

C09 Senior Homehelp Limited

C09 SENIOR HOMEHELP LIMITED

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

C09 Senior Homehelp Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 22 people using the service.

Not 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.

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

Feedback from people, their families and relatives was all positive. A person told us, "The registered manager only employs the best. They are all marvellous, they have rescued me so many times. They will do anything for me."

The registered manager had focused on the needs of the people they supported when setting up the service. However, a number of the systems, such as recruitment records, needed to be improved so they could demonstrate the service was safely managed. We made a recommendation the registered manager seek out best practice guidance in developing effective management systems to support them as they developed the service.

The registered manager was passionate about their service and their local community. We received positive feedback about their commitment to provide high quality care. They engaged well with people and their families. Concerns were dealt with promptly.

There were enough staff to support people in line with their preferences and needs. Staff knew how to support people from the risk of abuse. The registered manager and staff worked well with people and families to manage risk. Staff supported people to minimise the risk of infection. People received their medicines as prescribed. We made a recommendation about improving medication care plans. The registered manager enabled staff to develop their skills and provide good quality care. Staff supported people to eat and drink in line with their preferences. They were skilled at supporting people with dementia to remain independent. Staff worked well with people, families and professionals to promote people's health and wellbeing.

Staff were compassionate and committed to the people they supported. Care was unrushed and focused on supporting people to remain independent.

Care was tailored around people's needs and preferences and adapted as their circumstances changed. Staff supported people to remain stimulated and engaged in their local community. Care plans were being improved to reflect people were receiving a person-centred service.

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 14 December 2021 and this is the first inspection.

Why we inspected

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

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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 was carried out by one inspector and an Expert by Experience who made phone calls to people and families for feedback about the service. 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 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 the Care Quality Commission 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 January 2023 and ended on 3 February 2023. We visited the location's office on 24 January 2023.

What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone call we carried out with the service in 2022. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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

We spoke with the registered manager and 3care staff. We reviewed a range of records, including three people's care records and 3 staff files. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the visit to the service, we continued to seek further clarification from the registered manager. We had contact with 6 people using the service, 4 relatives and 1 professional for feedback about the service.

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.

Staffing and recruitment

- The registered manager had carried out DBS and other checks when recruiting staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found records kept in relation to references were not sufficiently robust. Although we did not find this had led to unsafe recruitment, improvements were needed, as outlined in the well-led section of this report.
- The staff employed were personally known to the manager. A member of staff told us, "The registered manager is very careful about who they employ as they only want the best." The registered manager had already improved their processes to make safer recruitment decisions at the time of our inspection.
- People and families told us there were enough staff to meet their needs and rotas were well managed. A person said, "If they say they are coming they come. They have never let me down so far" and "They tell me who's coming, and they come at a set time which is very good." A social care professional told us, "The staff always turn up and there is no evidence of them being unreliable, they provide great and consistent care."

Using medicines safely

- People had care plans outlining their needs in relation to support with medicine. However, these care plans did not have separate protocols for medicines prescribed as required (PRN). Protocols are important as they help staff to understand when it is appropriate to offer PRN. The registered manager told us they would update medicine care plans to include PRN protocols.

We recommend the provider seek advice and guidance from a reputable source to help them develop good quality PRN protocols.

- People and families told us the registered manager had high standards around medicine administration. A person told us, "The registered manager is very pedantic about that." A member of staff told us, "If the agency has to collect medicines for someone then only the senior staff are allowed to do it to make sure there are not mistakes."
- Staff received training in how to administer medicines. This was followed up by competency observations to ensure they had the necessary skills to support people safely.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures in place, and staff had received training on how to protect people from harm.
- Staff felt able to speak out if they had concerns. A member of staff told us, "In other jobs I have felt I couldn't speak openly. I would be ok at speaking to the registered manager."

- The registered manager was aware of their responsibility to raise safeguarding concerns to the local authority when required. They had booked onto a safeguarding course for managers to develop their skills further.

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

- Senior staff had carried out assessments of people's needs and associated risks before they started to use the service. Care plans gave staff information about how to keep people safe.
- People and their relatives to us they felt safe using the service. A relative said, "In the past I have tried many different agencies and none of them have given me the sense of security that I have with these staff."
- Care plans were revised, as people's needs changed or incidents occurred, and ongoing team communication ensured staff were up to date with areas of risk. For example, staff had discussed at a team meeting how best to support a person from the risk of fire and what advice had been given to them to help stay safe.
- People told us staff helped them keep safe by providing practical personalised support. A person told us, "They say I shouldn't have anything in my hands when going up and down the stairs and they carry everything for me, and they go up and down with me. I feel very, very safe with them."

Preventing and controlling infection

- Staff used PPE effectively and safely. A person told us they felt protected from the risk of infection, "Because they (staff) wear their gloves and masks and they always wash their hands."
- The registered manager had relevant policies in place to support effective infection prevention and control and was following current guidance.

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

- Care plans outlined people's needs. The care plans were informative but did not reflect the highly personalised care we found during our inspection. The registered manager was committed to gradually revising care plans to ensure they became more person-centred.
- Intensive initial assessments were key to the positive feedback we received about the quality of care provided. A relative told us, "I got the registered manager over and we discussed [Person's] needs. They are very good." A professional told us, "[Registered manager] would spend time getting to know the personality of the adult and would manage to form a connection with them. I found they succeeded where other care agencies would fail."

Staff support: induction, training, skills and experience

- Staff told us training was of a good quality and prepared them well for their role. In addition to mandatory training, the registered manager sourced additional sessions to ensure staff could meet people's specialist needs. For example, they had recently sourced training to enable staff to support a person with their Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. The registered manager had an effective system to record staff training and ensure there were no gaps.
- We had positive feedback about staff skills and experience. A relative told us, "They have always been able to answer questions I have asked and it's quite good because they used their skills from previous work." The registered manager was personally involved in ensuring the quality of the staff and was often involved in directly training new staff.
- Staff were motivated and well supervised. Regular competency observations helped the registered manager ensure staff maintained a consistent level of support and skills.

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

- People were supported to eat and drink in line with their care needs. Staff were skilled at offering choice and following directions about people's preferences.
- Where necessary staff completed food and fluid charts to make sure people had enough to eat and drink. They provided personalised support for people to remind them to eat and drink, such as leaving notes reminding people to have a snack when staff had left.

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

- Staff had a good understanding of supporting people with dementia or memory loss. They offered practical support and ongoing reassurance to people who were becoming anxious over issues such as finances or the

care being provided.

- Staff were in constant discussion with people and families about their health needs, such as when there were concerns about skin integrity. Staff supported or encouraged them to contact external professionals, such as GPs when necessary. They advocated for people to help them get the support they 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 found the service was working within the principles of the MCA.
- Staff had a good understanding of people's capacity and gave them enough time to communicate their 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 treated with respect and told us how caring staff were. Staff spoke warmly about the people they supported. Care was compassionate and unrushed. A member of staff told us, "The registered manager has always said you have to centre the care around the people you support."
- Staff developed positive relationships with the people and families they supported. People told us, "I don't see them now as carers I see them as my daughters, all of them" and "They are not just carers they are friends now. They make my day."
- We had numerous examples where staff had gone 'over and above' in their support for people. A person told us, "I have had a lot of medical problems and they are wonderful, absolutely wonderful. They even come to visit me in hospital." The registered manager arranged for people to receive a hamper of treats on their birthday and on other special occasions.

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

- Support was led by people and shaped around their preferences. Staff offered choice to ensure people's views were used to direct the care. A person told us, "The staff say to me 'what do you want for lunch?' We have a little discussion and they do it for me."
- Staff understood the importance of involving people in decisions about their care. A member of staff told us, "I always check what [Person] wants for breakfast, even though they always have the same thing." Care plans highlighted the importance of enabling people to make decisions about the support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful when speaking about people, promoting their rights. They reflected with compassion where an increase in needs impacted on people's lives and the lives of their loved ones. A relative told us, "They do what makes [Person] happy. If [Person] didn't feel respected, they wouldn't be in such a lovely mood. I can say hand on heart what staff do is respectful. [Person] has a [condition] and staff are gentle. That shows they are respectful."
- People were supported to maintain their independence, in line with guidance in care plans. A person told us, "Staff pop in and make me a meal and they keep me ordinary, just what I want to be, ordinary."
- Staff spoke of the importance of treating people with dignity and respecting their privacy. Discussions at the team meeting stressed the importance of confidentiality.

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; 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 was highly personalised around each person's preferences. Care was reviewed regularly and adapted to changing needs. A person said, "They came to see me and asked me a load of questions. If I want something done different, they will do it different."
- Staff supported some people to follow activities outside their homes. A relative told us, "They take [Person] out shopping. They are really flexible, and they go with what [Person] says. Why I am so happy with them is because [Person's] mood is so lifted with them, it's nice to see."
- We found examples where staff had adapted care flexibly to changing circumstances. A person told us, "I've experienced a few companies, and these are extremely helpful. I had a personal problem and the care staff didn't know what they were coming into and were very helpful."

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.

- Care staff knew people well and had learnt how best to communicate with them.
- Although care plans gave some guidance about people's communication needs, the registered manager was improving these, as part of the improvements being made to the overall quality of care plans.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. The service had received no formal complaints since they had opened.
- People told us they had no complaints but would feel able to speak out if they had concerns. People told us, "I have complained to other agencies in the past but not with CO9. I can't think of anything to complain about" and "I've never had a bad one (staff) yet. If there was anything, I would be on to their boss straight away."

End of life care and support

- The service was not currently supporting anyone at the end of their life. However, the registered manager told us they had previously worked with appropriate healthcare professionals when required.
- Staff described how the registered manager had strongly advocated for a person receiving end of life care

to ensure they received the right equipment to meet their needs.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had focused on recruiting local staff they knew well to provide person-centred care to people in their close-knit community. However, improvements were required to record-keeping to enable the registered manager to demonstrate staff were recruited safely.
- The registered manager had developed the service from scratch and knew it very well. Individual concerns were dealt with promptly. For example, some quality check tools were in people's houses and any issues dealt with immediately. However, the registered manager had not developed effective systems to demonstrate how they used information from checks to analyse themes and areas for development across the service.
- The registered manager had limited contact with other services and professionals due to the size and location of the service. Being relatively isolated, they did not benefit fully from external experience and knowledge. The registered manager told us this was an area they would develop going forward as the service expanded.

We recommend the registered manager seek out opportunities for learning by sourcing best practice guidance and advice around good governance arrangements.

- The registered manager was committed to improving their systems to benefit the people they supported. They had already changed a feedback form to make it less of a burden for people and families. Following feedback from a recent CQC monitoring phone call, the registered manager had arranged for senior staff to attend training on safeguarding and the mental capacity act, in order to increase understanding across the service.
- The service was growing gradually and safely. Although the people currently receiving support did not have complex needs, staff were experienced and had the skills to adapt care as people's needs changed.
- Feedback from people, families and professionals was positive in relation to the skills of the registered manager. A person told us, "The manager does a very good job and is very organised. If there's something not quite right, they are on to it straight away."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 staff team worked in partnership with people and their families. The registered manager told us, "I

keep in touch with people once a week just to check everything is alright."

- Relatives told us communication was good and the registered manager was open when things went wrong. Relatives told us, "I received a text to say how [Person] had been. They gave me feedback which I hadn't asked for, which is nice. I was really pleased they did that" and "If anything has been misunderstood, the registered manager is very quick to apologise."
- The registered manager promoted staff wellbeing. They supported staff to feel part of the organisation, such as making suggestions about how to improve people's care. A relative told us, "The [registered] manager treats the staff well and as a result they are valued." A member of staff said, "The manager is a lovely caring person and that is the type of person I like to work for."

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

- Everyone who worked at the service was united by a passion and commitment to provide high quality, personalised care and ensure people achieved good outcomes. The service's holistic approach also supported families and friends in their caring role.
- The registered manager and staff were proud to be central to their local community, with the majority of people being referred through word of mouth. A recent newsletter promoted local activities and organisations such as a regular dementia friendly cinema event.
- A social care professional told us the service was key to offering local choice. They said, "Without CO9 at this difficult time I do believe vulnerable adults would have had to go into residential care temporarily due to the shortage of carers within this area."