

Care @ Home Newbury Limited

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Inspection report

Suite 18, Wyvols Court
Basingstoke Road, Swallowfield
Reading
Berkshire
RG7 1WY

Tel: 08000148729

Website: www.careathomenewbury.co.uk

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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

Care @ Home Newbury Limited is a home care service providing personal care to people in their own homes. At the time of our inspection there were 13 people receiving personal care services.

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

People received care and support that was safe. The provider had arrangements in place to protect people from risks, including the risk of abuse or avoidable harm. There were effective recruitment processes in place to make sure staff employed were suitable to work with people in their homes. Systems were in place to promote safety around medicines and infection control.

People received care and support that was effective and based on thorough and detailed assessments and care plans. Staff had support and training to deliver care according to people's needs. The provider worked with other agencies to deliver consistent and effective care. 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 had caring and kind relationships with their care workers and the registered manager. The provider worked to respect and promote people's privacy, dignity and independence by encouraging people to be involved in their care.

People received care and support which met their needs and reflected their preferences. The provider complied with best practice guidance with respect to people's communication needs.

The service was well led. There was a focus on meeting people's individual needs, respecting their choices and preferences, and effective and frequent communication. This was supported by a management system appropriate for the size of the organisation.

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

Rating at last inspection

The last rating for this service was good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care @ Home Newbury 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

One inspector carried out this inspection with an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 CQC. 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 a short period 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 8 August 2019 and ended on 15 October 2019. We visited the office location on 15 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with six people who used the service or relatives about their experience of the care provided. We spoke with the registered manager and the provider. We reviewed a range of records. These included three sets of care records, two staff files and other records relating to the management of the service. These included service questionnaires, complaints and compliments.

After the inspection

We spoke with two staff members after our visit to the provider's office.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place which protected people from the risk of abuse or avoidable harm. The registered manager and staff were aware of their responsibility to protect people. Training was in place to inform staff about the types of abuse, and signs to look out for. Staff were confident if they had to raise a concern it would be dealt with properly.
- People using the service felt safe. Everybody we spoke with told us they were very confident people received care and support in a safe way. They told us suitable arrangements were in place for the provider's staff to gain access to their homes in a secure way.

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. These included risks associated with falls and swallowing risks associated with people's individual medical conditions. The provider developed individual care plans to manage risks, and staff were happy they had the necessary information to reduce and manage risks.
- The provider had risk identification and assessment processes in place to manage risks associated with supporting people in their own homes. These covered risks arising from the use of certain cleaning materials, and electrical and gas appliances. The provider's risk assessments included the provision of smoke detectors, fire extinguishers and other emergency arrangements.

Staffing and recruitment

- There were sufficient staff to support people safely. People and their relatives told us they had their care calls as scheduled and they were happy with the service provided. Both the provider and the registered manager were qualified and available to cover staff absence if required. The registered manager told us they only took on new care packages once they had sufficient staff to meet the rota requirements.
- There was a robust recruitment process in place. The provider made the necessary checks that applicants were suitable to work in the care sector and kept the records of checks as required by regulations. The registered manager signed staff off as competent to work alone at the end of their induction period. People could be confident staff were suitable to work in the care sector.

Using medicines safely

- The provider supported people to take medicines as prescribed and in line with their preferences. Staff received training in medicines and had their competence checked by the registered manager. Arrangements were in place to make sure there were good communications with people's families where they shared responsibility for administering "as needed" medicines, such as pain relief.
- Accurate records were kept of medicines administered. These were checked by senior staff who made sure

that paper and computer records were in agreement. Records showed there had been no recent medicines errors detected.

Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection. The provider made personal protective equipment such as disposable gloves and aprons available. This was confirmed by people who used the service and their relative. The provider used spot checks to assure high standards of hygiene.

Learning lessons when things go wrong

- The provider had processes and procedures in place to analyse records of accidents or incidents. Staff were aware of their responsibility to make such records. However, there had been no recent records of adverse events at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 care and support were based on individual assessments and care plans which were detailed and comprehensive. Care plans were reviewed regularly with input from other professionals, such as occupational therapists. People's care and support were reviewed in line with people's changing needs.
- People's care was based on current guidance and led to good outcomes for them. Records of service questionnaires showed that people were consistently happy with the care and support they received. Comments included, "I am quite happy with the service," and, "No concerns, 100% happy."

Staff support: induction, training, skills and experience

- The provider had processes in place to make sure staff had the necessary skills and support. Staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. Computer-based training was supplemented by focused training on people's conditions such as dementia and Parkinson's disease.
- There were processes in place to make sure training had been effective. The registered manager accompanied new staff to introduce them to the person they would be supporting, and to confirm they were competent to work alone. This was followed up by a system of spot checks and supervisions. The registered manager coached staff, for instance in catheter care and in supporting people who used feeding tubes to take in food and liquids.

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

- At the time of our inspection responsibilities in this area were limited to preparing food purchased by people or their families. Staff made sure people had regular meals and ate suitable amounts to keep healthy. The provider made sure staff were aware of people who were at risk of not eating enough, for instance because they were living with dementia.

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

- The provider worked with other professionals to deliver effective care. They had worked with an occupational therapist to make sure staff were aware of good practice when supporting people to change position using equipment such as hoists. They had worked with community nurses to develop a care plan for a person who was at risk of pressure injuries.

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

- The provider supported people to live healthier lives and access other services. The provider supported people to access healthcare services, such as their GP. Where required, staff called paramedics, and worked

with pharmacies to make sure people had their medicines available. Staff made sure people had staple diet items available, such as fresh milk.

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.

- The registered manager and staff were aware of their responsibilities to seek consent and to take account of the principles of the Mental Capacity Act 2005. However, at the time of our inspection none of the people supported had been assessed as lacking capacity.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us they had good relationships with the registered managers and staff. One person's relative said, "This is the best (care agency) he has had." Other people told us how they "had a laugh" with their care workers, "passed the time of day", and talked about subjects of interest, such as cricket. There was a focus on making sure people got to know their care workers and had the opportunity to develop caring relationships with them. Staff went above expectations at times, for instance when a staff member met a person they supported on their day off, they realised they were "a bit wobbly". They called a taxi for the person to get home, and called in later that day to check they were all right.
- Where people had a preference to be supported by a woman or a man, the provider respected this. The registered managers and staff were aware of equality and diversity issues. Nobody supported at the time of our inspection had protected characteristics as defined by the Equality Act 2010 which had to be respected in their care and support.

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

- The provider encouraged people to express their views and take part in decisions. Staff described to us how they engaged with people on a day to day basis. The registered manager had frequent contact with people and their families. People were involved in their own care planning. One person told us, "My memory is not so good. The carers help me out when I get a bit agitated about things."
- People's care records showed they were consulted about their care and support. Staff kept records of what was important to people, and when their needs or preferences changed, their care plans were updated.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's dignity as individuals. Care plans and assessments identified information about people's life history and interests to promote meaningful conversations and relationships with their care workers.
- People and their relatives told us the provider respected their independence and dignity. One person described how they were supported to be as independent as possible when showering. Other people told us they normally had the same care workers who knew how to treat them respectfully as individuals. Staff told us they asked other people to leave the room while they supported people with personal care.
- The provider respected people's privacy by making sure their personal information was kept confidential. They had individual agreements with people to keep their care records somewhere they would not be seen by visitors to people's homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. One person's family member told us, "What a remarkable service. They do what they are supposed to do." The provider supported people to maintain their family life by continuing to live at home. One person's records showed they had reduced their number of calls to the ambulance service since receiving support.
- The registered manager maintained close contact with people to make sure they had appropriate care that gave them choice and control. As well as undertaking care calls with staff, they contacted people and their families regularly and monitored care delivered via daily care notes and other records kept by staff.

Meeting people's communication needs

Since 2016 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 provider had developed communication care plans which conformed to the AIS. Where they supported a person who could no longer speak, staff knew how to interpret their body language and facial expressions, with help from their family where necessary. The care plan took into account the person's individual communication needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. There had been no recent complaints logged. People told us they were able to have concerns addressed by the registered manager without resorting to a formal complaint. One person's relative said, "A few weeks ago there was a mis-communication about [Name]'s care. They understood and resolved it."

End of life care and support

- At the time of our inspection the provider did not support anyone with end of life care. The registered manager was aware of relevant considerations to make sure people would be supported with dignity to be comfortable and pain-free in their final days.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The service was well led and promoted person-centred care. This was based on policies, processes and procedures which promoted compliance with relevant standards and legislation. The registered manager promoted this culture through regular communication, induction, supervision, and regular informal contact with staff. Staff told us they appreciated the regular contact.
- The service achieved good outcomes for people. The registered manager and staff discussed people's care plans with the person and their families. One person's family member said, "We have just had the supervisor who has gone through the detailed plan." Other people compared the service they received favourably with other providers they had experienced.

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 was aware of their responsibilities under the duty of candour. They managed the service in an open, transparent way with honest communication with people and their families.

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

- There was an effective management system in place, which was appropriate for the size of the service. The registered manager had a very personal style which staff appreciated. Direct and individual feedback meant staff were clear about their roles and how to deliver high quality care.
- There were effective quality monitoring and assessment processes in place, including quality surveys of staff and of people who used the service and their families. Records showed responses to these were favourable.
- There were effective risk management processes in place. The registered manager undertook thorough risk assessments before starting any package of care.

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

- Processes were in place to engage people, their families, and staff. In addition to regular formal and informal contact, the provider had put in place a social media page which people could use if they preferred. People told us the best things about the service included continuity of care workers and communication.

Continuous learning and improving care

- There was a focus on continuous improvement and learning. This was based on close knowledge of people's needs and communication with them and their families. Regular and frequent contact with people and their families led to continuous learning about their needs and preferences, and how these could best be met. The registered manager updated people's care plans to reflect this.

Working in partnership with others

- There were limited opportunities for partnership working as the provider was the only care agency engaged for people who used the service, and people had supportive families who worked with other healthcare agencies and professionals. There was a good relationship with the local authority.