

Circles Care Ltd

Circles Homecare

Inspection report

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13 May 2022
16 May 2022

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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

Circles Homecare provides personal care and support to people who require assistance in their own home. At the time of our inspection one person was being supported by the service. 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 and what we found

We received positive feedback on the service. A relative said, "I cannot fault them."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for and supported by staff who had received the appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. There were safe medicine procedures for staff to follow.

Staff had a good understanding of people's preferences of care, staff promoted people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People and their relatives were involved in the planning and review of their care. The registered manager had policies in place to respond to complaints. Support could be provided to people at the end of their life.

The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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

This service was registered with us on 9 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Circles Homecare

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 May 2022 and ended on 16 May 2022. We visited the location's office on 13 May 2022.

What we did before the inspection

We reviewed information we had received about the service since registering. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with one person and one relative. We spoke with two members of staff including the registered manager and a care worker.

We reviewed a range of records. This included one persons support records. We reviewed two staff records in relation to training and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were 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 of 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

- The person using the service and their relative told us they were happy with the care they were receiving.
- Staff had received training in safeguarding and knew how to raise any concerns they may have. One member of staff said, "If I suspected abuse no matter how small I would tell my manager and if they did not act I would take it further."
- The registered manager knew how to raise concerns with the local safeguarding authority to limit risk to people and keep them safe.

Assessing risk, safety monitoring and management

- Risks had been assessed and management plans were in place which provided staff with the control measures needed to help minimise risks to people. For example, staff made sure the person had their emergency call pendant to hand.
- Risk assessments were reviewed and remained up to date to meet the person's needs and reduce risks.
- Staff knew what to do in an emergency. A relative told us, "One time when [relative name] became short of breath the staff rang an Ambulance immediately."

Staffing and recruitment

- The registered manager said they continued to recruit staff and would only accept new packages of care if they had the staffing hours to provide these safely.
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A relative told us, "It is good that [relative name] always has the same two members of staff attend for the care calls." The person told us, "If they are running late the give me a call and let me know."

Using medicines safely

- There was nobody being supported with medicines at the time of our inspection. However, we saw in care plans medication listed so staff had an awareness of what medicines people were prescribed.
- The registered manager told us what systems they had in place to support people with medication should this be needed.

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protection equipment (PPE).

- The registered manager had a contingency plan in place for working through the pandemic.
- Risk assessments were in place for staff and people to mitigate risks to them from infections.

Learning lessons when things go wrong

- The registered manager had regular meetings with staff to discuss any issues and to keep them up to date. Since the service had been running the registered manager told us they had not had any significant incidents or accidents.

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 were involved in their assessments and made choices about how they wanted to receive their care. A relative told us, "[person name] is very independent and knows what help they want."

Staff support: induction, training, skills and experience

- All staff received regular training to ensure their knowledge and skills remained current. One member of staff said, "I have just finished updating my training."
- Staff were supported with a full induction when they first started working at the service.
- We saw from records that staff had regular meetings with the registered manager in the form of supervision to support them in their role. The registered manager told us they also did spot checks whilst staff were working to ensure they were working in line with people's support needs.

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

- Staff received training on supporting people with diet and nutrition. Where needed staff supported people to have food and drink of their choice.
- A relative told us, "Staff normally come in and support with meals there is plenty of choice. Staff will leave a drink and sandwich covered over for lunch."

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

- The registered manager told us they were not currently working with any other agencies but knew how to contact them and make referrals if needed.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the principles of the Mental Capacity Act (2005) and understood it was not right to make choices for people when they could make choices for themselves.
- The registered manager gained consent from people to have their care delivered. However, the registered manager knew if people were unable to consent they would follow the principles of MCA to gain best interest decisions.

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

- People were complimentary of the staff and the support they received. One person said, "They are fine, very good." A relative told us, "The carers are very good, excellent."
- Staff had received training in equality and diversity and care plans reflected people's individual wishes.

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

- At regular intervals the registered manager asked people for feedback on the service they were receiving and addressed any changes that needed to be made.
- The registered manager told us they had also a survey for people and relatives to complete to get their feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and supported their independence. A relative told us, "It would be a lot quicker if the staff just did things, but they don't they let [person name] do what she wants as she is fiercely independent."

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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's involvement to ensure their needs could be met by the service.
- The registered manager told us they made sure the service could meet people's needs including the times people would like staff to visit. Once care had commenced this was reviewed at regular intervals.
- One member of staff said, "We get time to read care plans before we start supporting people."

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When people first made contact with the service their communication needs were assessed so staff knew the best way to support people to communicate.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people and their relatives were made aware of how to raise concerns or complaints.
- Relatives told us they generally did not have any complaints but if they did they would raise them with the registered manager.

End of life care and support

- There was no-one actively receiving end of life care during this inspection. However, the registered manager said they would work with other health professionals to provide support to people at the end of their life.
- Where there was an advance decision in place DNACPR staff knew where this was located should it be needed.

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

- The registered manager and staff promoted people's independence to empower them to receive the support they wished. One member of staff said, "I really enjoy my job and love working with my client."
- Staff shared the registered managers vision to support people to enjoy life.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider was aware of their responsibilities in relation to duty of candour. Duty of candour requires providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important reportable events. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- Staff were clear about their roles and understood regulatory requirements to provide safe care to people.

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

- The registered manager regularly engaged with people to ensure the care they were receiving was meeting their needs.
- The registered manager had regular contact with staff and held meetings to share information. One member of staff said, "I feel well supported by manager we have regular meetings."

Continuous learning and improving care; Working in partnership with others

- The registered manager had systems in place to review care and was developing audits to improve outcomes for people.
- Staff were supported with all aspects of training required. The registered manager had joined networks with other registered managers where they shared ideas and information on the care system.