

Rather Home Ltd

25 Cheriton Queens

Crescent, London, NW5 4EZ

Inspection report

25 Cheriton
Queens Crescent
London
NW5 4EZ

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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

25 Cheriton Queens Crescent is a small domiciliary care agency that provides support to people in their own homes. It provides a service to predominantly older adults. At the time of our inspection there were six people using the service with a seventh person having been referred for assessment to use 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:

The care and support provided to people was person centred. People's care plans and risk assessments were detailed and included information about their care and support needs and preferences. Care staff had the necessary guidance about the support each person required and how people preferred to be cared for. Individualised guidance for staff was also provided to assist care staff to reduce and manage any risks that people faced in receiving care.

Staff had received training about safeguarding and knew how to respond to, and report, any allegation or suspicion of harm or abuse.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not permitted to work with people until the necessary verification of employment history, references and Disclosure and Barring service checks [DBS] had been undertaken and were satisfactory.

All care staff were new employees to the service and had received an induction to the service before starting work. The registered manager was developing an ongoing training programme for all staff now that their inductions had been completed and the service was operating.

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.

People and their family were involved in decisions about their care, which was evident in the care plans we viewed. People had been involved in agreeing their care plans and participated in initial reviews that had already been completed for some people who had been using the service since May 2019, other people were not yet due reviews as they had recently begun using the agency.

Information about people's religious, cultural and communication needs was included in their care plans. Care staff had the cultural and linguistic knowledge necessary to respect and address people's heritage and communication needs.

People were asked about their views of the care and support that they received and since starting in May 2019 the service had received four written feedback responses, each of which complimented the service.

Processes were in place to manage and respond to complaints and concerns. People were confident about raising any complaints they may have about the service if necessary.

The provider and registered manager worked together at the service on a daily basis and told us about how they engaged in ongoing communication about what was happening day by day.

Rating at last inspection:

This service was registered with us on 26/09/2018 and this was the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

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

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 safe.

Details are in our Safe findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Good ●

25 Cheriton Queens Crescent, London, NW5 4EZ

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of 25 Cheriton Queens Crescent took place on 2 September 2019.

Inspection team:

The inspection was carried out by a single inspector.

Service and service type:

This service is a domiciliary care agency. It provides support to adults living in their own homes in the community. At the time of inspection six people were using the service, one of these people for only a week. Another person had been referred and their assessment was about to commence although they were not yet using the service.

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 visit because it is a small service. We needed to be sure that the registered manager would be in the office.

What we did:

Before the inspection we reviewed information we held about the service, for example, statutory

notifications. A notification is information about events which the provider is required to tell us about by law.

During the inspection we spoke with the provider and registered manager. We made contact by e mail with relatives of the six people using the service and received a reply from four relatives. We also made contact by e mail with four care staff working for the agency but unfortunately did not receive any replies. We looked at a range of records. This included five people's care records, staff recruitment and records relating to the management of the service such as monitoring records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff supervision, training data and access to information policy.

Is the service safe?

Our findings

Is the service safe? = Good

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had developed detailed guidance for staff to use and refer to in respect of keeping people safe from harm or abuse. This guidance went on to describe what action care staff should take if they had concerns about the welfare of people they were supporting.
- Relatives told us, "I absolutely feel that my [relative] is kept safe by the staff at the service and happy with the service" and "I am very happy with the care for my [relative] who is very happy with the carers and feels very safe and comfortable."
- All staff had received training in safeguarding adults.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.
- No safeguarding concerns had been received by the service since care had been begun to be provided to people in May 2019.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise the potential risks identified.

Staffing and recruitment

- The service's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Checks of criminal records through the Disclosure and Barring Service (DBS) and references had been carried out before staff started work.
- The service's rotas showed that people received support from regular staff members. The relative that contacted us said, "I believe the service is safe for my [relative]."
- The service monitored care visit times and late or missed calls were not an issue for the service. The registered manager told us that any concerns would be immediately discussed if any arose.

Using medicines safely

- Staff did not currently support anyone with taking their medicines
- The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records [MARs] forms for staff to use in this eventuality.
- Information about the medicines that people were taking was included in their care records.

- Care staff had received medicines training as a part of their induction programme.

Preventing and controlling infection

- People were protected from the risk of infections. Regular checks of the cleanliness of the environment were carried out. Staff received infection control training. Disposable personal protective clothing including gloves were available.

Learning lessons when things go wrong

- Staff had guidance about reporting any concerns about people's welfare if these arose. Systems were in place to monitor and review any incidents or other welfare concerns to ensure that people were safe. We noted that no serious incidents had occurred.
- The registered manager told us that people's risk assessments and care plans would be updated if there were any concerns arising from an incident or changes to people's care and support needs.

Is the service effective?

Our findings

Is the service effective? = Good

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

Good: 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

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well as how they were able to eat and drink and what assistance they required, if any, to do this.
- Relatives told us, "The service provides the care and support that we expect and provided us with an excellent service" and "Very much so they are effective, the care has been very good."
- No one using the service was placed by other agencies, for example a local authority. People funded their own care, and some were using the direct payment scheme which is a benefit paid to people to choose their own support.
- People's assessments included information about their individual health and social care needs, personal preferences and religious and cultural needs.
- The relatives that contacted us did not comment about their involvement with care needs assessments specifically but did say they felt the service was effective.

Staff support: induction, training, skills and experience

- All care staff were new to the service and had each been working for less than four months. The registered manager showed us evidence that staff had received an induction. The care staff induction had been provided by a Skills for Care accredited trainer and all care staff had completed their induction and the care certificate before commencing their work with people.
- Care staff were not due refresher training at present as they had all been recently employed. The registered manager told us that they were planning to set up a schedule for refresher training and to look at the level of skills staff currently had in order to identify additional training needs. We note that most staff already had the National Vocational Qualification achieved in previous employment.
- Two care staff had been working since May 2019, the remaining care staff had started working at the service less than a month before this inspection. The care staff who had been working since May 2019 had each participated in supervision with the registered manager once since completing their induction but had also met together with the registered manager as a team.

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

- People were supported by staff to eat and drink if they needed help although this was only infrequently required.
- Information about people's eating and drinking needs and preferences was included in their care plans

and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health care professionals involved with their support. Staff had developed links with these professionals to ensure that effective and consistent support was provided.
- People's care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Care staff were provided with guidance by the registered manager to ensure that people's needs were met in liaison with other professionals if or when required.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do. No serious concerns had arisen about anyone's health since the service began providing support to people.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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's care assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA.
- People were involved in making decisions about their care. We noted that their ability to make decisions was detailed in a mental capacity assessment that was included in care plans. Each person using the service had capacity to make decisions. Family members had also been involved in discussions about making care decisions if requested by the person using the service and this was included in their care plan.

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

Good: 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 members of care staff, regardless of their role, undertook training in equality and diversity and person-centred approaches to help them to understand and respect people's unique needs.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and, where applicable, with the involvement of their family members were involved in decision making.
- Information was provided in accessible formats that promoted people's involvement in agreeing their care and support. The agency provided care staff that had the cultural and linguistic knowledge of the people they supported, a matter that had been positively commented upon and was appreciated by relatives. The registered manager said that the service would always ensure that information was presented in the best way to meet people's communication needs.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us, "I believe the service is very caring and we feel comfortable communicating with the staff there" and "Yes, I have been informed of any changes and the office have been in contact regularly to find out if all is well. The carers chat to my [relative] and make them feel good about themselves."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves. Care plans included guidance for staff on how to support people to do things for themselves where possible

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had detailed individual care plans which described their personal histories, needs, preferences and interests. Care plans included information for staff members on how people preferred to be supported and how care staff should ensure that people's needs, and preferences were respected.
- Relatives told us, "Yes, they respect my [relative], and treat them with respect. I have the contact number and email for the agency but so far had no complaints" and "The service work with me and my family in a very caring and respectful way and maintain good relationship with us, the carers are very supportive."
- Information about people's cultural and religious beliefs and how staff should respect these beliefs were included in their care plans. A relative told us, "The service respects my relative's culture and diverse needs and if I have any concerns I know who to contact and how to make complaints if I want."
- There was a process for regular reviews of care plans and although almost all people had started using the service very recently, these reviews had taken place for people who had been using the service since May 2019.

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 using the service were either living with relatives or partners or had close contact with them. In this instance the service was not required to support people to avoid isolation as this was not an issue encountered by people using the service at the moment.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people when they started using the service. This information was included in the information pack that was given to people.
- The service had a system for monitoring complaints. No complaints had been made since the service began operating in May 2019.
- A relative told us they believed the service was responsive but made no comment about making any complaints.

End of life care and support

- At the time of this inspection, no one using the service was receiving end of life care. The agency had a clear end of life policy. The registered manager informed us that should any request be made to support anyone reaching the end of their life they would firstly seek advice and guidance from palliative care professionals and establish a clear plan of care in consultation with the person and their family.

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 provider ensured that people's communication needs were taken into consideration. Most people using the service had a first language that was not English, and the provider had ensured that they were matched to care staff who could understand and communicate in the person's preferred language.
- A relative told us, "I requested a carer that speaks our language and the service accepted my request which I appreciated."

Is the service well-led?

Our findings

Is the service well-led? = Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Arrangements were in place to ensure that the focus on how the service operated was based on the needs of the people using the service.
- Information about the aims and objectives of the organisation was available. The guide for people using the service clearly outlined what the service could or could not provide.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities as required.

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

- The relative that contacted us said, "I believe the service is well-led from what I have experienced thus far."
- The registered manager and nominated individual worked at the service daily and on call arrangements to provide advice and support for care staff was available outside of normal office hours. •

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

- Four feedback responses had been received from people since the service began. These were positive about how well the service operated.
- Relatives told us, "I always get quick response when I contact the service. I have been asked what I think about the service and if I have any suggestions for improvement" and "The carers are kind, polite and well trained and they are also of the same culture as my mum. My [relative] is absolutely pleased the support and care they receive."
- Meetings with care staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice. Two care staff had commenced employment in May 2019 and had participated staff meetings with the manager in June and July to talk about how things were going.

Continuous learning and improving care

- The registered manager kept up-to-date with best practice and information was shared with staff. An ongoing programme of staff training, and development was being developed as the staff team were newly employed and had not been working for more than four months since the service started operating.
- A formal spot check system had recently been implemented and spot check visits had been carried out to

two people who had been using the service for the longest amount of time [less than four months]. The registered manager showed us minutes of the most recent staff meeting where spot checks had been discussed with care staff.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were met.
- Care staff were provided with advice and guidance by the registered manager. The agency was clear about the expectation that care staff would contact the agency if there were any matters that needed to be raised in order to continue to care for people safely and well.