

CD Homecare Limited

CD Homecare

Inspection report

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11 May 2021

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18 May 2021

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

CD Homecare is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection, six older people were receiving support with personal care from the agency.

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 received personalised care which met their needs and reflected their preferences. They, and their representatives, were involved in planning how they wanted to be cared for. The registered manager created care plans for the staff to follow. People's relatives told us they met their needs.

There was a small staff team who felt well supported and enjoyed working for the agency. There were appropriate systems for recruiting staff to make sure they were suitable and for training and supporting them so they understood their roles and responsibilities. The staff were happy working for the agency and relatives told us this showed in the way people were supported with one relative commenting, "They want to do a good job because they care - they enjoy it."

People were safely cared for. They received their medicines in a safe way and as prescribed. Risks to their safety and wellbeing had been assessed and planned for. There were systems to help protect people from abuse and to investigate and learn when things went wrong.

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.

The registered manager and nominated individual worked closely with people using the service, their representatives and staff to deliver the service in a personalised way. They knew people's needs well and had good systems for communicating with stakeholders. There were effective processes for monitoring and improving the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection of the service since it was registered on 11 June 2019.

Why we inspected

This was a planned inspection based on the date of registration.

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.

CD Homecare

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

The inspection was conducted by one inspector.

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 11 May 2021 and ended on 12 May 2021. We visited the office location on 11 May 2021.

What we did before the inspection

We looked at all the information we held about the agency, including information from their registration and notifications of significant events.

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 met the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Both the registered manager and nominated individual were directors of the company.

We looked at the care records for four people and staff records for three members of staff. We looked at other records the provider used for managing the service, which included policies and procedures, quality monitoring records and feedback from people using the service.

After the inspection

We spoke with the relatives of three people and three members of care staff.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected by the provider's systems and processes for recognising and reporting abuse. There were appropriate procedures regarding safeguarding adults and whistle blowing. The staff received training in these and knew what to do if they suspected abuse.
- The provider had taken appropriate action when they had identified potential abuse, liaising with the relevant authorities and helping to put safeguards in place to protect people from further harm.

Assessing risk, safety monitoring and management

- The risks to people's safety and well-being were assessed, monitored and managed. The registered manager carried out assessments with people before they started using the service and at regular reviews. They identified and put in place plans to mitigate risks which included those associated with people's physical and mental health, continence, mobility, nutrition, and hydration needs. They also assessed where equipment was being used and made sure this was regularly serviced and safe for use.
- The staff received training, so they knew how to support people in a safe way, for example in the use of equipment and supporting people to eat and to move around their homes.
- The registered manager had assessed people's home environments to identify any risk for the person or staff.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. The registered manager and nominated individual worked alongside the staff providing some of the care. People's relatives and staff told us this worked well.
- Relatives told us the staff always arrived on time and stayed for the agreed length of time. They knew which staff members were assigned to work for them. The staff told us they had enough time for the care visits and travel between them. The provider used an electronic call monitoring system which alerted the management team about staff arrival and departure from care visits. This meant they could monitor and respond if there was a problem or staff did not arrive as planned.
- There were appropriate systems for recruiting staff to make sure they were suitable. These included carrying out checks on their identity, eligibility to work in the United Kingdom, references from previous employers and checks on any criminal records. The registered manager conducted an interview with potential staff asking questions about their knowledge, experience, and attitude towards the role.
- New staff completed an induction which including shadowing experienced workers, being assessed and undertaking a range of training. This helped the provider to ensure staff were suitable and had the skills they needed to care for people.

Using medicines safely

- People received their medicines safely and as prescribed. The registered manager and nominated individual liaised with GPs and pharmacies to make sure they had clear information about prescribed medicines and that medicines were regularly reviewed.
- There were suitable policies and procedures regarding medicines management and staff received training, so they understood these. The registered manager regularly observed and assessed the staff administering medicines.
- Staff recorded when they administered medicines using an electronic recording system. This meant the management team were alerted to any problems or if medicines were not administered as prescribed. The registered manager also regularly audited medicines records.

Preventing and controlling infection

- There were appropriate systems for the prevention and control of infection. There were clear policies and procedures, and these had been updated to include guidance on the COVID-19 pandemic. They had offered training and information for staff about the COVID-19 pandemic.
- Relatives of people using the service told us the staff always wore personal protective equipment (PPE) and followed good hand hygiene and cleanliness procedures. The registered manager carried out spot checks on staff which included observations about infection control and use of PPE. Staff confirmed they had enough PPE.
- The provider carried out regular COVID-19 testing for all staff and had supported staff and people using the service to access COVID-19 and flu vaccinations.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong to improve the service. They had records to show adverse events, how these had been investigated and changes which had been made because of these.
- The staff had regular meetings with the registered manager to discuss their work and the service. There were also systems for sharing electronic messages via the applications the provider used on their work telephones. This meant all staff could be alerted to any areas of concern and respond to these.

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 and choices were assessed so that care could be planned in a personalised way. Relatives told us they had been involved in the assessment process and had opportunities to ask for changes to people's care when needed.
- The registered manager undertook these assessments which included details about the person's needs as well as about their life experiences and personality. They regularly reviewed the assessments to make sure they reflected people's current situation.

Staff support: induction, training, skills and experience

- People were cared for by well trained and supported staff. Relatives told us staff were skilled and professional. The staff explained they felt well supported with access to training, information, and support when they needed it. One member of staff said, "[Registered manager] gives [me] the attention I need, if I have any questions or need anything."
- New members of staff completed an induction into the service, which included shadowing experienced workers, undertaking a range of training and being assessed by the registered manager.
- The staff told us they could access a range of online training courses including courses in subjects that interested them or where they felt they would like more information. For example, one member of staff described how they worked with a person who had a specific need. They were able to access a course about this to find out more about how they could care for the person. Staff were also supported to undertake vocational qualifications.
- The registered manager worked alongside staff, and the staff told us they could speak with them for any advice and support. All the staff told us they enjoyed working with the manager with one staff telling us, "[Registered manager] shows you how to do everything really well, not in a patronising way but a really supportive way." There were regular formal supervision and appraisal meetings for individual staff and regular team meetings.
- The staff told us they were given opportunities for professional development, with one member of staff explaining they took on additional managerial roles when needed and they were supported with this. The staff all spoke about a positive culture within the team and how they worked well together.

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

- People were given the support they needed to meet their nutritional needs. The provider worked with people and their representatives to make sure their nutritional and hydration needs were assessed and planned for. Where staff supported people during mealtimes, people were happy with this.
- One relative explained how the staff had encouraged a person to eat and enjoy mealtimes when

previously they had been very reluctant to eat.

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

- People were supported with their health needs and supported to access healthcare services. The registered manager had assessed their health needs and care plans were in place. These were regularly reviewed.
- The provider had worked closely with families to make sure people could access the healthcare support they needed. For example, they had identified an essential piece of equipment one person used was not working properly. They had escalated their concerns with the relevant professionals and helped make sure the equipment was reassessed. In another example, they had liaised with a GP and emergency medical teams when they identified a change in someone's health. We spoke with the relative of this person who explained they were grateful for how the staff had recognised this person needed medical attention and had pursued this with emergency healthcare teams when they initially did not get the support they needed from the doctor. They commented, "It is only thanks to CD Homecare that this was sorted."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had consented to their care and treatment where they were able. The staff gave them choices about their care during each visit. The provider had discussed more complex decisions with people and/or people's representatives so that decisions could be made in their best interests when needed.
- The provider had obtained evidence of people's legal representatives so they knew who to consult about decisions.
- The staff had received training and information about the MCA so they understood this and about their responsibilities under the Act.

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 well treated and supported. Relatives confirmed this, telling us people's needs were met by kind, considerate and caring staff. They said people using the service and their families all had a good relationship with the staff, including the registered manager. Some of their comments included, "I can't fault them, they work with us to provide good care", "They are brilliant", "We have the same regular girls and they know [person] and [person] knows them, they have a laugh together" and "We have a lovely lady who comes, all of them are good, they are delightful."
- There were examples about how the provider had given people additional care and support beyond the normal care arrangements. For example, they provided COVID-19 tests and PPE for the relative of one person to facilitate a visit when the person using the service needed to see them. In other instances, they had purchased and sourced equipment for people who needed this and were not able to get it themselves. They had also supported a person to give their partner a card and a gift to celebrate Valentine's Day because the person was not able to go shopping and wanted to give something.
- The staff received training in equality and diversity and promoting LGBT+ (Lesbian, Gay, Bisexual and Transgender) awareness to help provide them with the knowledge and skills to support people with different protected characteristics.

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

- People were supported to express their views and make decisions about their care. Relatives and staff confirmed this, telling us that people were offered choices and these were respected.
- People's views and preferences were recorded in their care plans, so the staff were familiar with these. There were regular reviews where people were consulted, and the staff knew people well so were able to support them to make informed choices based on their knowledge of the person.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent where they were able. Relatives confirmed this, with one relative commenting that the staff encouraged the person to do as much for themselves as they could. Care plans recorded information about people's skills and where they would like to be independent. The agency also supported people to access the community when they wanted and needed.
- People's privacy and dignity were respected. Relatives told us the staff always cared for people in a gentle way, respecting their privacy and feelings. Care plans included information about people's preferred names, preferred gender of carers and any religious or cultural needs that they had and how these should be respected.

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 received care which was personalised and met their needs. Relatives confirmed this, telling us the staff knew about people's needs and made sure care was person-centred and right for them. They told us the agency was flexible, changing the care plan when needed, and always communicating with the person and their representatives so they worked together to provide holistic care.
- Relatives told us the staff stayed for the agreed length of time and never rushed people. One relative commented, "The staff absolutely know [person's] routine and needs, they are all very experienced and give [person] plenty of time. It is a blessing." Another relative said, "They are very flexible, I truly believe they do everything in [person's] best interests."
- The registered manager had created care plans with people which recorded their needs, how the agency should help them. They also recorded additional personal information to help staff understand and know the person. Care plans were regularly reviewed.
- The staff were provided with electronic devices where they could access people's care plans. They also had applications linked to fact sheets about specific health conditions and needs, so they could find out more information if they needed to understand someone's behaviour, communication or health need.

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 met. These had been assessed and care plans recorded when people need any support with communication or sensory needs.
- The agency produced information in different formats when needed to help people to understand this.

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

- People were supported with their social needs. Relatives confirmed the staff had conversations and spent time with people as well as meeting their personal care needs. Some people were supported to access the community and one relative told us the staff played games and helped the person with their physiotherapy exercises.
- The provider supported people to stay in touch with their friends and family, facilitating visits and phone calls. They had also helped repair one person's television and radio when this stopped working because they recognised this was a vital part of the person's life.

- One member of staff told us one of the reasons they enjoyed working for the company was the fact they were able to do 'extra' things with people when they needed or wanted this. For example, they had cut some people's hair when they could not access external hairdressers during lockdown, and they were able to escort people for walks and play games. They commented, "We always have time for that, the company offers compassion and there are no restrictions in this way."

Improving care quality in response to complaints or concerns

- The provider had procedures for responding to complaints and concerns and learning from these. People using the service, their relatives and staff had copies of the complaints' procedure. Relatives told us they knew who to contact if they had any concerns and felt these would be addressed.

End of life care and support

- No one was receiving care at the end of their lives at the time of our inspection, although the agency had cared for people who were dying and who had died in the past. They had worked with palliative care teams and people's families to make sure people were comfortable and pain free.
- The provider had discussed people's wishes for care and treatment at the end of their lives with them. Where people had specific wishes, such as not being resuscitated, there were appropriate documents in place to show this, which had been agreed by the person, their representatives and healthcare professionals.
- The provider was working with the local Clinical Commissioning Group (CCG) as part of a pilot project where care providers had shared access to 'Coordinate My Care' plans. These are plans created by healthcare professionals to help make sure people's needs and wishes are clearly accessible to different medical services. Being able to access these had helped the provider to make sure people's wishes were clearly recorded, information was up to date and medical professionals were kept informed. This was because the provider knew people well and were able to have conversations about end of life care with them about these.

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

- There was a positive person-centred culture which was inclusive and achieved good outcomes for people. Relatives of people comments included, "I am more than happy with them, they are a brilliant company", "We are absolutely delighted and recommend them to others, even [visiting healthcare professional] could see how good they were" and "I am thrilled to bits with them."
- In February 2021, a relative of a person who used the service contacted CQC to let us know they were happy with the service. They told us, "They're flexible, honest and a breath of fresh air. We couldn't have got through the last year without them. The carers are lovely and always call me if there is anything I need to be aware of. I can't recommend them enough."
- The provider's own records included email feedback from a health professional who explained, "CD Homecare are always my first thought when carers are needed as they go above and beyond for the patients. They have always been polite, courteous, and sympathetic."
- Staff told us they enjoyed working for the agency. One member of staff told us they had intended to join CD Homecare for a short time only but had decided they wanted to stay working for them long term. They told us, "I can't speak highly enough of them, I am proud to put on my uniform and say I work for CD Homecare." Staff told us there was a "good team spirit" and that they had all the support they needed, as well as working with "lovely" clients.
- The provider's mission statement included offering care which was friendly, person-centred and flexible. Relatives and staff who we spoke with confirmed this happened.

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 provider understood their responsibilities under duty of candour. They had suitable policies and procedures in respect of this, as well as dealing with complaints and other adverse events. Relatives and staff told us the provider was open and transparent.

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

- The registered manager was also a director of the company along with the nominated individual. They had set up CD Homecare following several years of experience working for other providers in the care industry. They had relevant training and experience and worked alongside staff to provide the service as well as in management roles.

- Staff and relatives all gave positive feedback about the registered manager. Their comments included, "The support from [registered manager] and [nominated individual] is something I have never had before", "They are always there for me no matter what", "I can't speak highly enough of them", "[Registered manager] cares so much about the staff and clients too" and "[Registered manager] is just one of us, but [they do] so much more than that, [they are] a special kind of person."
- There were up to date, clear policies and procedures which were regularly reviewed and included links to guidance and legislation. Staff could access these, as well as other key information by using applications on the mobile devices they were supplied with by the company.

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

- The provider engaged with people using the service, relatives and staff. They had daily contact with most people using the service, and their relatives. The registered manager also spoke with staff most days. Relatives and staff confirmed there was good communication and they were able to discuss the service and ask for any support or changes they needed.
- The provider asked stakeholders to complete surveys about their experiences. The most recent survey results showed people were happy with the care provided.

Continuous learning and improving care

- There were systems for continuous learning and improving care. The provider used electronic call monitoring to monitor when and how care was delivered. They had liaised with the system provider to make sure it was adapted to reflect the needs of the service. They also regularly spoke with people using the service and staff for feedback.
- There were regular reviews of care plans and we could see changes had been made and plans updated when needed. Care plan reviews involved the person and their relative to help make sure they were happy with the plan.
- The registered manager carried out spot checks on staff, observing and assessing them during care visits. They also had regular meetings with them to discuss their work and when improvements were needed.
- The provider had systems for logging and tracking complaints, safeguarding alerts and other adverse events to make sure these could be learnt from to improve the service. The registered manager and nominated individual had a good oversight of the service and knew all the people they cared for, their families and staff well.

Working in partnership with others

- The provider worked with other external agencies. They had good relationships with health and social care teams. They attended local authority and Skills for Care forums to share knowledge and keep themselves updated with best practice.
- The nominated individual told us they were members of various social media groups with other care agencies where they supported each other and shared ideas.
- The provider was also part of a pilot project with the local CCG to look at ways of improving the coordination and care planning around people's wishes for medical intervention and care at the end of their lives.