

Home2Home with Care Ltd

The Bakery

Inspection report

18 Chapel Street
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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

The Bakery is a residential care home providing personal care and a respite service. It is an adapted building with five bedrooms. The provider also provides a domiciliary care service supporting people in their own homes. We inspected both the residential services as well as the domiciliary care service. The service supported seven people in total; five of which received regulated activity. One person was a full-time resident and the other people received domiciliary support in their own home and also visited the service in a respite capacity. At any one time, only five people use the house and on the day of the inspection, four people were being supported.

Not everyone who used the service received personal care. The Care Quality Commission (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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

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

Risks to people's health and wellbeing were assessed and managed in a person-centred way. People received their medicines as prescribed and were protected by safe infection control practice. People were protected from the risk of abuse and care plans detailed how to manage behaviours that challenge in a positive way that protected people's dignity and rights. Lessons were learnt when things went wrong

People were supported to maintain a balanced diet whilst their independence was promoted. Staff had relevant training, skills and experience to be able to support people. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. The environment was adapted to meet people's needs.

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 were respected as individuals and treated with dignity and respect. People were supported to be as independent as possible both at home and in the community. People had meaningful relationships with staff. People were able to be involved in the recruitment of staff who supported them.

Care records were person-centred, and people and their relatives were involved in their care. People's support plans included information about their wishes and incorporated information about empowering people to be independent. People were supported to live full and active lives which included continuing hobbies and accessing education opportunities. Staff identified people's information and communication

needs and provided this support, so people had a voice. Complaints and concerns were appropriately followed-up by the management team.

Staff understood the management's vision for the service and people were at the centre of the service. Staff had a clear understanding of their roles and responsibilities. The registered manager understood the importance of quality monitoring and how to use this information to drive improvement. People using the service, their relatives and staff were regularly contacted to provide feedback on the service provided. The registered manager was committed to continuous improvement within the service. The management team was transparent, open and collaborative with external agencies.

The outcomes for people using the service reflected the principles and values of Registering the Right Support and other best practice guidance 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

Rating at last inspection

This service was registered with us on 18/01/2019 and this is the first inspection.

Why we inspected

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

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.

The Bakery

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 completed by one inspector.

Service and service type

The Bakery is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service is also a domiciliary care agency. It provides personal care to people living in their own houses.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to gain consent and contact details to speak with relatives.

Inspection activity started on 8th January 2020 and ended on 9th January 2020. We visited the office location on 9th January 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We looked at key information we had received about the service since their registration. This included any notifications the provider is required to send us, to tell us about important events when they happen at the service. We used all this information to plan the inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, operations manager and support and key workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care 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 quality assurance and health and safety records were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had a good understanding of what would constitute abuse and how to protect people. A staff member told us, "My job is to keep people safe and well." Another staff member told us, "My safeguarding role includes promoting people's welfare and protecting their rights."
- Staff felt confident any concerns would be followed up when reported. The registered manager knew how to raise a concern with the local authority under agreed safeguarding procedures.

Assessing risk, safety monitoring and management

- People were protected from risks to their health and wellbeing.
- Relatives told us they felt people were supported in a safe manner. One relative told us, "[Name] is absolutely safe. Safety is our paramount priority and I wouldn't want them to go anywhere else." Another relative told us, "We know [names] are in a very safe environment."
- We saw risks to people's health and wellbeing were assessed and managed using a person-centred approach. A staff member told us, "Part of my role in keeping people safe is making sure risk assessments are up to date."
- Care records included details of how to manage behaviours that challenge in a positive way that protected people's dignity and rights.
- Care records included information on positive risk-taking to maximise people's control and independence. For example, how to support people to cook their own meals.
- The provider ensured the premises and equipment were maintained safely by completing regular checks and audits.

Staffing and recruitment

- There were enough staff employed to meet people's needs safely.
- We saw there were always staff present to support people. A relative told us, "There are always plenty of staff."
- Staff felt supported by the management team in any emergency. They also told us they felt reassured by the skill mix on each shift as they were able to share knowledge.
- Recruitment records showed us checks to employ safe and suitable staff to work with people were completed.

Using medicines safely

- People received their medicines as prescribed.

- Staff followed organised systems to ensure safe and timely administration of medicines to people. Staff were following safe protocols for the receipt, storage and disposal of medicines.
- Some people were prescribed 'as required' medication and there were suitable assessments and guidance in place to support staff to administer these. A relative told us, "The staff recognise when [name] is in pain and prompt if they want their as required pain relief."

Preventing and controlling infection

- People were protected from the risk of infection.
- We observed the premises to have a high standard of cleanliness and hygiene.
- A relative told us, "The staff are very good at wearing gloves and aprons when appropriate."
- We observed the kitchen to be clean and staff understood the importance of food hygiene. On the day of the inspection, one person was being supported to bake a cake and the staff member prompted them to wash their hands before and after handling ingredients.

Learning lessons when things go wrong

- The provider learnt lessons following incidents.
- Staff clearly recorded any incidents that had occurred. The management team then investigated each incident to learn lessons. Each record had a clear description of the incident, actions taken at the time and following investigation and lessons learnt.
- A staff member told us how following a medicines error, the medicines records were now highlighted in different colours for different times. This simple change had reduced errors of medicines given at the wrong time.

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, and choices were met in line with national guidance and best practice, including registering the right support. They had care plans in place which promoted their independence, choice and inclusion. People's protected characteristics were considered so that they were safeguarded from discrimination.
- We saw care records were regularly reviewed and people and their relatives were involved in the assessment and review process. One relative told us, "When we started, we had a meeting with the managers and were able to talk about our expectations, what we would like and what [name] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had relevant training, skills and experience to care for them.
- We saw staff had a good understanding of people's complex needs and were able to support them safely. A relative told us, "The staff have all been trained in what to do in case of an emergency."
- Some relatives were involved in the training provision to staff. The relative told us, "Myself and [name's relative] did a lot of training for the staff on [name's] conditions and how to support them best. It has been a really positive input from the service and has really reassured us."
- Staff told us they had received wide and specialised training which enabled them to care for people effectively. A staff member told us, "We have lots of training here including additional training for health conditions and people. It means I feel comfortable with any of the people despite the variation in their complex needs."
- All staff completed a comprehensive induction, which included supervised work, training and competency assessments. Staff then had regular supervision and appraisals with the registered manager to further discuss wellbeing, development and areas for improvement.

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

- People were supported to maintain a balanced diet and their independence was maintained when choosing or making their meals.
- One person told us one of their goals was to eat healthily. They had been supported in learning about a healthy diet and exercise. We saw at inspection; this person was asked what they would like to make for dinner and supported to choose a healthy meal.
- The provider ensured any cultural or health needs were shared amongst staff. We saw clear documentation and reminders about people with nut allergies and people who required a Halal meal.
- Staff understood how to support people with complex needs who required long-term artificial feeding. We saw there was clear documentation on each person's feed regime. A relative told us, "The staff encourage

[name] to eat orally throughout the day as it promotes social skills and helps swallowing. They understand the importance of this alongside their artificial feed."

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

- People had positive outcomes for their health and wellbeing as staff worked collaboratively with external health and social care professionals.
- Care records had detailed guidance and information regarding referrals to health care professionals including physiotherapists, dieticians and specialist learning disability teams.
- A relative told us, "[Name] had been struggling with a reaction to their feed. The staff asked if they could speak with the dietician about doing this manually. They did, and it has resulted in a positive outcome."
- People were supported by staff when transitioning from other services and for any hospital admissions. One relative told us, "The transition went very well. The staff listened and took the advice from the health professionals when making the bespoke adaptations to the house and for [name's] care plan."

Adapting service, design and decoration to meet people's needs

- People were supported in an environment suitable for their needs and which promoted independence.
- We observed the premises to be homely and had pictures of people and staff on the walls. A relative told us, "[Name's] room has sensory equipment which is really good for them."
- People were supported to decorate their own bedrooms to meet their personal tastes. One person showed us their bedroom and told us they were happy to have been able to choose the decorations.
- The building had been adapted to include a lift, making all areas accessible to people. There was specialist equipment available for people to use, including an adapted bath, hoists and supportive technology.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were involved in decisions about their care and staff gained consent to care.
- At the time of our inspection, there was nobody with an authorised DoLS. We saw appropriate referrals had been made where a DoLS needed to be considered.
- When people did not have the capacity to consent to some decisions, we saw clear and appropriate assessments had taken place. Care records clearly guided staff on how the person's needs should be met.
- Staff demonstrated a good understanding of mental capacity. One staff member told us, "People are able to make choices and my job is to ensure safe decisions. I always offer a visible choice for [name] so their choices are always respected."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff.
- We saw people had meaningful relationships with staff. Communal areas were full of laughter and people and staff were dancing together to their favourite music. Staff were not task focused and concentrated on the person they supported.
- People and their relatives spoke highly of the staff who supported them. One person told us, "I enjoy living here. I love all the staff." A relative told us, "The support from the staff has been absolutely wonderful." Another relative told us, "The staff really support us as a family and not just [name]." Another relative told us, "The whole team are like our family."
- Staff told us they had time to get to know people well and relatives confirmed this.

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

- Staff supported people to be involved in their care.
- We saw staff encouraged people to plan their meals and activities on the day of the inspection. A relative told us, "The staff treat [name] like a human being."
- Staff told us they respected people as individuals. For example, when speaking about an upcoming holiday, this was focussed on what the person wanted and not just their family.
- One person had been supported to access an advocate to help support their independence.
- People were involved in the recruitment of their key worker. One person told us how they were supported to write and ask interview questions when their key worker was recruited. This meant they were supported by staff they had shared interests with.
- Staff regularly spoke with people about their aspirations and dreams. One person had recently been supported to book a helicopter trip, one of their life's ambitions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and supported to be as independent as possible.
- We saw staff responded promptly to any discomfort and understood people's needs. Staff were observed to be discreet when supporting people when they became anxious or when they required personal care.
- Relatives told us they felt people were supported to be independent. One relative told us, "Staff respect that [name] likes to be supported to be independent and they really do." Another relative told us, "[Name] is always out and about and they have become a lot more confident and independent because of it."
- A staff member told us, "My main aim working with [name] is to promote their independence."
- Staff had clearly recorded people's protected characteristics in care plans and there was information on

people's identities. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc.

- Records were kept in a secure location.

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 and their relatives were involved in the development of their care.
- Relatives told us they were constantly invited to reviews of care records. These meetings included the person involved also. A relative told us, "The staff do everything they can to empower our daughter." Another relative told us, "We are very involved in care planning."
- Care records focussed on the person's whole life and included information about people's life histories, what was important to them and what they would like to achieve.

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 by staff who understood and supported their communication needs.
- We saw staff supporting people to communicate using 'best-yes' methods and assistive technology. For example, one person used a computer that picked up on their eye movements to be able to communicate.
- Relatives felt staff knew how best to communicate with people. A relative told us, "All the staff know how to communicate with [name] and they do it well."
- Care records clearly documented how staff could best communicate with people. Staff had received training in communication, which included the use of technology.

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 live full and active lives.
- On the day of the inspection, we saw people went out for the day with staff. One person was supported at a volunteer job and another person went into the local town.
- Each person had an 'independence book' which included pictures of what people had done over the last year. One person showed us their book and we saw they had been to a local zoo, horse-riding, armchair Pilates, a dance club and a charity day amongst other activities.
- One person completed the first-aid training alongside staff to gain skills for themselves.
- A relative told us, "They regularly take [name] to some salt baths quite far from here and its brilliant for their breathing and helps them relax."
- People were supported to maintain relationships important to them. For example, one person was

supported to go to a family member's graduation. People were supported to safely use social media as another way to keep in contact with friends and family. One person had been supported to write the Christmas play and then cook a Christmas meal for the families who attended.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and felt they would be listened to.
- A relative told us, "I feel comfortable with the managers and would be happy to go to them with any concerns or complaints." Another relative told us, "We definitely feel listened to."
- We saw a record of an informal complaint which had been investigated and followed up in an appropriate manner.

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- A member of the management team told us they do not currently support people with care at the end of their lives but if someone did require end of life support, they would initiate training to enable staff to do this.

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

- All staff shared the positive culture and vision to support people's health, wellbeing and independence. There was a clear statement of purpose which demonstrated the provider's aims to provide a person-centred and holistic approach through different regulated activities. A statement of purpose explains what a provider does, where they do it and who they do it for.
- We saw this vision was established within the service as people were put at the heart of the service.
- People, staff and relatives spoke highly of the management team. A relative told us, "I know both the managers well. I really cannot thank them all enough." Another relative told us, "I know the managers very well and I feel comfortable speaking with them." Another relative told us, "The managers and staff have really supported us to stay at home and live as a family." A staff member told us, "I think the managers are brilliant."
- The registered manager told us they were open to feedback and would always act on both good and bad comments. This behaviour was confirmed in comments from the staff. One staff member told us, "We are really well supported here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Staff had a clear understanding of their roles and responsibilities. The provider understood the importance of quality monitoring and how to use this information to drive improvement.
- We saw regular checks were made to identify and manage risks to the quality of the service. For example, the registered manager did spot checks and walkarounds, regular competency assessments for staff and regular audits of care records.
- The staff were committed to continuous improvement within the service. The management team used information from these audits and checks to drive improvement. For example, if a spot check had identified a knowledge gap, the registered manager had initiated further training and competency checks.
- A member of the management team told us, "We are closely linked to the house and have day to day oversight."
- The registered manager understood their responsibilities of registration with us and demonstrated a good understanding of the different regulated activities provided. They ensured we received notifications about important events so that we could check they had taken appropriate action.

- The registered manager understood their duty of candour responsibility. They spoke with people and their relatives about any incidents or concerns in an open and honest fashion.

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

- People using the service, their relatives and staff were regularly contacted to provide feedback on the service provided.
- Regular meetings were held for staff, people and relatives. We read minutes for each of these meetings which showed all people involved were able to raise questions or give feedback. The health and wellbeing of people was central to the agendas for each meeting. A staff member told us, "Meetings are a two-way conversation."
- Surveys were sent to people using the service to gain their feedback. These were in easy-read format to make them accessible to people. We read comments on one survey which read, 'I love coming here. All the staff are lovely. It is great that it is in my home village.'
- Surveys were also sent to staff and external health and social professionals to gain their feedback.
- The management told us how they regularly organised seasonal fairs and charity events for the public to attend. They explained how people using the service were involved by making drinks or running a stall if they wished.

Working in partnership with others

- The provider was transparent, open and collaborative with external agencies.
- The management team told us how they regularly communicated with external professionals with regards to people using the service and new packages of care.