

Miss Maria Berlanda

East Dorset & New Forest Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

East Dorset and New Forest Care is a domiciliary care provider. At the time of this inspection five people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

Not everyone using the service receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, a full employment history was not obtained as the provider was not aware this was a requirement.

People using the service and their relatives, told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

However, just after our inspection, employed staff were leaving the service which meant the provider would be completing all the hands-on care, as well as managing the service till further staff were recruited.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. Further work was required on ensuring policies and procedures were in place.

Staff were supported by training, however staff felt that some training needed to be more practical development rather than just e-learning to enhance their learning.

Medication administration records (MAR) confirmed people had received their medicines as prescribed. There were plans in place for foreseeable emergencies.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

There was a system in place to allow people to express any concerns or complaints they may have.

Care plans had been reviewed with people to ensure they were delivering person centred care.

The service developed and promoted community involvement.

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. Policies and systems in the service supported this practice.

East Dorset and New Forest Care met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

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 10/07/2018 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

East Dorset & New Forest 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

Our inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

The Inspection site visit activity started on 11 July 2019. We visited the office location on 11 and 16 July 2019 to see the provider and office staff, and to review care records and policies and procedures.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service including notifications. Notifications are information about specific important events the service is legally required to send to us. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the provider who was also the manager, the quality compliance officer and two care staff.

We reviewed a range of records. These included four 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 to validate evidence found. We spoke to one health professional to gather feedback about the service.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment processes were not always followed to ensure staff were fully checked for suitability before being employed by the provider.
- Staff records included an application form, two written references and a check with the Disclosure and Barring Service, (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services.
- The provider was not aware of the requirement to gather a full employment history before staff started working for the agency. We looked at three staff members staff files and records showed for one member a full employment history was not obtained and another file had an unexplained gap in their employment history. We spoke with the provider who then spoke with the staff member to explain the gap in their employment history.
- People and their relatives we spoke with told us staff turned up on time and they had regular staff visit them. However, one staff member had recently left the service and two other staff members were due to leave the service shortly after our inspection. This meant the provider would be the only person providing all the care calls until new staff were recruited. One person told us, "I just wish they could get some more staff [providers name] works so hard".

Assessing risk, safety monitoring and management

- Assessments were undertaken to assess any risks to people who received a service and to the care staff who supported them. Areas covered by these assessments included risks to the environment, and care provided.
- Plans set out how risks were minimised or prevented, for example for one person, they would be at risk of falling if they weren't wearing clean glasses as their sight was impaired. Staff were to ensure their glasses were clean and that they were wearing them before they leave the persons home.
- The provider had no manual handling risk assessments in place to support staff when providing personal care. We spoke to the provider who told us, "At present, we only provide low level need of care, and I will provide these [risk assessments] when required".
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Using medicines safely

- People were happy with the support they received with medicines and told us their independence was

respected and they managed their own medicines where possible.

- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective arrangements and checks in place for the management of topical creams. However, for one person, their records were confusing as they had two different creams to apply to their legs. We spoke with staff who told us, one was meant to be used in the shower which the person applies themselves. We informed the provider that this information needed clearer guidance to support staff.

Systems and processes to safeguard people from the risk of abuse

- All the people and their relatives we spoke with told us they felt safe when they were supported by staff. One person told us, "Oh yes, absolutely feel safe, good girls". A relative said, "Absolutely, my mother feels safe because the carers are very careful and follow a specific care plan". Another relative said, "Mum does feel safe because she trusts the carers".
- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would report to the local authority.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

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.

Staff support: induction, training, skills and experience

- The registered provider had a programme of induction and training in place. However, this was all accessed on line. One staff member told us they thought they were rushed to complete this training, so they could commence employment, so they didn't really learn from it. Staff we spoke to also felt that the manual handling training should involve practical training as one staff member did not feel confident with just the training on line. The provider told us they did carry out direct observations with staff as part of the supervision process.
- We spoke with the provider about our concerns who told us the staff member had been booked in for practical training in August 2019. They also informed us they would ensure all new staff would receive practical manual handling training. Records showed a previous staff member had received practical training as well as on line training for manual handling.
- New staff completed an induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the manager to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the care provided. One person said, "I'm happy with care provided. [Staff] know what I want, tell them what I want, and they just do it".
- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

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

- People were supported at mealtimes to access food and drink of their choice. People who required

support with their meals were happy with the support provided. One person told us, "Never waiting around for your meal or anything. Meals are good, always nice and hot. Served straight away".

- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs. For example, one person's records showed that staff were to help them understand that in hot weather they would need to drink more fluids.

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

- People were happy with staff and told us they supported them to access healthcare services.
- A health professional told us, "The couple of workers I have met whilst on home visits to my patients have always come across as professional and caring and understanding of the patient and their needs". They also told us, they thought they did well in, "The practice of good care and understanding, and good partnership working".

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 and their relatives told us staff asked for consent before providing care
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about their care planning.

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

- All the people and their relatives we spoke with told us staff were caring. One person said, "Very good. Patient and caring, kind, good girls, and the same treatment every day". A relative told us, "They [staff] are very kind and caring to dad". Another relative said, "Mum loves her carers to bits". Other comments included, "[Providers name] and her team are chatty and caring, mum has a good rapport with them, and "I presume she does because of the positive comments she makes about the carers".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One relative told us, "They [staff] do know because we had a discussion about mums likes and dislikes".'

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

- People and their relatives said care staff consulted them about their care and how it was provided. One relative told us, "Mum gets constant reviews of her needs from the manager". Another relative said, "We have recently had an assessment of dads care plan". Another relative told us, "I know that [providers name] is assessing mums needs all the time and is not complacent in her role. She is able to be an advocate for her clients and that is a very important aspect when the client (like mum) does not have family around and is increasingly vulnerable due to her cognitive impairment".
- The provider told us how they listen to people and make sure they are involved in decision making. They said, "By preparing a person-centred care plan. [Person's name] likes tea in a china cup, treat with dignity and respect and independence".

Respecting and promoting people's privacy, dignity and independence

- All the people and relatives we spoke with told us staff treated them with respect and dignity. One person told us, "Treat me with dignity". A relative said, "I have observed this when I have visited dad".
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this, whilst also

providing care safely.

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; End of life care and support

- People received individualised care which met their needs. A relative told us, "I would say mum gets all the support she needs, when she needs it 100%".
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed.
- Staff supported people to maintain their interests. For example, staff supported one person to attend church which was important to them, and to inform the church if they were unable to attend.
- When we visited the agency, nobody was receiving end of life care. Due to the type of service, the provider told us they don't normally deal with end of life care. Staff had received training on line on end of life care.

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.

- We spoke to the provider about how they ensured information was accessible for all people using the service. They told us how they ensured information was available in larger font sizes, so it is easier to read and to ensure that people needing hearing aids have them available.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. One person told us, "No complaints. Happy enough". Another person said, "If I needed to make a complaint I would know what to do, but never had to". A relative told us, "I certainly do know how to raise a concern if necessary".
- The provider had not received any complaints about the service and information on how to make a complaint was made available to people in their homes.

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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection the previous registered manager had left the service and the provider had become the manager and was running the agency. There were two staff working at the agency as one staff member had recently left. The other two staff members were due to leave the service very soon after our inspection. This meant that the agency could no longer provide care for one person and had to give the person notice as there were not sufficient staff to cover their calls.
- The provider told us they were actively recruiting more staff but at the time of our inspection, no one had been employed. This meant the provider was both providing all the hands-on care and all office duties to ensure records were maintained. This caused us concerns, as if the provider were ill, there would be no cover for hands on care. The provider was confident there would be no problems and that at the moment, they only took on low level support needs with family support.
- One person and some relatives were concerned about the lack of staff and said more staff needed to be employed. One person told us, "All I want is for them to come each morning". A relative told us that they thought the service was well managed but said, "Although, there could be more staff employed". Another relative told us the only thing they could improve on would be employing more staff.
- We spoke with staff who told us that even though the provider was supportive, they did not always find them approachable.
- The governance arrangements needed to be strengthened and developed. Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection such as the need to obtain a full employment history before staff commenced employment.
- The provider had some appropriate policies in place. However, these had not been signed or dated and no information on when these should be reviewed. Some of these contained very little information and did not support staff on actions to take. For example, the training policy, did not contain information on manual handling training. At the time of inspection there was no manual handling policy or any assessments in place in line with health and safety legislation. The provider assured us that at this time they are providing no manual handling support for the people they care for and have since written a policy on manual handling.

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

outcomes for people

- People and their relatives told us they were happy with the service and the care provided. One person told us, "Office contacted a few times and been helpful". A relative said, "There is good communication between all parties, with good trust and quality care". A health professional told us, "All my patients who have the care from [providers name] and her team have always been very positive".

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

- The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out at various times throughout the year seeking their views. The feedback from the latest quality assurance survey showed people, and those important to them, were happy with the service, and the responses were positive about the care and support they received.
- The provider held regular meetings with staff to discuss any concerns. These informed staff of any updates on people's health, and training opportunities. Records of meeting minutes showed these had been used to reinforce the values, vision and purpose of the service.
- The provider were keen to integrate with the local community. They were part of the local neighbourhood network and had written a few health articles for the local newspaper. These included articles on, 'elderly dehydration', 'here comes the sun', (keeping hydrated), 'preventing falls' and 'early dementia'.
- The provider told us how they have started to tackle loneliness in older people. They held a cake day in June 2019 at a sheltered housing scheme where people could come and have some cake and a chat and meet other people. They told us how this had been a success and were planning to hold these monthly at different locations across the community.
- The service worked in partnership with the local authority and local district nursing team.
- The provider told us how they kept up to date with the latest practice and guidance. They told us how they attended forums and networks with local care services to ensure their knowledge was up to date and to hear about and share good practice. They were in the process of completing their level 5 diploma in health and social care management.

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 notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had an appropriate policy in place on the Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment if people came to harm.