

Calm Homecare Ltd

Calm Homecare

Inspection report

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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

Calm Homecare is a domiciliary care agency, providing personal care to people in their own homes or flats. At the time of the inspection 9 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (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

The registered manager led by example, creating and embedding a culture where people felt valued and their individual contributions recognised. Care and support was provided to people by a team of staff who were dedicated, passionate and committed to their roles. Staff were caring and ensured people were treated in a dignified and respectful way.

Staff understood how to protect people from poor care and abuse, and the service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Medicines management was good. The registered manager was also a qualified and practicing pharmacist. This standout feature of the service meant medicines management was enhanced, particularly for people with more complex needs and for those receiving end of life 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. People, and those important to them, were involved in care planning. Staff evaluated the quality of care provided to people, involving the person, their families and other professionals as appropriate.

The service worked seamlessly with NHS services to provide end of life care to people in their own homes. This meant people who were nearing the end of life, could be cared for in familiar surroundings, supported by people they knew well and could trust.

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

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Calm 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

This inspection was carried out by 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 the registered manager would be in the office to support the inspection.

What we did before the inspection

We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. 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

We visited the providers office location. We reviewed a variety of records related to quality and safety and spoke with the registered manager.

After the inspection

We continued to analyse the information gathered during the inspection visit. We also gathered feedback from people who used the service and/or their representatives.

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.

Using medicines safely

- Medicines management was good. The registered manager was also a qualified and practicing pharmacist. This standout feature of the service meant medicines management was enhanced, particularly for people with more complex needs and for those receiving end of life care.
- Staff were trained to support people with medicines administration and additional training was completed where required.
- People received their medicines as prescribed. Medicines records were completed and where people received 'as required' medicines, protocols were in place to guide staff about how to safely administer them.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which sought to protect people from the risk of abuse. Staff knew how to recognise and respond to potential signs of abuse and were aware of local safeguarding procedures.

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

- An assessment of need was completed before a person started to use the service. This helped to ensure known risks were identified early and appropriate management plans could be put in place.
- New and emerging risks were identified and acted upon in a timely manner. This was evidenced through effective joined up working between the service and external agencies.
- Untoward events were investigated, and remedial action taken to reduce the likelihood of reoccurrence. Information related to lessons learned was shared internally with staff, and with other relevant agencies.

Staffing and recruitment

- There were enough staff to safely meet people's needs. Staff consistently told us they had enough time between calls and didn't feel rushed. An electronic call monitoring system was in place which provided real time monitoring of care calls. Performance reports were also produced to support quality assurance activity.
- Pre-employment checks had been carried out to ensure the suitability of prospective new employees, this included with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Personal protective equipment such as disposable gloves and aprons were readily available at the point of care. Staff had completed infection control training. This was supported by appropriate policies and procedures.

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.

Staff support: induction, training, skills and experience

- All staff received an induction and staff new to care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Comments from staff included, "Induction covered everything I needed to know, and more, and made me feel at ease ready for me to start working."
- Training and development of staff was a blend of face-to-face learning and online e-learning. Staff were also afforded opportunities for continuous professional development.
- Where people who used the service had additional care needs not covered by the providers own training programme, upskilling of staff was completed in partnership with the relevant agency and staff competency was checked.

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

- Before people started using the service, an assessment of need was completed. This included clinical assessments shared by NHS commissioners which helped to ensure people's care needs could be met.
- The views of people were fully considered throughout, including taking account of personal preferences, cultural and religious needs. An NHS professional told us, "[The service] were able to complete care plans and risk assessments and daily care notes to meet our policies and procedures as per NHS England."

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

- Staff worked well with other services and professionals, often to facilitate timely discharges from hospital, and to prevent unnecessary readmission into hospital. Comments from health professionals included, "They have been able to meet the needs of 2 of my complex patients recently - one of which was very short notice" and "I have found them to be very accommodating and amenable."
- People had health plans which were used by staff to support them in the way they needed. Where appropriate, people were also supported to access community-based health and social care services and to attend hospital appointments.

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

- Support with eating and drinking was provided to people where it was part of an assessed care need.
- Risks to people associated with eating and drinking, for example, swallowing difficulties, were detailed in care records and information shared with staff. Relevant and up-to-date guidance was also available.

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, 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.

- The service was working within the principles of the MCA and staff had received appropriate training. People were encouraged and supported to have as much choice and control over their lives as possible. One member of staff told us "I always try and offer as much choice as possible and always ask people about their wishes each day."

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, motivated and passionate about their work. The service was enriched by a team of staff from diverse backgrounds and who were reflective of the community they served. This meant people's individual characteristics, likes, dislikes and personal preferences were fully embraced and recognised by staff.
- The service understood the value and contribution they could make in promoting people's independence. For example, supporting people with additional health needs to access the community. A healthcare professional told us "[Staff] have attended additional training as requested to escort one of our complex patients to college. Nothing seems too much trouble."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting and maintaining privacy and dignity when providing care. Comments from staff included, "I always knock before entering a persons property and announce I've arrived" and "Some of our clients cannot always express their needs to us when we are providing personal care so it's important to maintain their dignity."

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

- People were involved in decisions about their individual care journey. This ranged from people being routinely supported to share their views on a day-to-day basis, through to more formal periodic reviews of their care and support package. Where appropriate, people who were important and/or their lawful representatives were also involved. Comments from relatives included, "[Staff Member] has a lovely nature with my [Relative] and always takes the time to have a chat with the family. [Staff Member] has the perfect balance of personable/professionalism and we'd be lost without them."

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.

End of life care and support

- The service worked seamlessly with NHS services to provide end of life care to people in their own homes. This meant people who were nearing the end of life could be cared for in familiar surroundings, supported by people they knew well and could trust.
- Some members of staff had chosen to work at Calm Homecare due to their own lived experience of losing a loved one. One member of staff told us "What made me want to go into care was because I looked after my [relative] full time, whilst they were at end of life. So I wanted to make a difference to other people, and have a purpose of helping others in need."
- This type of lived experience and ethos for providing good quality, compassionate end of life care, was consistently reflected in the heartfelt feedback given to the service. Comments from relatives included, "[Staff member] has been a God send for our family through an extremely difficult time" and "Thank you for your kindness and compassion. You all do such a wonderful job. It makes all the difference to families like ours. Keep doing what you're doing. You are all amazing!"

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

- Care plans and associated records provided sufficient detail for staff to deliver safe and effective care. Staff had access to the electronic care plan system used by the provider which meant key information could be accessed at the point of care. People were also provided with a copy of their care plan.
- Some aspects of the electronic care records system were overly 'medical' in nature, particularly for those people who were in receipt of longer-term social care. We spoke with the registered manager about this and sign posted them to sources of information to enhance the quality of person-centred care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- The initial assessment completed before a person started using the service helped to ensure people's communication needs were recognised, assessed, and acted upon in a timely manner.
- Staff demonstrated awareness, skills and understanding of people's individual communication needs and knew how to facilitate good communication.

Improving care quality in response to complaints or concerns

- Complaints and concerns were managed effectively. People were able to raise concerns and complaints easily.
- The registered manager treated all such matters seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.

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

- The registered manager led by example and had worked hard to embed a positive culture in which people felt valued and their individual contributions recognised.
- Without exception, staff spoke positively about leadership and management. Comments included, "I feel like the management are fair to all staff they treat us all equally"; "The [Managers] are approachable, loving and kind. [Registered Manager] is the best manager I have ever worked for; a lot of the other staff would agree too!"; "I love my job and I feel that's because of the company I work for" and "Working for Calm Homecare has not only grown me as person, as good carer, but also taught me a lot of things about myself. This is because [registered manager/directors] are never too busy to listen or to go through stuff with you, which I have never had in another workplace."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was well supported by a care coordinator who contributed greatly to the day-to-day management of the service.
- Systems for audit, quality assurance and questioning of practice were robust and operated effectively.
- Systems were in place to identify themes and trends which sought to reduce the likelihood of an untoward event occurring again in future.

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 fully understood their legal responsibilities around duty of candour. The provider had a framework in place which sought to ensure investigations into accidents, incidents and untoward events were completed in a timely manner and findings shared with relevant people.

Working in partnership with others

- The registered manager and wider staff team fully embraced the concept of partnership working. As previously mentioned elsewhere in this report, the provider had gained a positive reputation for working flexibly and in doing so, supported the wider health and social care economy, particularly when facilitating safe, timely discharges from hospital.