

Calderdale Home Care Limited

Calderdale Home Care - Newcastle

Inspection report

Suite 23
John Buddle Work Village, Buddle Road
Newcastle Upon Tyne
NE4 8AW

Tel: 01912267960

Date of inspection visit:
10 December 2021

Date of publication:
04 February 2022

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

Calderdale Home Care - Newcastle is a domiciliary care agency providing personal care and support to people living in their own homes. 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. At the time of inspection 38 people were receiving personal care.

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

People and relatives we spoke with gave positive feedback about the service and the staff team. Their comments included, "I think the carers are kind and gentle. I am very comfortable with the carers. They are friendly people. They put a smile on your face."

People were supported by a consistent staff team who had the relevant training and qualifications to safely support people. Staffing levels were safe and were reviewed regularly by the management team.

Risks people may face were fully identified and mitigated. Medicines were safely managed, and the service worked in partnership with other health care professionals to make sure people received a continuous level of support. People had person-centred care plans which were created from holistic assessments of people's needs.

Staff had a positive relationship with the manager and felt able to provide feedback regularly about the service. The quality and assurance systems in place allowed for effective monitoring of the service by the manager and provider.

Staff had access to PPE and followed best practice guidance and the provider's policy in relation to infection prevention and control. Staff had received additional training and support during the pandemic to make sure they were confident and capable to deliver 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.

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

Rating at last inspection

This service was registered with us on 18 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to formally rate the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Calderdale Home Care - Newcastle

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 and two Experts 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 who was in the process of registering with the Care Quality Commission. This means the provider is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 17 November 2021 and ended on 10 December 2021. We visited the office location on 10 December 2021.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the

provider about serious injuries or events. 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 sought feedback from the local authority contracts monitoring and safeguarding adults teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and 14 relatives about their experience of the care provided. We received feedback from eight members of care staff including care staff. We spoke with the manager, regional manager and 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 five people's complete care records and medication records for 10 people. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse.
- People and their relatives said that they felt safe with the care provided. One person said, "I feel very safe, and they are very careful with me."

Assessing risk, safety monitoring and management

- Risks people may face were fully assessed, mitigated and regularly reviewed. Assessments detailed what steps staff should follow to keep people safe. The manager regularly monitored the safety and quality of care provided to people through the use of audits.
- Environmental and COVID-19 related risk assessments were also in place for people, staff and visitors.
- Relatives we spoke to confirmed that risk assessments were in place and used by staff to safely support people. One relative told us about a hoist used to support their family member and the checks that staff completed prior to using it.

Staffing and recruitment

- Staff were safely recruited and there were enough qualified and competent staff to safely support people.
- People and relatives told us they had a regular staff team who provided support. Staff told us that they had enough time each visit to deliver the care and support people needed.

Using medicines safely

- Medicines were managed safely. There were regular checks of medicines by the office and management team.
- Staff had received medicines administration training and had their competencies assessed frequently.
- People and relatives told us that staff administered their medicines at the right time. One relative discussed if they were happy with how medicines were administered and commented, "Yes, and they make sure [person] takes it."

Preventing and controlling infection

- There was an infection prevention and control (IPC) policy in place which staff followed to reduce the risk of infection. Policies had been updated to reflect national guidance.
- Staff received additional training during the pandemic around IPC and PPE.

- One staff member told us the steps they follow when supporting people who were COVID-19 positive. They said, "I always wash my hands before and after carrying out tasks and always wear full PPE. This includes mask, apron, and gloves."

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC.
- Findings were shared with staff to help prevent further incidents occurring.

Is the service effective?

Our findings

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

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

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

- People's needs and choices were holistically assessed and reviewed regularly in line with best practice guidance and the law. Care records showed detailed assessments were completed for people prior to delivering care.
- People and relatives were involved in assessments, care planning and reviews. One relative told us, "Although [person] cannot speak, she makes the carers aware of what she needs. It works well. If she needs anything, she lets them know."

Staff support: induction, training, skills and experience

- Staff had received all of the relevant training to fulfil their roles. The provider provided regular refresher training for staff. A staff member told us, "I have just had all my yearly training. I find training good with this company."
- New members of staff were provided with an in-depth induction which prepared them with the skills, qualifications and knowledge to carry out their role.
- The manager provided regular supervisions for staff. One staff member commented, "I get regular supervisions. I always feel I can approach office staff about anything."

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

- Some people were supported with eating and drinking to make sure they had access to a healthy, balanced diet. Risks associated with this, for example choking, were also fully assessed.
- If people were at risk of malnutrition support was provided to access other health care professions, for example the GP. Care plans included reference to guidance and advice from the speech and language team.
- People and relatives were happy with the support provided by staff. Relatives told us that staff always made sure people had eaten and had drinks available.

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

- People were supported to access other health care professionals, for example the dentist and GP. Guidance from these were incorporated into care plans.
- Relatives told us about instances where staff had supported people to access other healthcare services. One relative said, "The carers regularly phone the doctors surgery for support, and they seem to have much more influence in getting the doctors to call, so I leave them to it now."

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.

- People's care was delivered in line with MCA and best practice guidance. One person told us, "They always ask me what I want and need."
- Staff had received training around MCA and DoLS and were able to tell us how people's capacity was assessed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring and kind with people. There were equality and diversity policies to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- People were very happy with the care provided. One person told us, "I think the carers are kind and gentle. I am very comfortable with the carers. They are friendly people. They put a smile on your face."
- Relatives were positive about the caring attitude staff had. A relative said, "At night the carer holds [person]'s hand and chat with her until she goes to sleep. It's lovely."

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

- Care plans were created in partnership between people, relatives and staff. People's choices and wishes were heard and were used as part of the care planning process. For people who could not fully communicate their choices, relatives were involved to make sure that their views were heard.
- People and relatives told us that they had been involved in care planning. Relatives told us that staff always checked if people needed any additional support on a daily basis. One relative commented, "I can hear them talking to her and they are very good to her. They ask if there is anything else you want done."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity whilst encouraging independence.
- People and relatives told us that their independence was promoted at all times. Their comments included, "I think that [staff member] has made her more independent," and "They ask if I want a sandwich and I say no, I can do that myself and they support me."
- Staff respected people's privacy at all times. One person said, "They are very professional and safe girls."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had holistic assessments of their needs which reviewed not only their physical needs but emotional and social as well. Care plans formed from these included people's own choices for how their care is delivered. One person commented, "The manager came here to do the initial assessment and has been back since to check on things."
- Relatives told us that they had been involved in review of people's care needs and initial assessments. People and relatives confirmed they had access to their care plan and were part of the planning. One relative said, "We have a care plan here."

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 had their communication needs assessed as part of their initial assessments and these were regularly reviewed.
- People could access information in different languages, easy read and in large print if needed

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 and develop relationships, and to follow their own interests and social activities.
- Staff confirmed they had enough time with people so that they were not socially isolated. A staff member commented, "I always have time to carry out my duties and always have time for a chat with the individual."

Improving care quality in response to complaints or concerns

- There was a complaint policy in place which people were aware of. People told us that they did not have any concerns. One person told us, "There is nothing to complain about but I would call the office."
- People told us the steps they would take to raise a concern. People who had raised concerns confirmed they had been dealt with following the provider's policy.

End of life care and support

- People's end of life wishes, care and support were provided in a respectful and caring way by staff. People had discussions around how they would like to be cared for in their final days. One relative explained what

had been discussed during this type of assessment and what was in place currently. They said, "She has a do not resuscitate order in place and all the staff know."

- Staff had received training in supporting people with end of life care and provided examples of the support they had provided.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of the service and staff made sure everything they did helped to improve people's wellbeing.
- Staff commented that the management team were very supportive. A staff member told us, "I feel supported and feel I can approach management at all times with any queries or concerns and they listen and act where necessary."
- People and relatives were complimentary about the staff culture. One person said about the staff, "We're on first name terms with all the carers. They all work well together."

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 understood their responsibility to be open and honest when something goes wrong. Apologies were given to people and lessons were learnt.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.

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

- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to CQC for significant events that had occurred at the service, for example accidents and incidents.
- People and relatives were positive about the service and the manager. One relative said, "They've been to the house, and often step in when they are short of carers (due to sickness)."
- The quality and assurance systems in place allowed the manager to effectively monitor the quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were asked for their feedback to allow the management team to find ways to improve the level of support provided to people.
- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies, for example the district nursing team and GP.

