noted that the service kept a record of accidents and incidents that took place. At the time of our inspection there had been one incident in the previous 12 months. We saw that detailed information about the incident was available and the action taken had been clearly recorded.

We looked at the recruitment records of three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identity, employment history and references from previous employers had also been provided. These checks helped to ensure the service provider recruited staff who were suitable to provide care and support to vulnerable people.

We looked at staffing arrangements at the service. The registered manager told us that people were supported by the same small group of care staff, to ensure that staff were familiar with people's needs and how to meet them and so that people could form positive relationships with the staff who supported them.

This was confirmed by the people and relatives we spoke with. One person told us, "I like the staff. I see the same two girls most of the time and they're very nice". One relative said, "A small team of staff support [my relative] and [my relative] gets on really well with them". People told us staff always visited when they were supposed to and stayed for the full duration of the visit. They told us that when two members of staff were required to provide support, two staff members always attended.

Staff told us that they documented the support they provided at each visit as well as any concerns. This was confirmed by the people we spoke with and the records we reviewed. Staff told us they always rang the office and informed either the registered manager, the nominated individual or the care co-ordinator if they had any concerns about a person's health, safety or wellbeing. This helped to ensure that all staff were kept up to date with people's needs and that risks to people's health and wellbeing were managed appropriately.

The relatives we spoke with told us that staff informed them if they had any concerns about their family member's health, safety or wellbeing and we found that staff had documented in people's care records when they had done this.

We looked at how the service managed people's medicines. A medication policy was available which included information relating to administration, refusal, disposal, 'as needed' (PRN) medicines and over the counter medicines. Records showed that all staff had completed up to date training in the safe administration of medicines in the previous 12 months and we noted that further medicines management training was taking place on the second day of our inspection. The staff we spoke with confirmed they had received medicines training and demonstrated that they understood how to administer medicines safely. Records showed that staff were observed regularly to assess their competence to deliver safe, effective care and their ability to administer medicines safely was assessed as part of these observations.

We reviewed the past MAR sheets which had been returned to the office, for three people and found that they had been signed by staff. However, we found that on some MARs, there were gaps in people's personal information such as their GP and any allergies. We also noted that on some MARs there was a lack of clear information for staff about 'as required' medicines, such as the required time between doses and the maximum dosage in 24 hours. We discussed this with the registered manager who showed us evidence that these issues had been identified through recent audits of MARs. She told us that staff had previously completed all of the information on the MARs but these were now being printed at the office to ensure they contained all relevant information. She told us that the medicines training which took place on the second day of our inspection had been arranged in response to the issues identified through the audits.

The people we spoke with told us they received their medicines when they should, including pain relief. Relatives told us that people's medicines were administered safely. We visited one person at home and reviewed their care documentation, including the medication administration records (MARs). We found that the MARs were printed and included all necessary information, including information about dosage, and had been signed by staff to demonstrate that medicines had been administered. Where medicines had not been administered, the reason had been documented.

The service had an infection control policy in place, which provided guidance for staff about hand hygiene, personal protective equipment and food hygiene. Records showed that all staff had completed infection control training. This helped to ensure that people were protected from the health risks associated with poor infection control.

Good

Is the service effective?

Our findings

People supported by the service told us they were happy with the care they received and felt staff were able to meet their needs. They told us, "The staff come on time and stay for the right amount of time. They're very nice" and "The girls are wonderful. They go above and beyond. Nothing's too much trouble". Relatives were also happy with the care. They told us, "The staff have been brilliant with [my relative]. I've no complaints at all about them" and "I can't praise the staff enough. They've made a phenomenal difference to [my relative's] life".

Records showed that all staff completed an induction when they joined the service, which included training in moving and handling, infection control and health and safety. New staff completed the Care Certificate as part of their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This helped to ensure that staff had the knowledge and skills to provide people with safe care.

The staff we spoke with told us they had observed experienced staff as part their induction, to ensure that they were familiar with people's needs before becoming responsible for providing their care and support. We saw evidence of this in staff records and rotas. Staff members' competence to provide care was assessed as part of their induction and they were not permitted to provide care to people independently until they had been assessed as competent.

We noted that each staff member's practice was observed regularly, when they were assessed in relation to a number of issues including health and safety, communication, infection control, record keeping and moving and handling. The staff we spoke with confirmed that their practice was observed regularly.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. In addition to the training mentioned previously, all staff had completed training in person centred care, communication, privacy and dignity, food and fluids and basic life support. Some staff had also completed training in other areas including pressure area care, catheter care and epilepsy. This helped to ensure that staff were able to provide safe, effective care and to meet people's needs.

The staff we spoke with felt they had completed all the training necessary to enable them to meet the needs of the people they supported. They told us they could request further training if they needed it.

The nominated individual for the service was a Dementia Champion and told us she planned to deliver dementia training to all staff in the new year so that they would become Dementia Friends. Dementia Friends are people who have attended dementia training and turn the understanding they've gained into action.

People's care plans included information about their needs and how they should be met, as well as their likes and dislikes. Each care plan contained detailed information about how care should be provided by

staff during each specific visit. Where it was felt that people lacked the capacity to make decisions about how their care was delivered, their relatives told us they had been consulted.

The staff we spoke with told us they completed daily records every time they visited people in their homes, which documented the care provided on each occasion and any concerns. The people we spoke with and their relatives confirmed this and told us they felt communication from staff was good. We reviewed the daily records for three people and found that information documented by staff included the support provided with personal care, medicines and domestic tasks, how people were feeling and any concerns they had identified.

We looked at how the service addressed people's mental capacity. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

A Mental Capacity Act 2005 policy was in place, which included the principles of the MCA and the importance of making decisions in people's best interests. Records showed that most staff had completed MCA training. The staff we spoke with told us they encouraged people to make every day decisions, even when they lacked the capacity to make decisions about more complex aspects of their care. Staff were aware of the importance of gaining people's consent and acknowledging people's right to refuse care regardless of their capacity. Where people lacked capacity, staff told us their relatives were involved in decisions about their care.

We looked at how the service supported people with eating and drinking. Care records included information about people's dietary preferences, and risks assessments and action plans were in place where there were concerns about a person's nutrition or hydration. The people we spoke with told us they were happy with the meals staff prepared for them. Staff understood the importance of supporting people appropriately with nutrition and hydration. They told us that some of the people they supported needed encouragement to eat and drink. One relative told us, "The staff have been brilliant. [My relative] was hardly eating and now she's eating three meals a day".

We looked at how people were supported with their health. Care plans and risk assessments included information about people's health needs and guidance for staff about how to meet them. We saw evidence that the service had referred people to a variety of healthcare services including their GP, the local district nursing team and the occupational therapy service. Visits from health care professionals were documented by staff in people's daily records.

We contacted two healthcare professional for feedback about the service. They did not express any concerns. One community professional told us, "The contact I have had with the agency has been good. The carers tell us if there are any problems and they follow the advice we give them".

Good

Is the service caring?

Our findings

People told us the staff who supported them were caring. They said, "I can't grumble. The staff are very nice" and "They're very good. I couldn't wish for two better carers". Relatives told us, "I can't praise the staff enough. [My relative] really likes them" and "[Care worker] really seems to care. It's not just a job for her".

People told us they were supported by the same carer or small group of care staff. This helped to ensure that people got to know the staff who provided their care and that staff were familiar with people's needs. One person told us, "They're a good team. They make my meals, clean up properly after and they know how I like my brew". People told us staff were rarely late. They told us that if staff were going to be late, for example if they had needed to stay longer with someone else they were supporting, office staff telephoned them to let them know.

People told us they were always introduced to new staff and were never supported by a staff member they had not met. One person told us that office staff did not contact them when their usual carer was not able to attend a visit, to let them know who would be coming instead. She told us the alternative staff member was always someone she had met but she liked to know who would be visiting her home. We discussed this with the registered manager who told us she would ensure this was done in future.

The staff we spoke with told us they knew the people well that they supported, both in terms of their needs and their preferences. They spoke affectionately about the people they supported and gave us examples of how people liked to receive their care and support. Staff told us they had enough time during visits to meet people's individual needs in a caring way.

We saw evidence that people received detailed information about the service. The registered manager showed us the service user guide that was provided to each person when the service agreed to support them. The pack included information about the different types of support available, care plans, reviews of care needs, quality assurance processes and how to make a complaint about the service.

Information about local advocacy services was available and the registered manager told us this was included in each person's care file in their home. Advocacy services can be used when people do not have family or friends to support them or want support and advice from someone other than staff, friends or family members.

The people we spoke with told us their care and support needs had been discussed with them prior to the service starting and they were involved in regular reviews of their needs. Where it was felt that people lacked the capacity to make decisions about their care, relatives told us they had been consulted. They felt that communication from staff and the registered manager was good and told us they were updated by staff if there were any concerns or changes in people's needs.

The people we spoke with told us that staff respected their dignity and privacy. They told us that staff did not rush them when providing support and were discreet when providing personal care, for example

ensuing that doors and curtains were closed. People told us staff encouraged them to make choices about their everyday lives and how they received their care, such as what they had to eat at mealtimes and what they wore each day.

People told us that staff encouraged them to be independent. One person told us, "They don't just do things for me. They ask me what I need. They provide the support as I want to be supported". Staff told us they encouraged people when they were able to do things for themselves but were reluctant. One relative told us, "The staff have made such a difference to the quality of [my relative's] life. They give her lots of encouragement to do things she used to be able to do".

Good

Is the service responsive?

Our findings

People told us they received personalised care which reflected their needs and their preferences. They said, "I see the same two carers. They get to know you and how you like things done" and "If I ask the staff to do anything, they'll do it for me. They're very good". The relatives we spoke with told us, "They've been brilliant. They're really flexible. If we want to change visits, we can" and "They've been brilliant since day one. Any issues we raise, they listen and they're dealt with quickly".

Records showed that an assessment of people's needs was completed before the service began supporting them. The assessment documents we reviewed were detailed and individual to the person. They included information about people's personal history, mobility, communication, medicines and personal care needs. The people we spoke with confirmed that their care needs had been discussed with them prior to the service starting. This helped to ensure that the service was able to meet people's needs.

The care plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes, as well as their needs and how they should be met. Care plans documented in detail the support that should be provided by staff during each individual visit. They included information about how support with personal care, food and drink preparation and domestic tasks should be provided to reflect people's preferences. One person told us, "I've told them I don't want support with personal care from a male carer and they respect my wishes".

People told us that staff visited them on time and stayed for the duration of the visit. None of the people we spoke with had experienced any missed visits. People told us their support was provided by small teams of carers which meant that staff were familiar with their needs and how to meet them.

We saw evidence that people's care plans were reviewed regularly and any changes in people's needs were documented and communicated between staff. The staff we spoke with were clear about the importance of taking action when people's needs changed. They told us that all concerns were discussed with the registered manager or the office staff who made sure that appropriate action was taken, such as contacting the person's relatives or GP. We saw evidence of this in people's care records. Staff told us that they were always updated if there had been a change in people's needs or risks and if a person's care plan had been amended, they received an email asking them to read the updated version

The people we spoke with told us they were involved in planning and reviewing their care. One person told us, "The manager visited me at home and did a full assessment of what I needed". Where it was felt that people lacked the capacity to take part in planning their care, their relatives had been consulted. One relative told us, "[Staff member] visited us to discuss [our relative's] risks and needs. Everything was covered".

Everyone we spoke with told us that they were asked regularly if they were happy with the care they received. One person told us, "I've met the manager. She's rung me a number of times to check I'm happy with everything". People told us they were asked to give feedback about their care during reviews of their

care needs. The nominated individual told us she planned to issue satisfaction questionnaires to the people they supported and their relatives in the new year.

A complaints policy was in place and included timescales for an acknowledgement and a response. Information about how to make a complaint was included in the service user guide. The registered manager and nominated individual told us there had been no complaints about the service since the management had changed in July 2016. The people we spoke with and their relatives told us they were happy with the service they received and had not made any complaints.

The people we spoke with told us they felt able to raise any concerns with staff or with the registered manager. One person told us, "I have no complaints about them at all. The manager is very approachable". Three relatives told us they had raised minor issues in the past and they had been addressed by management very quickly and to their satisfaction.

We saw that the service had signed up to the Dignity in Care Charter, which promotes the importance of respecting people's dignity when providing them with care. A poster advertising the Charter was displayed in the office.

Good

Is the service well-led?

Our findings

People told us they were happy with how the service was managed. One person commented, "The manager has visited me twice to check that everything's okay". Relatives told us, "The management are absolutely brilliant. They're friendly and approachable and there's always someone on call" and "I've spoken with all of them in the office, including the manager. They're all very helpful".

The service had a statement of purpose which stated, 'We offer person-centred support to empower our clients to live at home and retain independence with the support of trained staff who will maintain welfare and choice, support with daily living skills, support with emotional needs, and support with personal care". We saw evidence during our inspection that the statement of purpose was promoted by the registered manager, the nominated individual and the staff, and was reflected in the care and support provided.

Prior to, during and following our last inspection on 15 and 16 February and 25 April 2016, a number of complaints and safeguarding concerns had been received. In July 2016, the manager in place at that time left the service and we found that since then the nominated individual had taken an active role in the day to day management of the service. She recruited the current registered manager and together they had worked hard to improve standards of care and safety at the service. Meetings had taken place with the local authority safeguarding team and a variety of other health and social care professionals including CQC and everyone involved felt that significant improvements had been made since July 2016. This was confirmed by the people we spoke with who were supported by the service. One person told us, "Things are much better since the summer".

Staff told us they could contact the registered manager or the office staff at any time and there was always someone on call to give them advice if they needed it. Staff told us, "The office staff and management are very approachable" and "I'm very happy with the management. We're respected and listened to. We're a good team". We saw that the registered manager, the nominated individual, the administrator and the care co-ordinator were all based in the same open plan office and were all actively involved in the day to day running of the service. We saw them communicating with staff and each other, in person and on the telephone, and noted that they were respectful and supportive.

We noted that regular staff meetings took place between the registered manager, nominated individual and the office staff. Issues addressed included staff recruitment, rotas, training and supervision and any concerns about the people being supported by the service. Smaller team meetings also took place with the registered manager and the staff who covered specific areas. Issues addressed during these meetings included care standards, rotas and any issues relating to the people being supported. The staff we spoke with told us that staff meetings had not yet taken place in their area and the registered manager advised that these meetings were due to take place early in the new year. Staff told us that, despite not having had a staff meeting in their area, communication between staff and from the management was very good and they were kept up to date with any changes in people's needs and organisational issues.

Records showed that staff received supervision regularly. Issues addressed during supervision sessions

included their performance, training needs and any concerns. Staff told us they received regular supervision and felt well supported by the registered manager. They told us they felt able to raise any concerns during supervision. Records showed that appraisals were carried out yearly.

A whistleblowing (reporting poor practice) policy was in place the staff we spoke with felt confident that appropriate action would be taken if they informed the manager of concerns about the actions of another member of staff. This demonstrated the registered manager and staff's commitment to ensuring that high standards of care were maintained.

We found that staff practice was observed regularly to ensure that staff were delivering safe and effective care. Care documentation was checked as part of these observations. In addition, medicines administration records were reviewed monthly when they were returned to the office and any issues were addressed with staff. Recent audits of medicines records had highlighted that staff were not always completing them correctly and we saw evidence that this were being addressed, including additional medicines training which took place on the second day of our inspection.

The service had a business continuity plan in place, which provided guidance in the event that the service experienced disruption due a variety of events including severe weather conditions, fuel shortages or a pandemic. This helped to ensure that appropriate action could be taken if the service experienced difficulties that could affect people receiving care.

The registered manager told us that a number of improvements were planned for the service. These included incentives for improved staff retention, further staff training in areas such as written communication skills, improved national networks to ensure the service remained up to date with best practice and a new website. We noted that the service improvement plan also included information about plans to develop a service user forum, to consult with about care standards and future services.