

247 Home Care Ltd

# 247 Home Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

247 Home Care Ltd is a domiciliary care service providing personal care to people in their own home. 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.

At the time of the inspection the service was supporting 29 people, 27 of whom were receiving a regulated activity (personal care).

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

People were supported by sufficient numbers of suitably trained staff.

Staff had been recruited safely, received a thorough induction and had their practice observed and competencies checked.

People's care plans contained health and social care needs and detailed how staff were to meet those needs. Risks had been identified and assessed.

People were supported by kind and caring staff. People and their families told us they were happy with the carers and the support they received.

The service resourced appropriate specialist help such as occupational therapists to assess people when their needs changed. Care plans were regularly reviewed.

People were supported to regain their independent living skills and maintain a level of independence they were confident with. Where people were able to manage tasks themselves this was encouraged.

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 30 October 2018 and this is the first inspection.

#### Why we inspected

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

#### 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.

# 247 Home Care Ltd

## 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 carried out 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 is registered as an individual provider which means that it does not require a registered manager to be in post at the service. The individual provider is responsible for the day to day running of the location and has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

#### Notice of inspection

We gave a short period 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 5 November 2019 and ended on 13 November 2019. We visited the office location on 5 November 2019.

#### What we did before the 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the operations manager and the assistant operations manager and two care workers.

We reviewed a range of records. This 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 looked at training data and quality assurance records. We contacted two professionals who regularly work alongside the service but did not receive feedback.

# 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

- The service had effective safeguarding processes in place. The local authority flowcharts were displayed in the office.
- Staff had completed the provider's mandatory safeguarding training and knew the signs of abuse and what to do about it.
- The provider knew how to report safeguarding concerns but had not needed to make a referral.
- People and their relatives told us they felt safe with the support staff in their home.

Assessing risk, safety monitoring and management

- Individual environmental risk assessments were in place which listed the action needed to enable staff to provide safe care in the person's home. These included any hazards around the safe handling of food and household cleaning chemicals.
- Risk assessments were in place for people who were at risk of falls which gave guidance to staff on how to minimise the risk.

Staffing and recruitment

- Staff were recruited safely. Checks included a Disclosure and Barring Service (DBS), references, right to work documents and identity. A DBS check allows employers to check whether the applicant has any previous convictions or whether they have been barred from working with vulnerable people.
- The provider had a recruitment tracker for staff which included applications through to leaving the service, training and supervision records.
- There were sufficient numbers of staff recruited to meet people's needs. The provider was continually recruiting to ensure enough staff were available as the service grew.

Using medicines safely

- Medicines were administered and managed safely.
- Staff had received training in medicines administration and the local pharmacy gave additional training to staff and reviewed people's medicines. Specific training was being organised for staff to learn the generic and pharmaceutical name for medicines.
- Protocols were in place for 'as required' medicines. Individual charts were used for each prescribed cream giving guidance on where to apply on the body. Where a new medicine was prescribed, for example an antibiotic, this was hand written onto the medicines administration record (MAR). These were double signed for accuracy.

### Preventing and controlling infection

- Staff had full access to personal protective equipment such as gloves and aprons. All staff carried a sanitizer hand gel clipped to their uniform.
- Staff received training in infection control. There were guides for staff on specific infection control practices and NHS guidelines.

### Learning lessons when things go wrong

- When something was not working, the service put systems in place and made changes to their practice.
- For example, one person was at risk of falls due to infection and had two hospital admissions. Since developing a person-centred risk assessment the person was safely cared for at home and his support had decreased. Guidance gave pointers for staff to look for, such as mild confusion and reduced balance and mobility. Actions to take included changing from a stick to a zimmer for mobilising, increasing fluids and ringing the GP for a home visit.
- Some 'near miss' incidents were not being recorded by staff. This was discussed with the managers at the time of the inspection. A new system had been put in place to ensure these and all accidents and incidents were documented and reviewed for themes and trends.



# 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 thoroughly assessed prior to receiving support from the provider, to ensure their needs could be met.
- Local authority assessments were in place where they funded the care package.
- Assessments used multi-disciplinary information to include health and social care needs. This included the robust local authority assessments carried out when people required care on leaving hospital.
- People and relatives told us they were fully involved in their assessment and care plan development.
- This meant people's individual needs and circumstances were taken into consideration when the service was planning their care.

Staff support: induction, training, skills and experience

- Staff had an induction which lasted one to two weeks dependent upon experience. Staff new to care were shadowed and mentored until they and the managers were confident in their practice.
- Staff received mandatory training in, amongst others, safeguarding, medicines administration, basic life support and manual handling. Specialist training was being planned for autism awareness and palliative care. Where staff were supporting people with diabetes, they had received specific training in this area.
- Staff were up to date with their training and some European first language speaking staff were undertaking further training in English.
- Every staff member had a 'taster shift' where they met the person and were introduced to the person's specific needs and care plan.
- Staff were regularly supported by the managers with one to one supervision.
- Staff we spoke with told us they felt there was plenty of training available. They also said they were well supported by the management team and their colleagues.

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

- Care plans contained details of people's food and drink preferences. Records detailed where people required support to prepare meals and drinks.

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 to have their healthcare needs met. For example, if they needed a GP appointment or visit from the community nurse.
- The provider sought appropriate advice from health and social care professionals. For example, working

alongside an occupational therapist to ensure a safe and manageable home environment.

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.

- Where people lacked the capacity to consent to their care, the appropriate legal authorisations were in place. These included Lasting Powers of Attorney in Health and Welfare.
- Where people had capacity to consent they had signed their own care plan and consent documents.
- The staff we spoke with told us they had received training in the MCA and were knowledgeable about applying this in their practice.

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

- People were well treated and their preferences and choices respected.
- Staff told us how they supported people to make their own decisions and have control over their care.
- There were complimentary notes and emails from satisfied people and relatives and examples of where the service had been recommended to other people. For example, staff worked jointly and alongside a personal assistant to provide a 'joined up' care service. Staff and the PA were trained by physiotherapists to safely use equipment. Together with the family they provided a holistic service to enable the person to remain at home for as long as possible.
- Daily notes were written using respectful language and terminology. Notes described the interactions and responses of people as well as tasks people could manage independently.
- People's diverse religious, cultural, mental health and social needs were reflected in their care and support plans.
- Staff we spoke with enjoyed their work. One staff member told us, "I love caring for people and making a difference, love having time to chat and to ask how they are it is so important to engage with [people], get to know them, share lovely stories from their past. I am just thriving on it."
- We heard telephone conversations which were friendly and kind. Staff and people told us how professional, supportive and consistent the service was.
- People's birthdays and special dates were remembered and acknowledged.
- The managers told us they matched staff to the people they support to ensure the relationship was a positive experience. They were focussed on providing continuity and familiarity for people to provide a personalised service.
- The managers were specifically focussing on recruiting younger male carers to support people with specific needs. They were supporting one person to transfer into their own home to live independently, working with the person and their family to make the transition as safe and successful as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, their dignity and independence maintained.
- Confidentiality and data protection were regularly discussed and reiterated at team meetings.
- The assistant manager told us they were focussing on dignity awareness. The NHS Dignity Challenge was displayed for staff information.
- People's private information was stored securely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's individual needs were met. Care plans were personalised and contained people's preferences and tasks the person was able to complete independently.
- People and their relatives had been involved in the development of care and support plans.
- When people's needs changed, the service reviewed the care and increased or decreased care hours according to the person's changed circumstances.
- One person living with dementia was supported consistently by the same support workers for familiarity. The care hours were increased gradually so the person became accustomed to their regular presence. The service worked with the family of this person to ensure that respite care would be accepted. The person had regular respite care to offer the family a break from their caring role.
- Another person and their family were being supported to increase their independent living skills. This included signposting to relevant agencies for assistance and assessment; gradual transition to new accommodation and support to develop confidence.

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 were supported appropriately with their communication 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

- People were supported to maintain their interests and contact with their families.
- Staff also provided companionship and accompanied the people they supported to access their local community.

Improving care quality in response to complaints or concerns

- The service had a complaints policy, but no complaints had been raised. There was no formal documentation to record any complaints made. We discussed this with the manager who told us this process would be in place along with other new audit systems.

End of life care and support

- The service had built good relationships with the local hospice where they could combine support by joint

working. This meant they would be able to provide person-centred palliative care when required.

- The service had no end of life care plan templates in place. However, some people did have treatment and escalation plans and last wishes information in their care plans. This was discussed with the managers at the time of the inspection and appropriate end of life care plan templates were sought.

# 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 managers created a culture within the service of person-centred, quality care. Staff we spoke with were fully engaged with this ethos and proud to make a difference to people's lives. One staff member told us, "There is more compassion here and I feel well supported."
- Staff were being delegated key tasks to support the managers. These included being the lead for medicines and weekly audits. The managers told us this promoted staff role satisfaction as they had equal responsibilities for delivering a quality service.
- Staff were also key workers for people which gave them responsibility and the opportunity to develop good working relationships. Staff spoke highly of their work.

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 managers were aware of their responsibilities under the duty of candour.

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

- The managers were qualified and experienced in social care and passionate about delivering a person-centred service. The assistant operations manager told us, "[people] get the level of care that I expect to be given to my mam and dad."
- Quality assurance and audit processes of service performance, care planning and staff information were in place. The service was expanding these to include accidents and incidents, safeguarding and any complaints or concerns raised.

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

- The managers visited people at home every fortnight, to check on how the care package is going and gain feedback from people and their families. They also carried out their spot check of the care plan, MAR recordings and of the support workers practice.
- The service made specific care rota arrangements for one person to support them to attend their weekly religious service. Another person was supported to attend a film session specifically designed for people with a disability.
- The service also received feedback via surveys and questionnaires from staff and the people they

supported. Responses were positive.

#### Continuous learning and improving care

- The provider was in the process of transferring to an electronic system. This would include all care planning documentation, care plan reviews and electronic MAR charts for accuracy and efficiency.
- The electronic records system included training, calendar plotting for regular spot checks, one to one supervision and appraisal for staff.

#### Working in partnership with others

- The managers told us the service had been steadily growing since they registered one year ago. They had recently started to work with Oxford City Council commissioners. Many new referrals were from word of mouth from other satisfied people.
- They also worked closely with local hospitals to safely discharge people home.
- The provider had joined the Wiltshire Care Partnership to gain peer support and share good practice.