

Contemporary Care Ltd

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Inspection report

Unit 5, Fir Tree Walk
134 Worcester Road
Malvern
WR14 1SS

Tel: 07791617341

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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

Contemporary Care Ltd is a domiciliary care service that provides personal care to people in their own homes. At the time of our inspection, six people were using the service.

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

People told us they felt safe. Staff knew their responsibilities in relation to the subject of abuse and how to report any concerns. The provider's policies and procedures about abuse supported them in their roles. Risks to people's health and welfare had been assessed and regular reviews were undertaken to keep people safe. The provider had strong recruitment systems and processes which were followed when recruiting new staff members.

All people we spoke with felt staff had the appropriate knowledge and skills to support them. People's needs were assessed, and staff received training and support which assisted them to provide care and support in line with best practice. Staff had received training to support people, where required, to take their medicines as prescribed and to reduce risks to people from cross infections. Staff were also supported through regular individual meetings and collective staff meetings, so they could share any issues they had and or best practices.

People valued the care and support provided by regular staff members who they had built positive and trusting relationships with. The provider made sure staffing arrangements were in place, so people always received the care they required at the times they needed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the systems, policies and procedures supported this practice. Where appropriate, people's consent was recorded.

People's dietary needs were supported where this was required in line with people's care planning. Staff understood the importance of assisting people to drink enough to meet their needs. Staff worked jointly with social care and health professionals, so people had the best outcomes to meet their individual needs.

People who used the service and relatives told us staff were caring and thoughtful. Staff had access to equality and diversity policies and procedures. Care records confirmed people's choices, preferences and likes and dislikes had been considered and they had been involved in the development of care plans. People were provided with care and support which was individual to them and which was responsive to any changes in their needs.

People knew how to make a complaint and felt confident these were be listened to with action taken to resolve any issues they had. There was a culture of open and honesty between the registered manager, nominated individual and staff team.

There was a strong emphasis on continuous improvement and seeking the views of people who used the service to measure the outcomes for people and identify where any changes in practice or improvements were needed.

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 23/05/2015 and this is the first inspection.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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 ●

Contemporary Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector undertook this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to young and older adults with dementia, sensory impairments and/or a physical disability. At the time of our inspection care and support was provided to six people.

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 14 June 2019 and ended on 21 June 2019. We visited the providers office location on 14 June 2019.

What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. 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 looked at the information we held about the service. We also contacted the local authority, and

Healthwatch for any information they had, which would aid our inspection. 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 this information to plan our inspection.

During the inspection

At the provider's office location, we spoke with the registered manager and sampled care documentation for two people who used the service and medicine administration records. We also looked at two staff members recruitment records, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with audits and quality assurance, feedback from people and staff duty rotas.

After the inspection

We spoke with two people who used the service, three relatives and two staff members.

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe because of the care and support provided by staff. One person told us, "Without the help and support they [staff] provide I would not feel so safe. They have helped me to stay in my home and feel safe, which is priceless." One relative said, "The support the staff provided helped [family member] to be safe and remain in their own home for the last year."
- Staff understood where people required support to reduce the risk of avoidable harm and how to promote people's independence whilst reducing potential risks. For example, supporting people with parts of their personal care they were unable to do safely whilst acknowledging what people could do.
- Systems were in place to identify and reduce risks to people who used the service. People's care plans included individual risk assessments. These provided staff with clear information of any risks and guidance on the level of support people needed. For instance, one person had various pieces of equipment and there was clear guidance on how the equipment was used to show how the risks would be minimised.
- Monitoring processes were in place to ensure staff practiced safely. Where required staff received additional training to support best practice.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on safeguarding adults and on the provider's relevant policies and procedures for managing risks and maintaining people's safety.
- Staff understood how to protect people from the risk of abuse and avoidable harm. One staff member described what they would do if they witnessed the abuse of a person they provided care to. They told us, "I would report to the manager."
- The registered manager had accessible information about abuse to share with people who used the service and staff and, knew what their responsibilities were in reporting abuse concerns to the local authority, so investigations took place.

Staffing and recruitment

- People told us they had regular staff visiting them to ensure consistency of care and staff normally arrived on time and stayed for the duration. One person told us, "They [staff] are angels they never rush me. They are always here at the times I need them."
- Staff confirmed the management team ensured there were enough staff employed to carry out people's care visits. The management team organised people's care visits and staffs' working rotas in such a way which reduced the risk of staff not being able to support people when needed.
- Staff were recruited safely. We checked two staff records which showed relevant checks had been completed.
- An out of hours service was available should people need support in the event of an emergency.

Using medicines safely

- People who required support to take their medicines had a care plan which described the support they required to take them safely. Information about the type of medicines taken were recorded.
- Medicine records were completed to show people received their medicines as required. This included the time people were supported to take their medicine.
- The registered manager had a process for checking medicine administration records regularly to ensure staff were supporting people with their medicines correctly.

Preventing and controlling infection

- People told us staff who provided personal care to them wore gloves and aprons.
- Staff completed training in infection prevention and control. Staff told us the provider supplied them with sufficient personal protective equipment such as disposable gloves and aprons. Staff also said there was always enough stock of disposable gloves and aprons kept at the providers office location.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

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 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

- One person described how their needs were discussed prior to them receiving care which the person told us made them feel confident of receiving the support they required at the times they required this. People's needs had been effectively considered and developed into care plans to achieve positive outcomes for people and avoid any form of discrimination in the care and support provided.
- Staff had a good understanding of the needs of people they were providing care to so people had good outcomes and quality of life.
- The provider ensured staff had the guidance they required to carry out their roles which included the opportunities to reflect on their practice during monthly staff meetings.

Staff support: induction, training, skills and experience

- People who used the service and relatives were confident in staff's skills and knowledge to support them. One person told us, "They [staff] know exactly what they're doing to help me" and "I have the same carers [staff] whose care is checked by management." A relative said, "I'd rate them [management and staff] as absolutely excellent. Attention to detail is very good and they are very thorough [in how they provide care]."
- The provider's induction and training processes ensured staff had the required skills and knowledge to meet people's needs. New staff initially worked alongside experienced staff and the nominated individual, and were monitored to ensure their performance was acceptable prior to working on their own with people. One staff member told us, "I get support when I need this. During my induction I had lots of support until I felt comfortable and confident. Everyone has been so supportive."
- The registered manager had good systems to understand which staff needed their training to be updated. One staff member described how they benefitted from their ongoing training which included how to use equipment safely and effectively. They told us, "There is plenty of training and they [management] have high expectations so remind us of best practice which helps."
- Staff had the opportunity to discuss their training and development needs at regular meetings with the management team.

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

- People who required support to eat and drink were offered choices around their meals and drinks. One person told us, "They [staff] always make sure I have a drink. They know what I like to drink but always ask me anyhow. They [staff] are very considerate."
- Care plans recorded people's meal preferences, allergies and the support they required to meet people's dietary needs. One relative described how staff were skilful and patient when supporting their family member with their specific dietary needs.

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

- The management and staff team worked with other professionals to make sure people received effective care and support. This had included working with health and social care professionals, so people had the right care and support including enough time within their care visits to be able to effectively meet people's individual needs.

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

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The management and staff team were aware of the processes they should follow if a person required support from any healthcare professionals. For example, when a person required specific equipment to effectively reduce the risks of their skin becoming sore this was sought without any unnecessary delays.

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

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- People were supported to be involved in developing their care plans and making decisions about their care.
- Daily records showed people's consent to care was sought and people's rights with regards to consent and making decisions were respected by staff.
- Where people had been assessed as not having capacity to make their own decisions, they had relatives or others in place with the legal authority to make decisions on their behalf.
- Staff understood their responsibilities under the MCA to provide care in people's best interests when they lacked capacity.
- People told us they were always offered choice and control over the care they received.

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 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 consistently told us they were treated well by staff. One person told us, "They [staff] are all very nice and are all very good at helping me." Another person said, "It's good I have the same staff who I know. They [staff] are kind to me; they've been very helpful."
- Relatives were also complimentary about how staff supported their family members. One relative told us, "I know they [staff] care; they sit and talk to [family member]. They [staff] really care for [family member], I'm so lucky." Another relative said, "They [staff] do a cracking job and they care. In the horrible snow they [staff] came out and were on time. That's caring!"
- People were provided with consistent and reliable staff who knew them well and this was valued by people. One relative told us, "They [staff] have never missed a call." Another relative said, "There is continuity with staff supporting [family member]. They are all regular staff who know [family member] well."
- Staff were motivated, enthusiastic and spoke about people with fondness and respect. One staff member told us, "I really enjoy my work and talking to people about their day. We might be the only people they see during the day."
- People were appropriately assessed from the outset and received support that was tailored around their equality and diversity needs.
- The management team had systems which ensured staff were monitored to make sure their practice was kind and caring.

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

- People told us they were involved in making decisions about their care and were included in their care planning. One person said, "They [staff] always include me in what I need help with. The [nominated individual] also checks my care is right for me."
- When people wanted relatives involved in their care this was arranged. All relatives we spoke with told us they had positive relationships with staff who cared for their family member. One relative said, "Communication is superb. Everyone is caring, and nothing is too much bother."
- The registered manager had received a number of compliments when they asked people for feedback about the support staff provided. These included people speaking highly of staff's caring attitude and staff being helpful and friendly enabling people to remain living in their own homes. This showed staff's commitment to people they provided care and support to.

Respecting and promoting people's privacy, dignity and independence

- People who used the service and relatives said they felt listened to and respected by staff. One person said, "They [staff] always respect what I say and take time to listen."

- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those they needed staff support with. One person commented, "They [staff] do some things for me, but I wash myself. They help with some things I can't do which is great."
- Staff described how they maintained people's privacy and dignity. One staff member told us, "We always cover a person with a towel. If we are washing the top half, we cover the bottom half."
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared with others.

Is the service responsive?

Our findings

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

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 told us they felt involved in how they liked and wanted to receive care and support. One person told us, "I was involved in what help I needed right from day one. They [staff] all know me and what I like but they always ask me. They [staff] are good at checking things with me." One relative said, "They [staff] know [family member] well and their routines. They [staff] prepare meals properly and all care is to a high standard." Another relative said because of the care provided their family member was happy and able to spend another year in their own home.
- Staff were familiar with people's likes, preferences and wishes. Care plans we looked at were detailed and provided staff with information about how they should support people in a way which met their likes, dislikes and preferences. For example, one person's care plan contained details about how they liked their drink prepared and what crockery they preferred.
- People's care plans were regularly updated and reviewed. Relatives were complimentary about the arrangements in place whereby staff communicated the changes in people's needs so they were aware, and these could be responded to.

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's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support the person to communicate.

Improving care quality in response to complaints or concerns

- People who used the service and their relatives were given information about how to make a complaint and were confident any complaints they made would be listened to and acted on in an open and transparent way. One person told us "I can talk to [registered manager] anytime if something needs changing and they get on to it right away. I've got no complaints whatsoever."
- No complaints had been made but there were systems in place for complaints to be investigated and responded to.

End of life care and support

- At the time of our inspection the registered manager told us they were not providing end of life care and support to anyone using the service. However, staff understood the importance of providing end of life care which was tailored around a person's wishes and preferences.

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 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 and; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and nominated individual [The nominated individual is responsible for supervising the management of the service on behalf of the provider] had a 'hands on' approach to supporting people to receive high quality care in their own homes. This was confirmed by people who used the service and relatives who spoke positively about both the registered manager and nominated individual.
- People who used the service and relatives were happy with the quality of care they received because they received a flexible, reliable service and felt the management team and care staff took time to get to know them. One person told us, "[The registered manager and nominated individual] make sure the care is reliable and I have the same staff for which I am very grateful. [It is a] great company as far as I'm concerned." One relative said, "[I have] nothing but praise. They[management and staff team] have been magnificent."
- Staff felt well supported by the management team who supported them in providing good care. Staff we spoke with told us the management team were approachable and staff were always able to contact someone if they required advice or support. One staff member said, "They [registered manager and nominated individual] are really supportive. You can speak with them about anything at any time. I think it is a really good organisation."
- Management and staff were committed to providing care support to people in their own homes which kept people at the heart of their care. This was evident from the feedback we received from people who used the service and relatives.
- The registered manager always promoted a culture of honesty and openness including when things went wrong. A relative confirmed this and told us they felt management and staff were, "very approachable, open and honest".

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

- The service was run by a registered manager who had effective oversight of the service. They were supported by the nominated individual and they worked as a team including providing some care and support themselves to people who used the service. There was a clear vision to provide high-quality, safe care and to meet the needs of people using the service. One relative who spoke about the quality of the care told us, "I'd rate them [company] as absolutely excellent. They go beyond the call of duty." Another relative said, "[The nominated individual] is skilful and has a lovely sense of humour."

- The registered manager used robust quality assurance systems effectively to monitor key aspects of the service. They carried out regular quality checks of areas such as, audits of records completed by staff to ensure people received the care and support in line with their individual needs. Where issues were identified, actions had been taken to make improvements.
- Staff we spoke with told us the management team supported them, so they could develop and improve their care practices by methods, such as undertaking checks at people's homes of staff practices.
- The registered manager recognised the need to invest in staff to ensure they felt confident and competent in their roles. Staff received regular training and support to ensure they worked in accordance with the values the registered manager wished to promote within the service.
- The registered manager had a vision for the service to grow and was constantly looking at ways to encourage staff recruitment, retention and therefore consistency of care for people. This was something people who used the service and relatives consistently told us they valued having the same staff providing their support.
- The registered manager understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

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

- The registered manager and nominated individual worked as a team and spent time with people who used the service and with staff. This supported the management team to seek people's views on a regular basis and involve people in any changes.
- People were able to share their views through, for example, telephone feedback. The results of people's feedback about their care showed a high level of satisfaction with the service provided. One person commented, "I am very happy with the carers [staff] coming; they are all good. They [staff] are patient with me also they are polite, and they involve me in all they do, [and have] good time keeping. I find the more I interact with the carers [staff] my confidence is being boosted and I am forever grateful."
- The management and staff team worked together so people would have the support they needed to meet their individual lifestyles. One relative told us how staff made sure their family member had the right meals to meet their specific needs, so the person could safely swallow their food and had a variety of meals. Another person benefitted from staff speaking with each other to resolve an issue for the benefit of a person who used the service.

Continuous learning and improving care

- The registered manager encouraged staff to continue their learning.
- The management team had systems and processes to continuously learn and improve.
- The registered manager understood the need for continuous learning for themselves and their staff team. We saw evidence of a learning culture within the service. Staff told us if they wanted further learning they could ask for this and they felt it would be agreed.

Working in partnership with others

- The registered manager followed current evidence-based practice and attended networking groups to share best practice.