

High Standard Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of inspection, one person was using the service and had received care for a short period. Because of this we were unable to gather enough evidence to make a judgment and award a rating against the five key questions, 'Is the service safe?', 'Is the service effective?', 'Is the service caring?', 'Is the service responsive?' and 'Is the service well-led?'. Therefore, we were unable to provide an overall rating for the service.

### People's experience of using this service

People told us they were happy with the service. Staff met the needs of people using the service. Staff knew how to identify and report abuse.

Risks were assessed and managed. Staff had guidance on how to support people safely. Recruitment checks were undertaken to ensure staff were safe to work with people. We signposted the provider to safer recruitment practices. Staff followed infection control guidance when providing care.

People were supported to eat and drink healthily. Staff received training and supervision to support them in their roles.

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.

Staff were kind and caring. The person received support from regular care staff. Staff respected people's privacy and dignity.

Care records detailed how people preferred to receive support. Staff knew how to support people to be independent where they were able to be. A complaints procedure was in place and shared with people using the service.

Staff felt supported in their roles. The registered manager responded to people's needs as they arose. Quality assurance systems were in place.

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

### Rating at last inspection:

This service was registered with us on 11/02/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?**

Inspected but not rated

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

Inspected but not rated

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service caring?**

Inspected but not rated

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service responsive?**

Inspected but not rated

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

Inspected but not rated

Details are in our safe findings below.

**Inspected but not rated**

# High Standard Care Limited

## 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 carried out by one inspector.

#### Service and service type

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

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was on leave. We reviewed the

care records for the one person using the service and two staff files. We also looked at a range of other documents in relation to the management of the service, including quality assurance documents.

#### After the inspection

We spoke with a relative of the person using the service to seek their views and experiences of the care provided and two support workers.

#### 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.

# 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 was inspected but not rated. Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The person using the service and their relative felt safe by the care provided.
- Staff had access to a safeguarding policy which provided them with guidance on how to support people safely.
- Staff received safeguarding adults training and knew how to identify and report abuse.
- Since registering with CQC there had not been any safeguarding concerns raised.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. A relative told us staff knew of things that were of potential risk to the person using the service.
- Risk assessments were carried out on the person's ability to manage their medicines, manual handling and the person's home environment. Staff had guidance which they followed to support the person safely. For example, staff ensured the person's environment was free of clutter and they had easy access to their mobility aids.

Staffing and recruitment

- People received the care they required. There were enough staff available to support people's needs. The person received support from a team of regular staff who they said were punctual and knew the level of support they required.
- Staff underwent safe recruitment practices before they started providing care at the service.

Using medicines safely

- The person did not require support to take their medicines. Staff were trained to support people manage their medicines safely. The provider had a medicines policy in place which provided staff with guidance on how to safely manage medicines. Care records showed the family was responsible for supporting the person to manage their medicines.

Preventing and controlling infection

- People received care in a way that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about IPC including COVID-19 and were able to describe how they were currently minimising the spread of infection. Staff used Personal Protective Equipment (PPE) effectively, for example, they wore aprons and gloves when preparing food or carrying out personal care. Staff told us they washed their hands before and after providing personal care.

- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.

#### Learning lessons when things go wrong

- Staff understood the provider's policy and procedures on reporting and recording accidents and incidents. There had not been any accident or incidents since the service registered with CQC.



# 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 was inspected but not rated. Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were met. Assessments were carried out on people's needs before they started to use the service. People and their relatives where appropriate were involved in the assessments. The registered manager carried out regular reviews and updates of the support the person required. Care plans showed the level of support they required.
- Staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received the care appropriate to their needs because staff were supported to undertake their roles. Staff had completed an induction and attended the provider's mandatory training before they could provide care.
- Staff received regular supervision to discuss their performance and any support they may require.
- At the time of this inspection, staff had not yet had an annual appraisal of their performance as they had not been in post for twelve months.
- Training records confirmed staff were trained in safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling.

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

- People were supported with their nutrition and hydration needs. Staff encouraged people to eat and drink sufficiently and healthily, for example by including fresh food, vegetables and fruit in their diets.
- People's care records indicated their preferences for food and drink and the support they required with eating and drinking such as to prepare or warm meals. Staff provided appropriate support which ensured they met the person's eating and drinking needs.

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

- People were supported to access healthcare services and to maintain good health. For example, staff informed the person's relatives if they had concerns about their health. People and their relatives were responsible for booking and attending health care appointments. However, where needed staff provided the required level of support such as escorting them to GP's appointment.
- Staff worked closely with the person and their relatives to review their needs. This ensured people received effective support appropriate to their care needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received care in a manner that respected their human rights.
- Staff provided care in line with the principles of MCA and sought the person's consent before providing care. They had attended training to ensure they understood how to provide care in a way that promoted people's rights. Staff had access to the provider's MCA policy which helped to inform the way they provided care.
- Care plans showed what decisions people could make for themselves and where they may require more support, for example to make decisions about their personal care and medicines.

# 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 was inspected but not rated. Ensuring people are well treated and supported; respecting equality and diversity

- The person was supported in a kind, respectful and compassionate manner. Their relative told us that staff were "kind" and "caring".
- People received support from a consistent team which enabled them to develop positive caring relationships. Care records showed a person's life history to help staff understand what mattered to the person and how they wished their care delivered. People's cultural and spiritual needs and wishes were recorded, and staff took account of these when delivering care. Staff understood the person's cultural and diverse needs and supported them in a caring way without discrimination.

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

- People were enabled to make their views known about the support they wished to receive. The person and their relative were involved in making decisions about the care and support needs. They told us the registered manager gave them opportunities to share their views about their care and discuss choices about their daily routines and care delivery.
- Records confirmed people were involved in planning their care and developing their support plans.
- Staff delivered care and support to people as planned in line with their preferences and any changes requested.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy respected. Staff knew how to provide care in a manner that maintained the person's privacy and dignity. Staff told us, "I close doors in the bathroom or bedroom when we are providing personal care" and "I cover a person with a towel after a shower and do not leave them exposed for long periods". People told us staff provided their care and support with respect.
- People were encouraged and supported to carry out tasks for themselves so they could remain as independent as possible. Care plans had information about what people were able to do independently such as combing their hair. This ensured staff supported people in ways that promoted developing or maintaining existing skills.
- People's records were kept secure and confidential. Staff understood their responsibility to maintain confidentiality and told us they shared information on a need to know basis.

# 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 was inspected but not rated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that met their needs. Care plans contained information about the person's needs, preferences and how they wished their support to be provided.
- Staff had built positive relationships with the person and knew how to support them.
- People's needs were reviewed regularly, and their care plans updated to reflect changes in their needs and how they wanted staff to provide care to them.
- Staff told us the registered manager communicated with them regularly about any changes to the person's needs and the support they required.

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's communication needs were assessed and met. Care records contained persons' communication preferences and information for staff on how to communicate effectively with them.
- People were provided with information about their care in a manner they understood in line with AIS. Records showed staff communicated with people well and understood how they wished their care to be provided.

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 maintain contact with those that mattered to them to ensure their social contact and wellbeing needs were met. Staff worked closely with the person's relative who encouraged them to engage in various activities for stimulation.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. The provider had a complaints policy and procedure which detailed on how to make a complaint and what people could expect in response. The relative told us if they were unhappy they would report their concerns to the registered manager, but they currently did not have anything to complain about.
- The service had not received any complaint since they registered with CQC. The nominated individual told us they would follow their complaints policy to ensure people's concerns were investigated and addressed.

# 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 was inspected but not rated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider showed a willingness to provide person-centred care which was inclusive to ensure people's needs and preferences were met.
- The person and their relative made positive comments about the management of the service and the care they received.
- The provider shared their vision with staff which included providing high standards of care, communicating effectively, respecting people's privacy and dignity and promoting choice and independence.
- Staff were happy with the support they received in their roles. Staff felt able to approach the registered manager with any concerns and said they were listened to.

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; Continuous learning and improving care

- The provider was aware of their responsibility to be open and honest with people using the service when things went wrong. People said the registered manager showed a willingness to discuss any issues that affected care delivery.
- Staff told us the registered manager encouraged them to be open and honest when they did not provide care to the standard people and their relatives expected. Staff understood that being open about incidents helped the provider to take actions to improve their practice and to ensure continuous learning took place.

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

- The provider understood their obligation to notify the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities. Since the service's registration with the CQC, there had not been any significant events that required the service to notify CQC.
- There were systems in place to assess and monitor the quality of the service. The provider had a schedule to ensure they undertook regular audits on the quality of care provided on various aspects such as care planning, medicines management, records keeping and staff training.
- The provider had regular catch up calls with staff on issues affecting the service and the care they provided to people using the service.
- The provider reviewed organisational policies and procedures and updated these when required. For example, expanding the infection policy procedure in line with the COVID-19 pandemic to ensure staff had sufficient guidance to meet regulatory functions.

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

- People who used the service and their relatives were involved in how the service was run. A relative told us, "[Registered manager] phones now and again to find out how things are. I am happy with the updates."
- People and their relatives were provided with opportunities to provide feedback about the support they received and the management of the service through regular telephone calls they had with the registered manager and their daily interaction with staff.
- Records confirmed the discussions that took place to gather people's views about the support they received and if they needed any changes such as being flexible to times they received care.

Working in partnership with others

- The provider had systems in place to ensure effective partnership working with the local authority and health and social care professionals. The provider had links with other agencies around the local community which they worked with closely such as GPs and pharmacies which enabled people to receive services appropriate for their health needs.