

Care with Heart Ltd

66 Bradstocks Way

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

66 Bradstocks Way is a domiciliary care service providing personal care to children aged from 13 to 18 and people living with learning disabilities or autistic spectrum disorder. The CQC only inspects where people receive personal care, which is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Two people received the regulated activity of personal care at the time of our inspection.

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

The service was extremely responsive to people's needs and wishes. This was reflected in multiple examples of the service's creativity in supporting people and their families during the pandemic. The service promoted reasonable adjustments in innovative ways to encourage people's independence. People's relatives told us that staff went over and above the call of duty and people said this made a difference to their lives.

People's relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how people would be cared for and supported. They said staff went over and above providing care so satisfactory that they couldn't ask for anything more. Relatives told us the support their family members received improved their well-being. Relatives consistently referred to the registered managers and staff as kind and caring people. Relatives told us they valued their relationships with the staff who supported them and the support provided often exceeded what they had requested.

People received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people.

Staff managed medicines consistently and safely. People and their relatives told us people received their medicines at the times they needed them, and they were happy with the support they received.

People were provided with have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service promoted this practice.

People chose the food and drink they preferred and were supported to eat healthily. People had detailed plans to help staff and health professionals provide the care and support they needed to remain healthy and manage any existing health conditions.

The registered managers led their team by example, showing strong, inclusive and innovative leadership that focused on enhancing the service and creating positive outcomes for people.

There were systems in place to monitor the quality of the service and staff reflected on their practice to identify and implement changes when required.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People's choice was maximised, and they were supported to develop more control and independence.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people lead confident, inclusive and empowered lives.

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

Rating at last inspection This service was registered with us on 13/11/2019 and this is the first inspection.

Why we inspected

This was the first inspection of the service.

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?

Outstanding ☆

The service was exceptionally 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.

# 66 Bradstocks Way

## 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

This inspection was carried out 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 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 the registered manager would be present in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 obtained feedback from three members of staff. We used all of this information to plan our inspection.

#### During the inspection

Both people using the service were unable to provide us with verbal feedback. We spoke with two people's relatives about their experience of the care provided. We spoke with the registered manager and we reviewed a range of records. These included care records for two people. We looked at two 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 looked at training data and quality assurance records. We spoke with two professionals who regularly visited 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. One person's relative told us, "Yes, I feel safe because we have known them for a while. [Person] is well looked after and she is always smiling when she is with them."
- Staff were trained in safeguarding and had a good understanding of what types of abuse might look like. Staff knew how to report any concerns to organisations such as the local authority or Care Quality Commission (CQC). A member of staff told us, "If I witnessed or suspected abuse, the first thing I would do is record the time and date if I had seen the incident. Then I would ask to speak with the Service Manager to voice my concerns. I would also refer to our Whistleblowing and Safeguarding policies. If I wasn't happy with the action taken, I would also report to the CQC."
- The service had systems in place to investigate and report concerns to appropriate authorities.

Assessing risk, safety monitoring and management

- Risk assessments were personalised and regularly reviewed. They were for areas such as personal care, medication, falls, breathing and specific health conditions.
- Where people were at risk of displaying behaviour that may challenge, staff were provided with detailed information on possible triggers, functions of the behaviour and distraction techniques that helped to calm people down.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.
- The service used an electronic monitoring system which staff accessed using mobile phones supplied by the provider. The system ensured people's most current care plans were available to staff. It also enabled the service to monitor in real time the support people were receiving in relation to personal care, food and drink or medicines. As a result, the system for monitoring the quality and safety of care provided to people was efficient and effective.

Staffing and recruitment

- The provider followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- People's relatives and staff told us there were enough staff to meet people's needs.

Using medicines safely

- People received their medicine on time and in a safe manner.

- Staff received training on the administration of medicines and had their competency to administer medicines assessed to ensure they continued to use safe best practice. Staff understood their roles in the safe management of medicines.
- Records were kept of the medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- The service provided staff with updated training on infection prevention and control regarding COVID-19.
- We were assured that the provider's infection prevention and control policy was up-to-date.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents that had happened and discussed these with the staff team. These discussions helped review where risks could be mitigated if things could be done differently to improve outcomes for people in the future.
- We saw from the records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were individually assessed, and this was reflected in the care support plans we looked at. The care support plans included details of people's daily routines, nutrition, communication, social and emotional support needs.
- People's needs were assessed, and a care plan drawn up before people received a service.
- Where people displayed behaviours which may challenge, their needs were assessed and relevant guidance was in place. This guidance included interventions to be used by staff which were in line with best practice.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the registered manager and they had opportunity to discuss any issues with them. A member of staff told us, "I do feel very supported by the management and office staff. I recently made an error whilst hoisting a service user, and I was supported by the management both in resolving the error and having a debrief after my shift. During this, I was supported and reassured with my anxiety about the situation, and offered further support if I felt that I should require it in future."
- Staff received initial, ongoing and specialist training relevant to their roles, and specific to people's needs. For example, training in British Sign Language (BSL).
- Records showed the provider supported staff through regular supervision. Supervision included discussions about staff roles and responsibilities, and their training and development plans.

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

- The service recorded people's dietary needs in their care plans to ensure people received the right kind of diet in line with their preferences and needs.
- Staff were aware of any specialist requirement or risks in respect of people's nutrition or dietary needs.

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

- Some people using the service had complex health conditions. Their care plans contained information about these, including signs and symptoms to watch out for. This ensured staff knew when people's condition may be deteriorating and when to seek medical help.
- Care records included details of GPs and other relevant health professionals involved in people's care. They also included details of people's medical history and how staff were supposed to support people to manage their health.
- Information provided by healthcare professionals was incorporated into people's care plans. Staff

followed advice given by other healthcare professionals and told us they would seek further advice when needed.

#### 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.

- People's relatives told us that staff always asked for consent before performing any task. One person's relative told us, "They always give [person] choices."
- Staff received training to help them understand their role in supporting people's day-to-day decision making. A member of staff told us, "An example of putting this into practice is offering choices to our service users about what they would like to do during the day, and then following through on those decisions."

# 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's relatives told us they liked the service and they found staff to be caring and helpful. One person's relative told us, "[Person] is 100% treated with respect." Another person's relative told us, "The whole attitude with her is good, they have got her best interest in mind."
- Staff presented an insight into the importance of understanding and respecting people's background and needs and listening to what was important to them. As a result, they knew how people wanted to be supported.
- People's diverse needs were identified as part of their assessments and care plans. Staff showed an understanding of equality and diversity, and the need to support people's individual needs with regard to their protected characteristics.

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

- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.
- Relatives told us they were involved in the care planning process where appropriate. One person's relative told us, "They ask us for ideas, they make sure she isn't just sitting doing nothing."
- Staff respected the importance of people being involved in their care as fully as possible. People using the service did not use verbal communication to express themselves. Staff had developed a great understanding of people by interpreting their body language, gestures, behaviours and vocal sounds.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as they wanted to be. Care plans included what people could do for themselves and guided staff to help people keep and enhance their skills. One person's relative told us, "He loves to be taken bowling, they will encourage him to put his hand on the ball and push the ball. It is lovely to see, there is a video seeing him push the ball by himself."
- Staff treated people with dignity, and people's privacy was respected. A member of staff told us, "When supporting someone, I will always knock before entering their room, make sure I let them know that I intend to touch them, i.e.: brush hair, wash face, personal care and ask if this is ok. I will always make sure before undressing them doors are shut and curtains aren't open. I will always keep an individual covered with a blanket so not to feel exposed and make any time where they are undressed as short a time as possible. I support someone no differently to how I would deal with my own privacy and dignity."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

# 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 Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service went the extra mile to meet the people's needs. For example, due to their specific health condition, one person was at increased risk of Covid-19. As a member of this person's household had been tested positive for Covid-19, the provider stepped in providing care outside of their contracted hours. They did it to isolate family members from the person and to protect the person's health and well-being. As a result, the person remained safe throughout the pandemic. The person's relative told us, "No words can really describe how much we lent on their service and how amazingly they stepped up. The service was reliable and more to the point safe during the worse of the Covid-19 infection when literally we couldn't risk her doing or going anywhere."
- At the start of the pandemic, one person and their family made the decision to isolate at home and not to receive any care. The provider stayed in touch with the family during this time and offered the person music sessions via Zoom and also sent him video messages which he could watch during that time. The service helped by taking the family grocery shopping and collecting prescriptions. In a letter of appreciation, the relatives of the person stated, "Thank you for doing our shopping for us, usually twice weekly. As you know [person] is on a blended diet and needs fresh fruit, vegetables daily to support his immune system. Thank you for still picking up items from the shops and prescriptions."
- Relatives of people using the service provided us with multiple examples where the service provided outstanding responsive care in line with people's needs. For example, some people had a phobia of healthcare professionals. The culture of the service was focused on enhancing people's quality of life through innovative and creative ways that promoted people's independence. The provider worked closely with families and professionals to develop strategies that enabled people to access healthcare professionals. The service assisted a person in review of their needs which resulted in the person obtaining new mobility aids which greatly increased their mobility. Other examples provided by the relatives included improving a person's diet and providing immediate care outside contracted hours. One person's relative told us, "As a result we have had some much needed quality time which is only possible when your mind is at ease."

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.

- The service was proactive in helping people to obtain access to assistive technology. The service helped

one person to obtain funding for assistive technology in order to help them communicate more effectively. Then the service liaised with a speech and language therapist (SALT) in order to set up the device. The person's relative told us, "I would like to add also that [staff] who is her most regular carer has also brought forward with [assistive technology] supporting her to independent choice making which is only possible due to the input from him."

- All members of staff were trained in augmentative communication methods such as Makaton, objects of reference, Picture and Exchange Communication System (PECS) and symbols and photos. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.
- People's communication needs were assessed and identified in their care plans. Staff were aware of those needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service went the extra mile in order to provide people with their favourite activities. For example, one member of staff bought a musical instrument and learnt how to play it in order to communicate with a person. The person's relative commented, "[Staff] is so good at drumming and can't believe that he bought his own drum and has learned how to play like a pro. [Person] only enjoys certain things in life and drumming is so important to [person]." Another relative added, "The carer has learnt how to drum which brings them closer together, gives that connection."
- The provider sought for any opportunities to provide people with activities that enhanced their potential and improved their well-being. One person's relative told us, "[Staff] has also brought a new lease of life to her day by incorporating music and dance which [person] absolutely loves. They also found somewhere to take her to hydrotherapy when there wasn't access to many activities. They enable her to swim twice a week and not only does she love swimming and have so much fun, but it's excellent for her physio and muscle tone. They have worked hard with a physio to maximise her potential."

Improving care quality in response to complaints or concerns

- The home had a complaints policy and process which the registered manager monitored to identify any learning. The registered manager recorded any concerns and logged them in as complaints which enabled them to resolve any issues before they escalated.
- People's relatives told us they knew how to complain, however, had no reason to do so. One person's relative told us, "If I had any concerns, I would raise with them first and if I wasn't satisfied with the outcome, I would go to social services."

End of life care and support

- None of the people currently living at the home required support with end-of-life care at the time of the inspection.
- The registered manager told us they would respond to any wishes or advance wishes they were made aware of should they support anyone with end of life care. They also said as needed contact would be made with other appropriate services.

# 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

- The registered manager had their daily presence at the service felt, and led by example.
- People's relatives told us the service was well-led. One person's relative told us, "It is well run and managed, they've only just really started. They have a good handle on things, they are on the ball and forward thinking, their admin skills are good."
- The service planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated by people and their relatives.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- Systems were in place for accidents and incidents to be reviewed for consideration of what lessons could be learnt to reduce incidents from reoccurrence.

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

- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. For example, records audit helped to improve record keeping by staff.
- Staff demonstrated a good understanding of the responsibilities of their roles. There were regular staff meetings, supervision meetings and an electronic system was used to support effective communication.
- The service had a registered manager in post. They had an in-depth knowledge of people using the service and made sure they kept staff updated about any changes in people's needs. People's relatives and staff praised the registered manager. A member of staff told us, "Leadership of the service is excellent. [Registered manager] is an extremely approachable manager with a real passion for the quality of care we deliver as a service and for the young people we support. The ethos of investing a lot of energy in our service users living life to the full makes the service extremely enjoyable to work for. The structures and organisation of the service work well and the systems and policies we have in place are great."

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

characteristics

- People's relatives told us they were asked for their views on the service and people were involved in their care.
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. A member of staff told us, "I think team meetings are useful, it's a good chance to hear feedback from colleagues and all be on the same page and share the provider's visions and goals."
- The registered manager said she had an 'open door' policy and said staff knew she would be available to listen to any concerns of staff and to provide solutions to address these.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff had developed good working relationships with health professionals and worked to implement any recommendations they made.
- The registered manager effectively assessed and monitored service audits to ensure identified improvements to people's care were implemented.