

## Competent Healthcare Ltd

# Competent Healthcare Ltd

### Inspection report

Secure and Store Business Centre  
Houndsmill Industrial Estate  
Basingstoke  
RG21 6YU

Tel: 02033932651

Website: [www.competenthealthcareltd.co.uk](http://www.competenthealthcareltd.co.uk)

Date of inspection visit:

06 March 2019

07 March 2019

Date of publication:

17 April 2019

### 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:

Competent Homecare is a domiciliary care service which provides personal care and support to people living in their own homes in the Basingstoke and surrounding area. At the time of the inspection the service was supporting 34 people.

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

People's experience of using this service:

- People received high quality care that was safe, effective, caring, responsive and well led.
- People and their relatives provided positive feedback about all aspects of the care they received.
- One person told us, "I couldn't have better care, they always find time for a chat and will go out of their way to help me."
- People experienced safe care, which protected them from avoidable harm and abuse. Staff had received relevant training and understood their role and responsibility in relation to safeguarding and keeping people safe.
- Staff ensured the human rights of people who lacked a voice, were upheld and respected.
- There were enough staff deployed to meet people's needs. The nominated individual and registered manager covered any unforeseen staff absence.
- Staff felt they were valued and respected by the management team, who actively sought their involvement to improve and develop the service.
- Staff completed an effective induction programme, then were enabled by the provider to develop and maintain the required skills to meet people's needs effectively.
- The provider completed regular competency checks to ensure staff delivered care in accordance with their training.
- We saw people were treated with kindness and compassion by staff who supported them to express their views and be actively involved in making decisions about their care.
- People received care from a regular staff team, with whom they had built trusting relationships.
- Staff supported people to be actively involved in making decisions about their care.
- People were impressed by the provider's willingness to listen and respond to their concerns, which had instilled trust and confidence in the service.
- The nominated individual and registered manager led by example, set high standards and inspired staff to meet them.
- People's care plans were comprehensive, providing staff with the required information about their needs and how to meet them.
- Staff worked effectively with local organisations to improve care practice and outcomes.

Rating at last inspection:

- This was the first inspection of Competent Homecare since they were first registered to provide personal

care in February 2018.

Why we inspected:

- This was a planned comprehensive inspection, in line with our inspection programme.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care, until we return to visit as per our inspection programme. If concerning information is received, 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 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 ●

# Competent Healthcare 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. 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they 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 site visit because we needed to be sure arrangements could be made to meet with key staff and people who use the service.

#### What we did:

Before the inspection we looked at information we held about the service:

- We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We spoke with four health and social care professionals who work with the service.

#### During the inspection:

- Inspection site visit activity was carried out on 6 and 7 March 2019. We visited the office location on these dates to see the provider and office staff; and to review care records and policies and procedures.
- We spoke with the nominated individual, the training manager, the office manager, two care coordinators

and a team leader. At the time of inspection, the registered manager was on annual leave and the nominated individual was managing the service. A nominated individual has overall responsibility for supervising the way that the regulated activity provided by the service is managed.

- On 6 March 2019, we completed three home visits, where we spoke with people using the service, their relatives and two care staff.
- We looked at seven people's care records, six staff recruitment and training files, the provider's policies, procedures, quality assurance systems processes and other records demonstrating how the service was managed.

After the inspection site visit:

We spoke with four people who use the service, two of their relatives and three members of staff on the phone.

# Is the service safe?

## Our findings

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:

- People trusted staff to protect them from harm and keep them safe.
- One person told us, "I couldn't be any safer. The ladies [staff] and my neighbours are always there for me and keep in touch with each other."
- People were protected from discrimination and avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.
- People and staff were actively encouraged to raise their concerns and to challenge risks to people's safety. Whenever people and staff had raised concerns, the management team had listened and taken decisive action to resolve them.

Staffing and recruitment:

- People experienced good continuity and consistency of care from a small number of staff, who knew them well.
- One person told us, "I don't have to worry about who's coming because I only ever get visits from girls [staff] I know and trust. I also have the manager popping in regularly for a cuppa to make sure I'm happy and everything is okay." Another person told us, "The girls [staff] are so reliable and never let me down."
- The service had recently implemented an electronic system which enabled coordinators to monitor visits, and ensured people and staff were safe.
- The provider completed comprehensive pre-employment checks, to make sure prospective staff had the appropriate skills and character, to support people made vulnerable by their circumstances to stay safe.
- Care coordinators consistently ensured sufficient suitable staff, with the right mix of skills, were deployed to meet people's needs safely.

Assessing risk, safety monitoring and management:

- The nominated individual completed initial assessments to ensure the service had sufficient staff with the required skills to meet people's needs.
- The provider would not compromise the safety and quality of care to expand their business, which was confirmed by commissioners of people's care.
- Risks to people's safety had been identified and were managed safely.
- Staff could explain the specific control measures in place to minimise risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure sores.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and accurately reflected people's changing needs.

Using medicines safely:

- People's medicines were managed safely, in accordance with current guidance and regulations.

- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff competency was regularly assessed by the management team, to ensure people received their medicines as prescribed.

#### Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff had completed relevant training in relation to infection control and
- We saw people's health was protected because staff consistently followed good food safety and hygiene practice, when preparing or handling food.
- Staff consistently wore the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves.

#### Learning lessons when things go wrong:

- All accidents and incidents were immediately reported to the nominated individual, registered manager or the designated out of hours supervisor to ensure people were safe and appropriate action had been taken.
- The management team reviewed all incidents daily to identify and share the necessary learning with the staff team.
- The nominated individual and registered manager listened to staff feedback and acted upon it to make sure people received safe care. For example, staff raised issues promptly when people's changing needs required their staffing ratio increased, supportive equipment to be updated or medicines to be reviewed.



# 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.

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:

- People experienced care and support based on recognised best practice, which consistently achieved good outcomes, promoted good quality of life for people.
- One person told us, "The boss lady [nominated individual] is wonderful. She comes out to find out what you need and then introduces her carers."
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported.
- Staff developed care plans, which were tailored to meet people's individual and changing needs. For example, when people experienced an escalation in behaviours that may challenge others or a deterioration in their ability to mobilise or communicate.
- Records showed people and their relatives, where appropriate, were involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience:

- Without exception, staff told us they were well supported by the management team, who made them feel their contribution was valued. An experienced staff member told us, "I have worked for other agencies but this is the best by far. They [management team] are so friendly and interested in what you have to say. If there is a problem everyone just volunteers to help out."
- People consistently told us staff had the required skills and experience to meet their needs.
- Staff had been supported by the training manager, to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Where required or requested, the training manager provided one to one support to improve staff care practice and confidence.
- The nominated individual and registered manager operated an effective competency framework, including formal and informal observations, when they worked alongside care staff. This ensured staff delivered care in accordance with their training and people's care plans.
- Where people had more complex needs, staff training was developed with the person and their supporting healthcare specialists. For example, staff had received training to effectively support people's individual needs in relation to living with diabetes or epilepsy.
- All staff underwent a thorough induction programme, which included periods getting to know the person and shadowing an experienced colleague.
- The provider supported the training manager to attend relevant courses to ensure their knowledge of best practice in all aspects of care was current. The training manager operated an effective tracking system, which ensured staff training was up to date.
- Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development.

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

- The provider placed a strong emphasis on the importance of eating and drinking well.
- Staff ensured people received food and drink, according to their needs.
- Where required, people were protected from identified risk of poor nutrition and dehydration because staff followed guidance from dietetic professionals.
- One person told us, "They [staff] always check to make sure I have enough to eat and are always encouraging me to drink. They [staff] never leave without making sure I have a drink."

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

- Staff worked closely with healthcare professionals to ensure people's health needs were met and they had the equipment they required to promote their safety and independence. For example, staff had arranged a visit by an occupational therapist, which led to more appropriate equipment being provided to meet their personal care needs.
- Health and social care professionals consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- The provider had developed good relationships with local commissioners, health and social care professionals.

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. We checked whether the service was working within the principles of the MCA.

- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.
- We saw staff consistently supported people to make as many decisions as possible and sought valid consent from people, using plain English and allowing them time to respond.

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

- Staff worked well with other agencies, including social services and community nursing teams.
- Staff knew how to refer people to other healthcare services if they had concerns.
- The provider demonstrated a thorough approach to planning and coordinating people's transfer to other services. For example, when they were discharged from or admitted to hospital.

# 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; equality and diversity:

- Without exception people told us they had developed caring and meaningful relationships with the nominated individual and care staff.
- People told us they experienced good continuity of care from regular staff, with whom they shared a special bond. We saw staff deliver care with warmth and empathy, engaging people in friendly conversations, which made people feel valued.
- One person said, "They [staff] are so kind to me and go out of their way to make me feel special. I feel very lucky." A relative told us, "They [the service] are by far and away the best company we have had. The others [providers] just kept trying to get [loved one] moved into a home. Since Competent took over he has improved so much. He is much stronger, not falling down and is much happier in himself."
- Staff were deeply committed to the people they supported and spoke with pride and fondness about them, their achievements and the quality of care they provided to them.
- Staff completed equality and diversity training and knew how to support each person's emotional and spiritual wellbeing, in accordance with their wishes.
- The provider sought feedback from people and completed competency assessments, to ensure staff delivered care in a kind and compassionate manner.
- Health and social care professionals made positive comments about the caring, inclusive culture developed by the provider and staff. For example, hosting regular coffee mornings and group yoga sessions to support people's and staff well-being.
- The service had received multiple compliments about the support they provided. For example, praising staff for visiting them in the snow, and supporting families to engage with other professionals.
- The service had received multiple compliments about care they provided. For example, supporting families to engage with other professionals.

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

- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care. One person told us, "They were very patient and took a long time to find out what I wanted."
- People and relatives consistently told us they were fully involved in decisions about all aspects of their care and support.
- People and their relatives told us regular reviews of their care with the registered manager and nominated individual had developed even more trust and respect in the service.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was embedded in the service culture.
- People told us they felt respected, listened to, and involved in the development of their care.

- People received care and support from regular staff, which promoted people's confidence and independence. People, relatives, and health and social care professionals told us staff supported people to be as independent as possible.
- Staff said they always consulted people and sought their agreement before delivering any care, which we observed in practice.
- Staff supported people to maintain their independent living and social skills.
- Care plans contained clear guidance for staff about how to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.

## 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 and where appropriate their relatives, were supported and encouraged to be actively involved, and where appropriate, take the lead in their care planning.
- Comprehensive care plans provided staff with clear guidance about how to meet people's needs.
- Care was planned around people's whole life. For example, care plans detailed their personal goals, skills, abilities, preferred routines and how they wished to be supported to maintain their physical and emotional well-being.
- Staff knew people well and could tell us about people's individual needs and their personal preferences, which we saw reflected in their care practice. Staff were proud of the personalised service they provided, based on their in-depth knowledge of the people they supported.
- One relative told us staff were, "Fantastic. They come in and immediately brighten up her [loved one] day, it's not so much what they do, but the way they do it, always with a smile, which is infectious. Everything is focussed on her and what she wants."
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- People were enabled to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them others. For example, we saw staff communicating with one person using their electronic device. Using this device, the person praised the staff for their patience and the effective way they spoke with them, using a mixture of the electronic device, verbal communication and gestures. Other people with a degree of sensory loss, told us how staff had provided written information using much larger fonts and kindly supported them with making their hearing aids more comfortable.
- The provider had introduced a new electronic records system. This was monitored daily by the management team and care coordinators, to ensure the service was responsive to changes in people's needs.
- People were empowered to make choices and have as much control and independence as possible.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities, which increased their sense of independence.
- Relatives consistently told us how support from staff, under guidance from dedicated physiotherapists and occupational therapists, had significantly improved their loved one's strength, coordination and mobility.
- Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns:

- Staff took pride in the personalised service they provided, based on their in-depth knowledge of the people they supported, including their prompt response to any concerns raised.
- People were aware of the provider's complaints process and knew how to use it. However, people consistently told us that as soon as they raised an issue with the nominated individual, they resolved it.
- Whilst there had been no formal complaints, records demonstrated that the nominated individual thoroughly investigated all concerns in accordance with the provider's policy and procedure.
- When required, the provider had engaged with external professionals, including commissioners of people's care, to ensure there was an independent and objective approach when concerns had been raised.
- The registered manager used learning from concerns to drive improvements in the service.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- People and relatives were given the opportunity to discuss advance decisions and their end of life wishes.

# 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.

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; and how the provider understands and acts on duty of candour responsibility:

- Without exception people and their relatives told us the service was well-led and praised the quality of the support they received. One person told us, "The manager [nominated individual] spends time to get to know you and what you need and insists you contact her if you have any problems." A relative told us, "The manager [nominated individual] is committed to making sure the quality of care we receive is the best and wants to know if it is not up to scratch."
- Staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices always remained staff priorities. The provider had adopted a clear set of values based upon caring passionately about people and supporting them to live life to the full.
- People consistently experienced high-quality care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
- The registered manager understood their Duty of Candour, to be open and honest when things went wrong. For example, when medicine errors had occurred.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- There was a clear management structure within the service. The management team and staff clearly understood their individual roles and responsibilities, and worked effectively together to achieve the best outcomes for people.
- The nominated individual was highly visible and provided clear and direct leadership, which inspired staff. Staff told us they felt respected, valued and well supported.
- The management team had the necessary skills, knowledge, and experience to lead effectively.
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's needs.
- The nominated individual and registered manager worked alongside staff and carried out competency visits to observe and monitor quality and individual staff practice. This ensured people experienced consistent good quality care.
- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.
- The provider had invested in technology to improve how information was recorded and communicated. This also enabled the provider to further monitor quality and improved safety for staff.
- Health and social care professionals told us they had been impressed by the person-centred approach of the registered manager and provider.

- Commissioners of care consistently reported confidence in the provider's capability to deliver good care to meet people's complex needs. Commissioners told us the nominated individual and staff were particularly skilled and resilient when supporting people who displayed behaviours that may challenge others. For example, staff demonstrated tolerance and understanding, which enabled the provider to consistently meet the challenging needs of some people, which other providers had failed to achieve.

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

- People's views were listened to and acted upon.
- Staff told us the management team valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk. One staff member told us, "I've never worked anywhere before where you are made to feel that you and your opinion matter. Everybody working here [Competent healthcare] is just so happy and positive."
- People and relatives consistently told us the availability of the nominated individual and her insistence to meet and speak with them personally, was a strength of the service. One relative told us, "We were let down badly by other services and urgently needed support. I knew Competent was different when [named nominated individual] agreed to come out and see us straight away on a Saturday. Their name is well chosen because they are very competent."
- Quality assurance surveys were used to obtain the views of people and their relatives about the standard of care. Service improvement plans were then developed to ensure action was taken to drive improvements.

Continuous learning and improving care:

- Staff effectively recorded accidents and incidents, which were reviewed daily by the management team.
- This ensured the provider fulfilled their responsibility and accountability to identify trends and acted to keep people and staff safe, by reducing the risk of repeated incidents.
- For example, the nominated individual immediately went to see a person who was unhappy about the uncaring attitude of one staff member. This individual was immediately placed on a development plan to improve this aspect of their care practice.

Working in partnership with others:

- Health and social care professionals consistently told us the registered manager actively engaged in effective partnership working with multi-disciplinary teams.
- Staff worked effectively in partnership with people and relatives. One staff member told us, "Working here is so rewarding. It's like everyone just does their best and is always thinking about the people we're caring for. We are like one big family who look out for one another."