

Closer Than Close Homecare Limited

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Inspection report

227 High Street
Epping
Essex
CM16 4BP

Tel: 01992560099
Website: www.closerthanclosehomecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Closer than Close Homecare Limited on 21 December 2016. This was an announced inspection where we gave the provider notice because we needed to ensure someone would be available to speak with us.

Closer than Close is a domiciliary care service providing personal care to people in their own home. At the time of our inspection, there were 17 people who received personal care from the agency.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

When a new recruit joined they spent two days shadowing a more experienced staff member before they started lone working. The service had introduced the care certificate and new staff were completing this. There had been some additional training within the past year for existing staff such as medication and dementia training but training was limited and relied on staff having training from previous employment.

Staff in the main enjoyed working at the service, but told us that there was currently a shortage of staff, which meant they felt pressured to cover visits. Safe recruitment process were followed.

People receiving a service from Closer than Close told us they felt safe. They said they had not had any missed calls, and when care workers were going to be late they usually received a message.

Staff received rotas each week and were notified of any changes. The service used an electronic call monitoring system where staff used a phone to notify the system of their arrival and departure. This provided some assurance that calls would not be missed. Travelling time was allocated between calls.

People were protected from abuse and avoidable harm. Staff understood how to keep people safe from abuse and how to raise concerns. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Medicines were recorded when the care workers were involved in administering them.

People received care from same regular care workers, and the registered manager tried to achieve this where possible.

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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.

People felt safe, and people were notified if their care worker was going to be late.

Staff understood how to keep people safe from abuse and how to raise concerns.

Risk assessments were carried out and followed for individuals to promote the welfare and safety of people and staff.

Is the service effective?

Requires Improvement ●

The service was not always effective

New staff were studying for the Care Certificate. Follow up training was limited and relied on staff having had mandatory training in their previous jobs.

Staff received supervision and were supported.

Is the service caring?

Good ●

The service was caring.

People had developed positive caring relationships with staff.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

The service assessed people's needs with them and their families or representatives, and planned the service to meet people's needs.

Reviews of care plans were held regularly and care plans were updated.

Is the service well-led?

Good ●

The service was well led.

Quality assurance systems needed to be more robust to help ensure that the provider could identify and make improvements to the service. However this was not currently impacting on the service provided to people.

Staff were valued and received the necessary support and guidance to provide a person centred service.

Closer Than Close Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 21 and 22 December 2016 and was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed relevant information that we had about the service.

During the inspection we spoke with three relatives, four people that used the service, the registered manager and three care staff. We looked at four care plans, which consisted of people receiving personal care in their own homes.

We reviewed four staff files and looked at documents linked to the day-to-day running of the agency including a range of policies and procedures on safeguarding, equality and diversity and supervisions.

Is the service safe?

Our findings

The people we spoke with who were receiving a service and their relatives told us they felt the service was reliable and they were confident they were safe when the care workers visited. One person told us, "I feel very safe, they have my key code number and I feel confident that they will keep it safe." Another person told us, "Yes, I feel very safe when they are here."

One relative told us that their family member had been receiving the service for over a year and it was wonderful until recently. They told us that they thought the service were struggling with staff and their morning call was sometimes later than they would like. Other people and relatives told us that staff were sometimes late due to the traffic in the area. One person told us, "You have to take the traffic round here into consideration, but they always let me know and it is usually within about 30 minutes." A relative told us, "They always ring when they are going to be late."

The service used a call monitoring system whereby staff were expected to make a free call from the telephone in the person's house (with permission) to register their arrival and departure times. One person we spoke with confirmed that the staff member used their telephone and they were happy for them to do so. The system was monitored by office staff and provided assurance that if staff had not attended a call they would be able to arrange a replacement. One person told us, "They always arrive, they clock in and clock out." A relative told us, "Never missed a visit, [relative] can get forgetful but we check the book, there is always an entry."

Staff received their rota every week which set out the times and duration of their calls for the week. Staff told us that they usually received the same or similar rotas, so they got to know people and knew the length of time it took to get from one call to the next. The rota included time to travel to the next call. One staff member told us, "We do get some travel time but it is not paid but we do get some time to get to the next person."

Risk assessments were undertaken with the person and their relative to identify any risks and provided information for staff to keep the person safe. This included risk assessments on, mobility, the property and falls.

One person we visited had a specific health concern and a risk assessment was not completed to demonstrate the appropriate management of these risks in order to minimise them or provide support to staff. However, when we spoke to the member of staff supporting this person they told us that they had supported the person for a long time and new staff would only support this person if they had been trained by them. The staff member told us, "New staff work with me first and only then would they be able to support this person." Other staff we spoke to confirmed that this had happened.

Most of the people using the service and relatives we spoke with told us that people managed their own medicines. If staff supported people with medicines a medication administration record (MAR) was completed and every four weeks brought back to the office where it was checked. People told us and staff

confirmed that they completed record forms. One person told us, "I do my medicines myself, but they always ask me if I have taken them." Staff had received medication training and the registered manager checked their competency.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff members were able to explain what abuse was and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. One staff member told us, "I would look at any changes to normal behaviour, anything unusual or any physical changes that might be concerning. I would report any concerns to the manager or CQC." The service was reliant on the fact that staff had received safeguarding training from previous roles and the manager confirmed that although they had attended a safeguarding course, the service had not delivered training in this area to staff. The registered manager told us that they had shared their knowledge with staff. However, the registered manager told us that a senior member of staff was completing a train the trainer course in safeguarding and this training will be refreshed for all staff.

Records showed the service followed safe recruitment practices. For example, obtaining references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed.

Is the service effective?

Our findings

We asked people and their relatives if they felt their care workers were competent and trained to do their role. One person said, "They are trained, although the newer staff have to get used to me." Another person said, "Yes, I think so." A relative said, "Yes, I am not there when they go but they seem okay."

The registered manager told us that new care workers spent time shadowing existing care workers before going out on their own.

Newly appointed staff completed an initial induction which incorporated the 'Care Certificate'. This is an identified set of criteria that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. However, there was limited additional training at the present time to give staff additional knowledge to carry out their job role. For example, there was limited practical manual handling training for staff. One person that used the service required the use of a standing hoist, the registered manager told us that the occupational therapist had demonstrated the safe use of this hoist to a senior and they had cascaded this to other staff that provided care to the person. Although the senior did have a certificate for manual handling it had expired and they were not suitably skilled to deliver the training to other staff members. We discussed this with the manager and they told us they were already aware of this and they were in the process of enrolling the senior staff member on a train the trainer course which will include manual handling. Following this inspection we received confirmation that this person was booked to attend a train the trainer course for manual handling.

There were records that showed that staff had undertaken medication and dementia training since being employed by the service, but areas such as first aid, safeguarding, manual handling, health and safety and infection control had not been refreshed. The service did not have systems in place to keep track of training staff had completed and future training needs. Staff told us that they had received training in previous jobs. The registered manager told us that one staff member had completed all their training with a previous job but they were still waiting for the certificates to be sent by the previous employer, the registered manager told us they had checked with this employer that the person was trained but was unable to provide us with any evidence.

The registered manager told us that they only recruited staff who were experienced and had already received training from previous roles and staff confirmed this. One member of staff told us, "I worked for previous company for 10 years, when I came here all my training was up to date. I had all my certificates on line. The only training I have done with this company is dementia." A new member of staff told us, "I am doing the care certificate at the moment. I have been in care for a long time so I have received training previously."

We discussed the training with the registered manager who told us that she had registered all her staff to complete a professional qualification in January 2017, she had also booked a senior member of staff on a

train the trainer course so they could deliver training to staff.

Staff were well supported and monitored. They told us that supervision and spot checks took place regularly, which they found helpful and supportive. Records we saw confirmed that face-to-face supervisions took place on a regular basis and staff confirmed that any areas of concern were discussed. The manager explained that they observed staff and supported them as they provided care and support to ensure they were competent in their job role. Staff told us, "[manager] is always available for advice and support."

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that the people that used the service currently had capacity to consent to care and treatment. The registered manager told us that they would refer to other professionals if they were concerned about people's ability to consent. Staff we spoke to were able to tell us the principles of the MCA. One staff member told us, "The capacity for the people I am working with is good, they make all of the decisions, but if I was concerned, I would talk to family, other professionals and make decisions as a team."

The person's care plan listed their preference in food. For example, one care plan recorded that the person liked a glass or two of wine in the evening and would only shop in certain supermarkets. One person told us, "They ask me what I want and if I change my mind they adapt to me, they always remember that I like one sugar in tea and two in coffee, it shows me they are considerate."

People's care plans listed details of health professionals such as GP and included their current health condition and medication. This meant that staff could contact the person's GP if they needed to. Staff members were able to tell us how they would identify if the person was not feeling well such as a change in their condition. Staff told us depending on the situation they would report to family members or in serious situations would call a doctor or ambulance. One staff member told us, "If someone had fallen, I would call an ambulance straight away and let the office know."

Is the service caring?

Our findings

People we spoke with said they were treated well by staff and that the staff were caring. People said that they were involved in their care because staff listened to their wishes and did as they asked. People told us that they were very happy with the way staff treated them. One person told us, "Yes I do I am very fortunate, they are very good." Another person told us, "They are all lovely girls." A third person told us, "The carers are marvellous." A relative told us, "Yes staff are great."

Staff we spoke to were able to describe how they treated people with dignity and promoted their privacy. A staff member told us, "It is about talking to people and making them feel comfortable, I tell them what I am doing, it is all about communication, we make sure they're in control." A relative told us, "They are very respectful of [relatives] dignity and privacy." One person said, "They are very respectful when they are in my home."

We had mixed views about whether people received care and support from the same regular group of staff. One person told us, "They try to give me the same care staff and only people who know me." A relative told us, "It is better at the moment, but in the past we have had staff turn up that [relative] had not seen before, they said it will not happen again but it has. Another relative told us, "Not always, but if there is anyone new the boss always comes and introduces them."

Staff told us it was important that people knew who to expect and it was good that staff got to know people and their needs. Staff told us that although they were able to ask people how they wanted to be helped on a day-to-day basis, care plans had the details they needed so that they knew what tasks needed to be completed before they left the home. The care plan contained an overview of what was expected from staff for each visit.

People told us that they were supported to do as much as they could for themselves but staff were available to help then where they needed help. One person said, "My needs are not high and I want to do things for myself, they are fine with this."

Is the service responsive?

Our findings

When people began using the service they had an initial assessment. Information was sought from the person and their relatives involved in their care. The information gathered informed a more detailed care plan, which was tailored to support people to meet their needs and preferences. Care plans contained sufficient information with details of all aspects of care that needed to be delivered at each visit. Staff told us, "There is a care plan, it lists what the client wants and what we have to do, most of the people we go in to can tell us."

Reviews of care plans were held regularly and care plans were updated. This ensured information in care plans was current and responsive to changes in people's needs. However, reviews in care plan's did not always record who was involved, the registered manager told us that reviews were held at the person's home and included relatives when the person requested this. They told us that in future they would record who was involved in the reviews.

People and their relatives told us the service was responsive to their needs. One person told us, "They do what I want, they make my bed, and they only do what I want them to." A relative told us, "They are superb, they anticipate problems and respond quickly. They go out of their way to help. When needs have changed they respond very quickly, on one occasion they came the next day to meet us, and sorted everything very quickly."

The staff we spoke with were familiar with people's needs and could appropriately describe how to support people we asked about. Staff maintained records of the support that people received each day. The service used a staff group messaging system to update staff about any changing care needs. One member of staff told us, "We have a text group so we check that and it tells us of any changes that might have happened while we are on leave." This meant staff had up to date information about people's needs.

During our visit the registered manager was busy contacting people and their relatives to ensure that no-one would be alone at Christmas, they had arranged for one person to attend lunch with the local salvation army group and was finalising the arrangements for their transport. The registered manager told us, "It is really important for me to ensure that if people do not want to be alone at Christmas we find somewhere they can go even for a couple of hours."

The registered manager also told us that the service will try wherever possible to support people with hobbies or interests. They told us, "I organised a Pilates teacher for a client with Parkinson's so they could be supported to remain mobile, we also supported a person by finding them a bridge club so they could continue playing." They added that their team also go the extra mile and will take people out, one person told us that their regular carer will often support them to go to a local garden centre.

The registered manager told us that informal concerns were dealt with immediately and no formal complaints had been received. People and relatives were aware of who to complain to and most referred to the registered home manager by name. One person told us, "I would talk to [manager]." Another person told

us, "I did call them when I first started as I could not communicate with one staff member, they discontinued them straight away." We spoke to the registered manager about recording all concerns so they can be used to improve the service through learning. The registered manager told us that going forward they would start recording all issues.

Is the service well-led?

Our findings

People and relatives told us they believed the service was well led. One person told us, "I am lucky to have the set up I have, the previous company I used were very disorganised." Another said, "I am pleased with service." A third person told us, "I would definitely recommend them."

However, regular audits were not completed to monitor the quality of the service provided. The registered manager told us that they checked all documents monthly but did not always record this but just dealt with it. They told us that due to the size of the service they tended to just do things rather than recording everything. The registered manager had already identified the need to provide staff with refresher training and had accessed external courses provided by the local authority that staff were attending in the new year. They had also booked a senior member of staff on a train the trainer course so they could refresh staff knowledge.

We discussed the quality assurance process in place with the manager who understood that some improvements were needed to processes and systems to ensure the safety and quality of the service provided could be fully monitored. We discussed the need to set up a robust quality assurance system, which would need to be in place if the company was to expand their care packages and their staff team.

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. The manager and staff were very clear about the values and the purpose of the services provided. The staff we spoke with were well motivated and spoke positively of the service's caring approach. Staff told us, "Yes the manager is very supportive, but very busy at the moment, as we are short she also goes out to people", and, "The company are good, they tend to focus on the care which I like."

The culture within the service was open and transparent. The registered manager said that they ensured staff were aware of the ethos of the organisation by talking to staff regularly and leading by example. They told us, "I have an open door on a Friday and staff can come and talk to me about anything."

Staff told us the service was well led and that the manager was professional and approachable. They said they that they would feel comfortable in discussing any issues and were confident they would take action. One staff member told us, "Although we are pushed at the moment, everyone pitches in and [manager and senior] will also complete calls, it is a good team." Another staff member said, "It is a nice company to work for, I feel very supported."

The service operated an on call system where each day a manager or senior was responsible for providing staff with support and guidance outside of office hours. Staff told us they felt well supported by the manager and that the current on call arrangements were effective. One staff member told us, "The manager is there for advice if we need it."

People and relatives told us that the registered manager was usually in regular contact to check that they

were happy with the quality of the service and made changes where required. One person told us, "I speak to [manager] regularly." Another person said, "I have not had anything like a questionnaire, but the manager visits me." One relative said, "I have not had a review but I do talk to them regularly." However, the manager did not keep any records of these phone calls or visits but told us they realised that recording people's feedback could be helpful and would formalise this process.