

Transform Housing & Support

Transform Homecare North West Surrey - Domiciliary Care

Inspection report

Mitchison Court
Downside
Sunbury-on-Thames
TW16 6RX

Website: www.transformhousing.org.uk

Date of inspection visit:
10 December 2019
12 December 2019

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06 January 2020

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:

Transform Homecare North West Surrey is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in North West Surrey areas. This included older people, people with learning disabilities and mental health. At the time of our inspection, the service was supporting 39 people.

Not everyone who used the service received personal care. 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.

People's experience of using this service:

People received safe care and support from Transform Homecare North West Surrey. One person said, "Yes, I feel 100% safe with the carers." The registered manager and staff we spoke with knew what their responsibilities were in relation to keeping people safe from the risk of abuse.

Care plans contained detailed risk assessments. Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Robust recruitment processes were in place. This prevented unsuitable staff from working with vulnerable adults. People told us staff were reliable and consistent. Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People told us staff communicated well with them and they felt at ease with them. People were cared for by staff who treated them with kindness, dignity and respect. Staff were committed to providing person centred care and respected people's individual preferences.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010.

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 encouraged to raise any concerns they had or make suggestions to improve the service they received.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided. Staff told us there was an open culture where they were kept informed about any changes

to their role. Staff and people told us the registered manager was approachable and listened to their ideas and suggestions.

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

Rating at last inspection:

The last rating for this service was Good (published 7 November 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:

This was a planned comprehensive inspection.

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.

Transform Homecare North West Surrey - Domiciliary Care

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:

Transform Homecare North West Surrey is a domiciliary care agency which provides personal care and support for people 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 10 December 2019. We carried out telephone calls to people and their relatives on 12 December 2019.

What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse or when a person dies. 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 contacted healthcare professionals for feedback. We received feedback from a social care development co-ordinator. We took this information into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with three people who used the service, a relative, three care workers, a senior care worker, a supervisor, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, risk assessments, daily records and medicine records. We also looked at three staff files including their recruitment and supervision records. We reviewed records relating to the management of the service including; quality assurance records and a variety of policies and procedures implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data, staff meetings minutes and surveys completed by people and their relatives to share their views, which were sent to us in a timely manner.

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 since they moved premises. 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 told us they felt safe with the care staff. One person said, "Oh yes, I do feel safe in their care. I think they deliver high standard of care." Another said, "Yes, I feel 100% safe with the carers." A relative said, "X feels safe with the carers."
- The provider had safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about protecting vulnerable adults. Our training taught us that we have to protect people from abuse or harm."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is if I see something not right to report it to my line manager."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. There had been no safeguarding concerns since the service was registered.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. Risk assessments identified hazards, evaluated the risk and provided guidance for staff on the precautions to take. For example, one person had epilepsy, they had a detailed epilepsy risk assessment with guidance for staff to follow in their care plan. Another person with diabetes had detailed risk assessment, which staff confirmed they were aware of.
- Potential environmental risks and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified in initial assessments and controlled.
- There had been detailed records of incidents such as near misses and falls in people's homes. The registered manager had kept records of these and lessons were learnt from them. For example, one person had a fall and following the fall the registered manager carried out a reassessment of the person's needs. They implemented additional staff to support the person, which enabled staff to meet their needs safely. The registered manager also requested adaptations and equipment from the local authority to support the person.
- Policies and systems were in place to ensure that incidents were recorded actioned including late or missed calls. The registered manager told us that these were analysed monthly.

Staffing and recruitment

- People told us they had consistent staff providing their care and support. One person said, "I have a regular care staff and I like it."
- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- People and staff had access to an out of hours on call system manned by the supervisors and the registered manager.
- Staff were recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

Using medicines safely

- Staff had received medicines training. Yearly medicine administration competency checks were carried out.
- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

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 since they moved premises. 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

- The registered manager carried out an initial assessment with people before they started providing care and support. People were fully involved in the assessment process. A relative said, "I am involved in the care daily. I have met all the managers. They are all very helpful."
- Records showed initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Information gathered at the assessment stage was used to develop people's individual care plans. One person said, "The manager visited us and spoke to us about what we needed as we have had bad experience before. What we said we wanted is what we are getting now. I must say Transform Homecare had totally transformed our life."

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

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary.
- Staff told us that if they felt concerned about people's health, they would contact the relevant healthcare professional. A member of staff said, "As an example, if I found someone had a fall, I will check the person if they are hurt or injured and call 999 or paramedics."
- Care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in care plans.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements. For example, one person with diabetes had guidance developed for staff about what they should eat and should not eat.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.

Staff support: induction, training, skills and experience

- Staff told us they received good support from the registered manager. A member of staff said, "Since I started, it has been good compared to where I worked before. I first thought I was not going to be able to do this job but now I feel at home doing the job. Management and colleagues have been good."
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had supervision meetings every two months with the registered manager. A member of staff said, "I am having regular supervision. Management listens during supervisions and act on it."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. For example, administering medicines. New staff worked alongside other experienced staff. A member of staff said, "I did my e-learning, classroom training, shadowing and I did double ups calls to gain more independence before going out on my own. I had my probation meeting too."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. Records showed that the induction provided was in line with the 'Care Certificate'. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager and staff had MCA and DoLS training. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed. For example, a best interest meeting was held because one person was unable to consent to the care being provided. The process of care and support was agreed in this meeting.
- People confirmed to us that staff always asked for their consent before doing anything. One person said, "They do enable me to make choices."

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 since they moved premises. 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; equality and diversity

- People told us that staff had the required qualities to deliver care. One person said, "Carers are very friendly." Another said, "All the care staff are absolutely excellent."
- Staff knew the people they were supporting well. One person confirmed this and said, "They know me well and we are in a routine now."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these.
- People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in the day to day care and support they received. One person said, "They do ask me and do what I want to be done. I am involved."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. One person said, "They give me choices, we work together, and I am fully involved."
- Care records promoted people's right to independence and focused on what people were able to do for themselves. A member of staff said, "I refer to the care plan, which contained details of what is required regards people's independence and how to support them." Care plans included what people could do for themselves and where they needed support.
- People told us staff maintained their dignity and respected their decisions about their care. One person said, "Staff respect the way I like things done and what we said we wanted is what we are getting now."
- The registered manager was aware of the General Data Protection Regulation (GDPR); this is the law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets in the office. We observed in the office that computers were password protected.

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 since they moved premises. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People confirmed to us they had a care plan folder in their home that contained their plan of care. Staff also confirmed this. A relative said, "There is a care plan here with contact details of the office."
- Care plans were comprehensive, personalised to suit individual's need, placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff. While some people heavily relied on staff in their needs being met, others required prompting and promoting their independence.
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported. One person said, "My carer is absolutely 100% perfect. Especially my main carer, [X] is very good. I will be lost without them."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least once a year but may be more frequent based on people's needs.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "If I need to complain, I will go to the registered manager. Speaking with the registered manager was easy and I can approach her."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

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 registered manager told us that they made documents available to people they supported in different formats such as large print if needed.
- Care plans were being developed in user friendly formats with pictures, which would make them person centred. We saw examples of these during our inspection.

- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. Advanced care plans contained these conversations and people's preferences for end of life care.

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 since they moved premises. 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; 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

- One person said, "I think they deliver high standard of care. I am satisfied with the care I receive." Another said, "The management is excellent. I cannot believe my luck when I got landed Transform Homecare. They are very good. I had few agencies before, they are in a league of their own."
- Staff told us the registered manager encouraged a culture of openness and transparency. A member of staff said, "Management is very understanding and helpful. You only have to pick the phone up, they are there, really good." Another said, "Management here looks after staff. I can always approach anytime. They are very supportive."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "Management is friendly, approachable and advise you. I am quite happy with management of the service. So far, so good, I love it here. The manager always responds."
- People and their relatives were fully involved in people's care and support. A relative confirmed this and said, "We do feel involved in the care every time."
- There was a registered manager at Transform Homecare North West Surrey. The registered manager visited people in their homes regularly. This enabled them to be informed when something goes wrong. This ensured continued compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- A health care professional commented, 'All feedback from service users is that they provide an excellent service. We have no concerns.'
- There were effective systems in place to monitor the quality of the service.
- A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered provider. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- The provider carried out a monthly audit of the service based on % scoring system. This had encouraged improvement because the registered manager and staff focused on improving the service by achieving 100% mark. For example, in October 2019 audit, it picked up staff supervision and scored this 55% with

action plan to be met by November 2019. The November 2019 audit showed improvement had been made and was scored 85%.

- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service at a new office location, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers website.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management listens to staff."
- Feedback was sought from people and their relatives regularly. The registered manager told us that they asked people and their relatives about their care every time they visited them. People and relatives, we spoke with confirmed this.
- People were asked for their views by telephone monitoring, in writing and by visits from senior staff. They provided feedback about the service received. Comments included, 'They help me to be independent and stay living in my own home.'; 'All staff are very caring and supportive of my needs.' and 'Would like to thank you most sincerely for all the tremendous care and attention you gave [X].'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager said, "We work with local social services and with their re-enablement team. We work with the clinical commissioning groups (CCGs), district nurses and local GPs. We also work with the community mental health team and we learnt from their assessments for continuing health care funding, which we used when assessing people."
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with people, their relatives and healthcare professionals to meet the person's needs.
- A healthcare professional commented, 'The manager and all the staff at Transform Homecare are professional and engaging.'