

Transform Housing & Support

Transform Homecare Mid Surrey

Inspection report

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Date of inspection visit:

15 August 2018

17 August 2018

Date of publication:

21 September 2018

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

This was an announced inspection that took place on 15 and 17 August 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is located in the Ewell area and covers mid Surrey. A service is provided for people who misuse drugs or alcohol, those with dementia, learning disabilities or autistic spectrum disorder, people with an eating disorder and mental health issues.

This was the first inspection since the service was registered.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were very pleased with the service the agency provided and way it was delivered by staff.

Clear, thorough and up to date records were kept that recorded the care and support people received, the choices they had made and identified if they were met. The records were regularly reviewed and enabled staff to perform their duties.

Staff had been made aware of their responsibilities towards the people they provided a service to, the tasks they performed and knew how people liked to be supported. Staff had appropriate skills and training that enabled them to care for and support people in a professional, compassionate and kind way.

Staff were also aware that they must treat people equally and respect their diversity and human rights. People told us they felt fairly treated.

Staff said the organisation was an excellent place to work, they enjoyed their work and had access to good training and support that meant they could perform their duties well.

People were encouraged by the registered manager and staff to discuss any health and other needs and agreed information was passed on to community based health professionals.

Staff protected people from nutrition and hydration associated risks by being given advice about healthy food options whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The quality of the service provided was consistently monitored and assessed by the agency who were approachable, responsive and encouraged feedback from people.

The health care professionals that we contacted were happy with the support that the agency provided for people.

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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt if things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good 

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good 

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The registered manager and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 15 and 17 August 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 14 people receiving a registered service and 18 staff. During the inspection, we spoke to four people and seven staff. We also spoke with the registered manager and office team during the office visit.

We looked at four people's care plans and four staff files. We also checked records, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

People did not directly comment on staff levels but one person did tell us that, "The girls [staff] are always there when I need them." This was confirmed by the staff calls register. Another person told us, "I feel safe."

The registered manager and office staff were aware of how to raise a safeguarding alert and when this was necessary. Previously safeguarding alerts had been appropriately reported, investigated and recorded. Staff were in receipt of safeguarding training and knew the action to take should abuse be encountered. Staff were provided with policies and procedures to keep people safe. There was also a lone working policy.

The agency performed risk assessments before providing a service, that people and their relatives contributed to. The risk assessments identified specific risks to people, staff and action to take to minimise risks and management plans. This included situations in which people may display behaviour that others could interpret as challenging and could put themselves and staff at risk. There was also an information sheet that included signs and symptoms, diffusing aggression and managing potentially or violent situations. This was in tandem with a policy regarding violence and potential violence at work. The risk assessments were monitored, reviewed and refreshed as people's needs changed. Staff shared information with the office and other members of the team, if they had shared calls, when risks to people were identified so that their care plans could be updated. Staff also knew the people they provided a service for well, could identify situations where people may be at risk and this meant they could act to minimise the risk. The agency kept records of accidents and incidents. Staff received infection control and food hygiene training that people said staff used during their visits.

Staff recruitment procedure included a curriculum vitae (CV), application form, job description, person specification and short-listing of prospective staff for interview. The registered manager and a supervisor conducted interviews that contained scenario and values based questions to identify people's skills, experience and opinions of how appropriate domiciliary care should be delivered. There was also a quiz to identify people's knowledge and a video that outlined what it was like to give and receive domiciliary care. This was to help prospective staff decide if this was a role for them. References were taken up, right to work checked and work history and disclosure and barring (DBS) security checks carried out before people were employed. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was a six-month probationary period with reviews after six and twelve weeks. Each stage of the process was recorded.

The agency had disciplinary procedures that were followed if required.

Staff were trained to safely administer medicine and prompt people to take medicine, if needed. They had access to regularly updated guidance that was based on the National Institute for Health and Care Excellence (NICE) guidelines. The agency checked and monitored people's medicine and records monthly.

The health care professionals we contacted had no concerns regarding the agency providing a safe service for people.

Is the service effective?

Our findings

People were enabled, by the agency and staff to make decisions about how and when they received care and support. People told us that staff understood their needs and met them in a very supportive and patient way. They regularly checked that the care and support they delivered was meeting people's needs. This was also monitored this as part of the agency quality assurance system. One person told us, "The best ever." Another person said, "Nothing could be improved."

Staff were provided with induction and mandatory training, that was based on the 'Care Certificate Common Standards' (CCCS). The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

The induction included completion of a workbook based on standards one and two of the (CCCS) regarding understanding your role and your personal development. Staff training was a mix of on-line and classroom based depending on its nature. It included person centred care, moving and handling, record keeping, first aid, mental capacity, dementia and basic life support. Person and service specific training included epilepsy and diabetic care. New staff shadowed more experienced staff as part of their induction and did not work alone until they were confident and comfortable in doing so. Random spot checks were conducted by the registered manager to monitor progress of new staff. The agency also produced area specific refresher quizzes for staff, such as safeguarding, and mental capacity.

Staff were given a handbook and signed a document to confirm they had read it. Staff meetings, bi-monthly supervision and annual appraisals provided opportunities for staff to identify training needs as a group and individually. This was as well as informal day-to-day supervision and contact with the office and management team.

People had care plans that contained health, nutrition and diet information and requirements. Staff monitored people's food and drink intake, as required. Staff advised and supported people to make healthy meal choices whilst acknowledging their right to choose what they wished to eat. Staff said if they had concerns they raised and discussed agreed information with the office, person, their relatives, GP and community based dieticians. Records demonstrated that referrals were made to relevant community health services and they were regularly liaised with. These included local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any

Court Order as there were none in place. Appropriate staff were aware of the MCA, 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

In order to encourage cross agency working, the organisation included details of other services the person was in receipt of and liaised with them to co-ordinate a joined-up service for people. The agency also worked closely with multi-disciplinary teams that included the Surrey Skills Academy (local authority training arm), Surrey Welfare Rights Unit, Dementia Friends (National Alzheimer's Society), occupational therapists, district nurses, tissue viability nurses, physiotherapists and general practitioners.

The health care professionals we contacted had no concerns regarding the agency providing an effective service for people.

Is the service caring?

Our findings

People said staff treated them with the upmost dignity and respect, they felt listened to and their opinions valued. Staff achieved this due to the training and support they had received that meant they could effectively provide support in a sympathetic and appropriate way. This was delivered in a friendly, kind and professional manner. People's descriptions of care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People enjoyed the consistent care and care workers that the agency provided whenever they could. They found this very important as it meant that the care workers understood their needs and wishes and also became friends. This demonstrated a person-centred approach to the care that was provided. Staff arrived on time, carried out the tasks required and stayed the agreed time. Staff were aware of the importance of the role they played in establishing relationships with people and supporting them to have a good quality of life. This was of great importance for some people whose staff visits maybe a large part of or the only point of contact people received. One person told us, "Every single member of staff is superb." Another person said, "Couldn't get any better, we have a laugh and a joke." A further person commented, "All my ladies [staff] are lovely, I couldn't manage without them."

Staff received equality, diversity and human rights training that enabled them to treat people fairly and whilst recognizing and respecting people's differences. People said staff followed this training whilst performing their duties. The agency had an equality and diversity policy that staff were aware of and understood.

The registered manager and staff were very knowledgeable about the people they supported. They gave us information about people's needs, interests and preferences that showed they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

The health care professionals we contacted had no concerns regarding the agency providing a caring service for people.

Is the service responsive?

Our findings

People were asked for their views and the agency fully consulted with them and involved them in the decision-making process before a service was provided. The care that staff provided was personalised to people's needs. If problems arose regarding staff or the timing of the support provided, the agency quickly resolved them. Staff knew the importance of understanding people's opinions so that the support they provided was focused on people's individual needs. One person said, "I don't need to ask, they are always there for me." Another person told us, "They [staff] go over and above." A further person said, "Whatever I need is done, they [staff] are very respectful and attentive."

The agency provided people with an information guide that was easy to understand and helped them decide if they wanted to use the service provided. The information outlined what they could expect from the agency, way the support would be provided and what the agency expected of them.

On receipt of an enquiry, from the county council with accompanying care plan, the registered manager would initially identify if people's needs could be met. They then carried out their own assessment visit during which they would establish with people the care and tasks required, frequency of visits and timing to ensure that they met the person's needs. If the enquiry was private, they would also provide their own needs assessment. As part of the process people's social history and activities outside their home and support needs required were identified to reduce social isolation.

People had individual care plans that they were encouraged to take ownership of and contribute to. The care plans were regularly reviewed, re-assessed with people and updated to meet their needs. Personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, preferences and choices and respect them. The information enabled staff to provide the care and support needed. The agency matched staff to the people they supported according to their language, any specialised skills required and people's preferences. One person only spoke Urdu. In order to confirm the support required, deliver it and ensure it was what the person needed, the staff used google to translate the relevant documentation.

The agency provided end of life care, by supporting care packages in place although they were not the clinical lead. Staff continued to provide a service for as long as people's needs could be met and worked in tandem with district and palliative care nurse teams. Staff received training in death, dying and bereavement and the registered manager had completed a specialist course and received a certificate in end of life care.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity

policy and staff had received training.

The health care professionals we contacted had no concerns regarding the agency providing a responsive service for people.

Is the service well-led?

Our findings

People said they were more than happy to speak with the registered manager and office staff about any concerns they may have in the same way that they did with staff who provided them with direct support. People said they had daily contact with the office and someone was always available. One person told us, "Everyone is so friendly from the main office, right down to the staff." Another person said, "The manager is great, always available."

The agency culture was open and inclusive with clear and enabling leadership. It had a clearly set out vision and values that staff understood and embraced. The values were explained to staff during induction training, included in the staff handbook and regularly revisited. One staff member said, "The manager is always there for you. It's about teamwork and we work very well together." Another staff told us, "A really good organisation with great training and plenty of opportunities to move up

Staff said the registered manager and office team provided very good support and made themselves available when needed. One staff member said, "Superb support. We get on like a family." The management team were in daily contact and this enabled staff to give their opinions and exchange knowledge and information. Staff said that if they made service improvement suggestions, they were listened to and given real consideration. There was also a whistle-blowing procedure that they would feel confident using. The organisation provided staff with a monthly newsletter to keep them informed of what was going on in the organisation.

The agency had introduced a continuous improvement plan in 2016 to identify areas that required improvement and chart where improvements had occurred. Areas included record keeping, care documentation and ensuring people with the right values were employed. There was also a business plan for care, that focused on ensuring financial sustainability of quality services, achieving growth and economies of scale, together with recruiting and retaining high calibre staff.

The agency achieved the Silver Level Investors in People Award in March 2017 and have been awarded a Social Care Commitment Certificate.

The agency has well established community links and produced a number of fact sheets for staff and people receiving a service in the local community. In response to the unusually hot weather the agency had produced hot weather hints and tips guidance for care workers and people. Other topics included shingles, constipation, norovirus and sepsis. Community links were promoted through contact with day centres, organised flexible shopping trips and accompanying people for meals out or tea. This was part of their social time, included in their care plans and provided without charge.

Staff told us the agency was excellent to work for and the staff files demonstrated that regular staff supervision and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should services

within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records demonstrated that there were random spot checks in people's homes, with their permission and frequent telephone and face to face contact. Regular service reviews took place. These reviews identified what support worked for people, what did not work and what people considered the most important aspects of the service for them. There was a staff observation sheet that included areas such as core values, infection control and dignity and respect. There were also annual questionnaires sent out to people and staff.

The agency and organisation carried out audits that included induction and mandatory training, accidents and incidents, missed calls, safe guarding, people's care plans, staff files and risk assessments. There was also a board finance audit, quality of care committees to monitor the business Monthly Senior Management Team (SMT) and care leadership team meetings. A Compliance Support Officer oversaw CQC compliance related issues and completed monthly quality monitoring visits.

We saw that information was kept securely kept and confidentially observed for digital and paper records.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.