

Care Moments Healthcare Ltd

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Inspection report

126 Ifield Road
Crawley
West Sussex
RH11 7BW

Date of inspection visit:
13 September 2021

Date of publication:
07 October 2021

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

Care Moments Healthcare Ltd is a domiciliary care agency. It provides personal care to adults living in their own homes, some of whom were living with conditions such as general frailty and neurological conditions. CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were four people who received personal care.

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

People told us they felt safe, they felt supported by staff that knew them and understood their health and wellbeing needs. One person told us, "I feel safe with them, they are well trained and know what they are doing. [Staff] is like a friend to me, they chat away about all sorts, it makes me feel very comfortable and safe in their hands."

People were protected from the risk of harm and abuse. Staff received safeguarding training and their knowledge on the subject reflected up to date guidance. Staff and people felt comfortable to approach the registered manager with any concerns or worries.

People were cared for by staff who were trained appropriately for their roles. Staff received supervision and felt supported by the registered manager.

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 confirmed they contributed to planning their care and support, changes could be made to suit them. Staff empowered people to be in charge of their day to day routines and told us, "I treat them as individual and all the time I give them the care they want to have, I don't do it as I would like it but exactly as they want."

People were cared for by consistent, kind and respectful staff who gained consent before any support was given. One staff member told us, "We have family values here, we treat people like we want to be treated, no one is disrespected, and everyone is valued." One person told us, "I see the same staff, I get on with them really well, I usually have [staff], the registered manager brought them to meet me when they first started."

People were encouraged to give their views and feedback on the service, this included complaints. The service had not received any complaints, however, the registered manager advised they would be used as a learning and development opportunity.

The registered manager had a good oversight of the service, they completed regular checks to ensure

people were satisfied with the quality of care. People spoke highly of the registered manager, comments included, "I have nothing bad to say about them, they are fantastic. I haven't used an agency for a while, I have past experience and know what a good agency looks like." And, "They're brilliant, they're a god send."

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 12 March 2021 and this is the first inspection.

Why we inspected

This is the first inspection for this newly registered service.

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.

Care Moments 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. 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 undertaken by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 September 2021 and ended on 14 September 2021. We visited the office location on 13 September 2021.

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 used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 harm or abuse. Staff received safeguarding training and had read the provider's policies as part of their induction.
- The registered manager understood their responsibility to report safeguarding concerns in line with the local authorities safeguarding guidance. Processes were in place to ensure staff knew how to raise any concerns they might have.
- Staff understood the types of abuse and how to recognise signs. Staff were confident the registered manager would take concerns seriously.
- When asked, people confirmed they were comfortable to speak up if they had concerns. People told us, "I could speak to the manager if I had problems." And "If I had any problems, I would speak to [registered manager]. They're lovely."
- People had access to easy read flow charts to help them recognise and raise safeguarding concerns. These were in people's files in their homes and were accompanied with the local authority and CQC's contact details.

Assessing risk, safety monitoring and management

- Risks were assessed and managed safely.
- Staff were made aware of any risks to people and told us they had read care plans and associated risk assessments. One staff member told us, "We work accordingly to the care plan, the risk assessments are in there too."
- Risks were assessed in relation to health needs, care plans were developed to guide staff on how to support people. For example, people had detailed care plans and risk assessments in place for catheter care. Care plans contained information which included catheter care instructions, signs to watch out for that would indicate a concern, and guidance to ensure staff sought appropriate medical advice in a timely way.
- Environmental risks assessments and checks were completed. The registered manager had considered risks to people and staff. This included risks inside and outside of the person's home, for example, street lighting. A lone working policy set out safety measures for staff to follow. These processes ensured risks to people and staff were mitigated.

Staffing and recruitment

- There were enough staff to support people safely; People told us staff were always on time and had never missed a visit. One person told us, "They haven't missed any visits, the registered manager would come if needed."
- Staffing levels were determined by the number of people using the service and their needs. The registered

manager told us they matched staff with people's interests and preferences. This ensured people were comfortable with the support they were receiving. There was a gender mix within the staff team so people's needs could be met if they had a preference.

- Staff had enough time to support people, one staff member told us, "I like that we have plenty of time with the visits, it gives us a chance to really get to know the person and for them to get to know us. I can make sure the quality of my care is the best and there is no need to hurry." People told us they were not rushed, one person said, "I don't feel rushed, we have loads of time but they have a nice little routine, this suits me fine."
- Staff were recruited safely. Records showed applications forms were completed, employment histories and gaps in employment were explored. Appropriate checks such as references and Disclosure and Barring Service (police checks) were obtained prior to employment.

Using medicines safely

- At the time of inspection, the service was not supporting anyone with medicine administration. The registered manager had ensured all staff were trained in medicine administration in readiness. The registered manager had plans to undertake competency assessments once staff had begun administering medicines.
- The service has a detailed medicine policy in place.

Preventing and controlling infection

- Infection prevention and control policies kept people safe and were updated to reflect the latest guidance for the COVID-19 pandemic.
- COVID-19 testing was carried out in accordance with government guidance, the registered manager confirmed staff underwent a regular testing regime.
- The registered manager had ensured staff understood appropriate use of personal protective equipment (PPE). The registered manager had assessed the competency of staff in relation to the correct wearing of PPE; how to safely put PPE on, take it off and dispose of it.
- Staff had received training in infection prevention and control. The registered manager had assessed the competency of staff in relation to hand hygiene.
- Staff told us they had been kept well informed of changes to guidance and felt well supported by the registered manager.

Learning lessons when things go wrong

- At the time of inspection, there had been no adverse events to learn from. The registered manager gave examples of where future lessons would be learned. For example, if a person experienced persistent falls, a review of care and the environment would be completed along with referrals to professionals.
- The registered manager kept a log of infections amongst people, this was in its infancy, the registered manager described how learning would be taken forward. For example, if a person had reoccurring infections, staff would encourage the person to drink more and contact professionals for advice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as age, ethnicity and religion. People were assessed for all aspects of their health and support requirements to ensure their needs could be met. The registered manager described how they tried to match the person with staff. For example, if a person has strong religious beliefs, they would try to match the person with staff of the same beliefs. This ensured people received person centred support.
- Initial assessments were completed by the registered manager, people and their relatives contributed to the assessment process. One person told us, "There was a meeting before the service started, my family was involved. A plan was all sorted out, we talked about what time I wanted help and how much help I wanted." A relative told us, "[Registered manager] came to the house and completed the assessment, they asked all sorts of information like what [name] likes, doesn't like, back ground, religious needs, dos and don'ts and of course what care [name] needs, it was all very thorough." This ensured people's personal wishes and preferences were taken into consideration when planning their care.

Staff support: induction, training, skills and experience

- Staff were supported in their roles by the registered manager. Staff told us the registered manager was approachable, one staff said, "[Registered manager] is really lovely, they are very keen for us to learn and when we don't understand something they take the time to explain, they don't just tell us to do something, they will tell us why."
- The registered manager undertook spot checks and discussed their findings with staff at a formal supervision. The registered manager told us learning opportunities were further discussed at supervision. One staff member told us, "If I wanted extra training, I'd be given it, like if there was a client with a condition I didn't know about, I would get that extra training."
- Staff received training relevant to their role. The registered manager had undertaken train the trainer courses so they could cascade their knowledge to staff as required. For example, the registered manager trained staff in catheter care and was able to assess their competency.
- New staff completed an induction programme and were undertaking the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector. New staff would attend visits with the registered manager to receive training until they were assessed competent to work alone.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support to maintain a balanced diet. Where appropriate, people had risk assessments to

consider their risk of choking and measures in place to minimise this. Where appropriate, referrals to the speech and language therapist (SaLT) team had been discussed with people and their GPs.

- Staff supported people to access healthcare agencies when needed. Staff worked with agencies to provide good outcomes for people. For example, a person had a pressure wound before receiving support from the service, the registered manager contacted district nurses, and creams and equipment were supplied which promoted healing of the wound.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Staff were trained in the principles of the MCA and understood the importance of gaining consent from people. One staff member told us, "We learned about the MCA, we assume someone has capacity unless proved otherwise. If someone is making an unwise decision, don't assume they lack capacity."
- Staff described the importance of obtaining people's agreement before they support them. One staff member told us, "When helping I communicate all the time and get their consent." People confirmed staff frequently asked for consent when helping them. One person told us, "They always ask for consent and permission, I try to do a lot of things myself and they are happy to let me, even if I take my time."
- We saw records people were involved in decisions relating to their care and consent forms were signed off where appropriate.

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

- Staff respected people's diversity and treated people as equals. The registered manager told us they were confident staff were working within these principles by feedback received from people.
- People's care plans were developed around their needs and preferences, taking equality and diversity into consideration. One person told us, "I was offered male or female carers to come, I said I don't mind as long as they know what they are doing; and they do." Another told us, "I had a preference for a lady to help me, this was not a problem for them."
- Staff displayed enthusiasm for care. One staff member told us, "It doesn't feel like work when you can make someone's day better."
- All staff had access to the service's equality and diversity policy and received appropriate training.

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

- People were enabled to express their wishes and make decisions about the care they received. The registered manager visited people at home to gather feedback and ensure the support was appropriate. One person told us, "They wanted to know so much but it's good, they wrote my care plan based on it. We went through the care plan and I confirmed I was happy with it. [Registered manager] said I can make changes if I want to."
- Staff empowered people to make choices and respected their decisions, one staff described how they would adjust their visit to suit the person. They told us, "I ask people what they want. We have the care plan and should go off that, but if people want to change their routines a bit I will be as flexible as I can." One person told us, "I have my favourite clothes and [staff] gives me choices on what I want to wear."
- People were fully involved in their care and support. People's care plans were reviewed by the individual and registered manager when needed; this gave people an opportunity to make changes where required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by kind and caring staff. People were complimentary of the staff and told us, "They treat me with a lot of dignity, they encourage me to do as much as possible when I'm in the shower. I am given choices they ask me what I want to wear. They are very good. They treat my home with respect, they tidy up after themselves. They are also lovely to my family."
- Staff promoted people's independence and described how people's independence was upheld. One staff member told us, "Being looked after by somebody can be difficult, I make sure they are comfortable and do things with them."
- Staff received training in privacy and dignity, the registered manager sought feedback from people to ensure they were happy with the staff performance.

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 were treated as an individual and care was personalised to their preferences and wishes. People were in control of their support and told us everything had been planned with their involvement. One person told us, "I am happy with my plan of care, the staff are very good."
- People told us they were fully involved in decisions, one person said, "I have no concerns, I feel safe in their company as they are knowledgeable and seem to actually take notice."
- People were encouraged to make decisions that would enhance their physical and emotional well-being. For example, times of visits to suit them and specific routines. The registered manager ensured personalised care with a relaxed approach. They told us, "We want to remain flexible. We try to accommodate people's needs."

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 service had considered people's communication needs and had various methods to enable people to express their needs. The registered manager advised all documentation could be produced in large print and an easy read format if required. Where people needed assistance with hearing or sight, this was clearly documented.
- Care plans guided staff if people had communication needs, for example, if staff were needed to write information down for a person or speak clearly and face to face to be understood. Where people used assistive technology to help them communicate; staff were aware of this.

Improving care quality in response to complaints or concerns

- The registered manager actively encouraged people to give their feedback on the service to include complaints. People and their relatives confirmed they would be comfortable to approach the registered manager to raise a complaint or make suggestions. One person told us, "I haven't complained, I have had nothing to grumble about. I suppose I would go to the manager; I think anyone there would take a complaint seriously, they would deal with it swiftly." A relative told us, "[Registered manager is open to any suggestions, I have not had to raise any complaints but would be confident to. If we were unhappy, we would say something."
- The service had not received any complaints. The registered manager described what actions would be taken to investigate and respond to complaints. They advised they would look for trends or patterns of any

complaints received.

- People had access to the complaints procedure in their files which were located in their homes. The procedure detailed timescales of responses and who to refer to if they were not satisfied with the outcome.

End of life care and support

- The service was not supporting anyone at the end of life stages at the time of inspection. The registered manager told us end of life wishes would be explored an appropriate time, for example, if a person's health were to deteriorate. This would be done sensitively with the person and/or their families.
- The registered manager advised end of life support was an area for the service to develop in, they were looking into training for staff members and spoke of their previous experience of supporting people at this stage of their lives.

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

- The service promoted a positive and inclusive culture for people. People were given choices and asked for their opinions. The registered manager told us the motto of the service was 'It's never without you' this was emphasised by the positive feedback from people and staff. One staff member told us, "It basically means everything is done with the client's input. I demonstrate that daily by checking for consent, checking they are happy with what I am doing and whether they want to make changes."
- Relatives were encouraged to voice opinions about the service. The registered manager carried out quality assurance checks and spoke with relatives for their direct feedback. One relative told us, "[Registered manager] will respond to anything, they do a lot of the checks and makes sure everything is ok with [name's] care and documents, that kind of thing."
- The registered manager engaged with people, their relatives and staff. They showed appreciation for staff and told us, "Listening to the carers is important, the knowledge they have is great, they are starting to become very passionate. The years I have spent caring, I want to pass my skills knowledge and experience to younger people. We have started well; I have a good team which I have built. I've created a strong culture for people to join."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their responsibilities under the duty of candour. They described their responsibility to be transparent and honest with people if something were to go wrong and provide an apology. They told us, "We are not supposed to hide anything. If something was to go wrong, we would apologise first and foremost."

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

- The registered manager had a good oversight of the service and carried out regular checks on the service's performance. The registered manager designed tools to audit the quality of the service provided which included field observation forms and quality of service questionnaires. Findings of the audits had been positive, the registered manager told us they would deal with any issues by staff supervision.
- Staff understood their roles within the service, they confirmed regular contact with the registered manager. One staff member told us, "I am very happy at the moment, I don't want to change anything. When

you have a manager where you get in touch and things are solved why change it?"

- The registered manager had a good understanding of their responsibility to notify CQC of events within the service and gave scenarios of when this would apply.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a clear vision for the service. They described plans to upskill staff to become team leaders, and had a clear development pathway to enable staff to achieve this. The registered manager was keen to increase their knowledge and had enrolled on a leadership course.
- The registered manager advised, as the service grows, they did not want to lose the integrity and ethos of the service. They told us, "I want to run a service which will care with passion and uphold the passion of care, seeing the company growing, I'm finding it very rewarding. Carers are committed and this rewards me, they are inspired by me too."
- The service worked in partnership with healthcare professionals including district nurses and GPs. The registered manager described where other professional involvement would be sought in response to people's changes in needs.
- The registered manager networked with other managers to share ideas and best practice. They held a membership with the United Kingdom Home Care Association (UKHCA) and was signed up to receive regular updates from other agencies such as, the local authority, Skills for Care and CQC.