Awesome Healthcare Solutions Limited

# Awesome Healthcare Basinstoke

## Inspection report

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Tel: 07761425087

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28 April 2023

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12 June 2023

## 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
Awesome Healthcare Basingstoke is a domiciliary homecare provider registered to provide personal care to younger and older adults who may be living with dementia, have a physical disability or learning disability, misuse drugs/alcohol or have a mental health diagnosis. At the time of our inspection there were 8 people using the service. People received domiciliary care or live-in care.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Overall people were happy with the service, they liked the staff and the care provided. When issues had arisen for individuals, the provider had taken appropriate actions.

Issues had been raised with CQC prior to the inspection about staff's remuneration, we checked and found the provider had ensured staff remuneration and conditions of employment reflected legal requirements. Staff were happy in their work for the provider.

The provider recruited staff safely and took action to address the one issue we identified.

There were sufficient staff deployed to provide people's care. Potential risks to people were identified, assessed, and managed safely. People received their medicines safely from trained staff. Processes and practices were in place to protect people from the risk of abuse. Processes were in place to protect people from the risk of acquiring an infection. Staff understood their responsibility to report any concerns which were then reviewed, and any required actions taken.

People's care needs were assessed, and the planning of their care was based on legislative requirements and best practice guidance. Staff had the required skills and knowledge to provide people with effective care. Staff supported people to eat and drink enough for their needs. Staff worked both together and with external agencies to ensure people's care and support needs were met.

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 were treated with kindness and respect by staff during the provision of their care. Staff supported people to be involved in decisions about their care. Staff respected and promoted people's rights to privacy, dignity and independence.

Staff provided people with personalised care which was responsive to changes in their needs. People's feedback on the service was sought and any issues raised were investigated. No-one was currently provided with end-of-life care but staff had provided this care previously.

People and staff spoken with reported the service was well managed. Processes were in place to enable the provider to monitor the quality of the service provided and to seek people and staff's views. The provider worked with external agencies to provide people's care.

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 28 June 2022 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?

Good

The service was well-led.

Details are in our well-led findings below.

# Awesome Healthcare Basinstoke

**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 completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own 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 short notice of the inspection to ensure staff we needed to speak with would be available.

Inspection activity started on 28 April 2023, when we visited the office and ended on 2 May 2023.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
We spoke with 2 people and 4 relatives about their experience of the care provided. We spoke with the registered manager, the nominated individual, 1 of the directors, the office manager and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 people's care plans and 3 staff records and records related to the management of the service.

Good

# 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 provider had robust recruitment processes, which included checks on staff's right to work and a Disclosure and Barring Service (DBS) check. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- One staff recruitment record did not include evidence of their satisfactory conduct in previous employment in health or social care, this was raised with the provider. They took immediate action to address this and checked no other staff records lacked this information. They also updated their recruitment policy, to ensure it reflected this requirement. There was no evidence this had negatively impacted people's care.
- There were sufficient numbers of staff deployed to provide people's care. People and relatives were happy overall with the timing and duration of care calls. Feedback included, "They are on time, occasionally they stay a bit longer if needs must" and "They have a code they scan in to record arrival and departure." The provider used an electronic system to monitor when staff logged in and out of calls. When any issues had arisen with individual calls, relevant action had been taken.
- Some people told us they did not receive a roster for their domiciliary visits to show who was visiting. However, the provider organised domiciliary staff into teams, so people were only visited by the members of staff from their team. Whom they initially met whilst they were on induction. The provider told us people could also be provided with a written list of the staff in their team if they preferred.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was the safeguarding lead for the service and understood their responsibilities in relation to safeguarding people. Staff had received training in both safeguarding adults and children, and had access to the provider's safeguarding guidance. Their safeguarding knowledge was regularly assessed.
- Staff wore uniforms and identity badges so people could identify them. People were provided with information about safeguarding in the client welcome pack. Overall feedback was positive. Comments included, "Absolutely 100% safe" and "I feel fine, very safe." A potential issue was raised with us, which we found the provider had already addressed with the relevant staff member, to mitigate the risk of repetition.

Assessing risk, safety monitoring and management

- Potential risks to people related to both the provision of their care and from their environment had been identified and assessed with them, where possible. If risks were identified, measures were in place to mitigate them. For example, through the use of equipment, to either transfer people safely or to reduce the risk of skin breakdown.
- Staff had undertaken relevant training such as moving and handling, basic life support and falls

prevention. Staff had access to written guidance in people's care plans about how risks were to be managed. For example, there was guidance for staff to monitor people's skin and to ensure their environment was safe.

● Staff had access to guidance in case of emergencies, such as the actions to take in the event they could not gain access to a person. They also had access to an on-call system if they required support out of office hours.

● Staff recorded the provision of people's care electronically. People and relatives told us they could not access these records directly. However, the provider informed us this had been offered previously, and they would write to people and relatives about this again.

Using medicines safely

● Staff were trained in medicines administration, their competency was assessed every 6 months and they had access to the provider's medicines guidance.

● People confirmed they received their medicines as prescribed. Their care plans clearly described staff's role in relation to their medicines administration and the arrangements for storing and ordering medicines.

● Staff also had access to guidance about how to administer medicines people took as required and the application of topical creams.

● Staff recorded the administration of people's medicines electronically. These records were monitored and then audited for completeness.

Preventing and controlling infection

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Staff understood their responsibility to raise any concerns. When things went wrong there was an investigation to understand what happened and to take any required actions. Incidents were logged and reviewed, to enable the provider to identify any trends.

Good

# 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.

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.

● Staff had received relevant MCA training and had access to the provider's detailed guidance. Staff were able to demonstrate their understating of the MCA and its application in their day-to-day work. Staff involved people in decisions about their care. Staff checked if people's power of attorney had been registered where one was in place.
● If people lacked the capacity to consent to their care, mental capacity assessments had been completed as required and best interest decisions made involving relevant parties. We identified an issue with how clearly these decisions were recorded electronically. We spoke with the registered manager who immediately took action and introduced the local authority MCA template to ensure the outcome of MCA assessments and best interest decisions were more clearly documented. There was no evidence this had negatively impacted people's care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had an initial assessment of their care needs, which was then added to and developed into their care plan. People's care plans reflected their expected outcomes from the delivery of their care.
● The planning of people's care reflected legislative requirements and best practice guidance. For example, people's oral health care needs had been identified and assessed in accordance with national guidance. There was also information for staff about the importance of mouthcare for people's health and well-being.

Staff support: induction, training, skills and experience
● Staff received an induction to their role, shadowed more experienced staff and 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. People and relatives reported staff understood their role. Staff had the required competence and knowledge for their role.

● Staff had observations and spot checks of their work with people, supervisions and an annual appraisal. These processes ensured they received ongoing support in their role and oversight of their work. A staff member told us they had also been supported to undertake a further professional qualification in social care.

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

● People's dietary needs and preferences for their meals and drinks were documented in their care plan, including the management of any associated risks. For example, if people required particular crockery to assist them or a specific diet this was noted.

● Staff were instructed to ensure people were given choices about what they wished to eat and drink. A person confirmed, "I have [name of company] and I decide on what I'm going to have each day and they [staff] do it."

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

● The provider had processes in place to ensure information was handed over when there was a change of live in care staff. We spoke with staff who confirmed they read the person's care plan before arrival and then received a verbal handover from the previous carer. A person confirmed, "[Name of care staff] took over from my previous carers and the previous carer was there with her for about an hour and a half to inform her. The changeover was thorough."

●The provider used an app to ensure relevant information was shared across the staff team.

● Staff had access to information about people's diagnoses and healthcare needs. Staff supported people to ensure their healthcare needs were met, such as by enabling them to attend health appointments if required. They also referred people to external services and teams if needed, to ensure their identified needs were met.

Good

# 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

- The provider ensured staff treated people kindly and this was reflected in the feedback received. People told us, "Very kind [care staff]. They [care staff] help me when I need it" and "She [care staff] is very friendly. She always says; is there anything I need, and we have chats."
- People had positive relationships with the staff who provided their care. Feedback included, "On the care side, they are brilliant, no issues with the carers" and "I've watched her [care staff], she is very attentive. She is very sweet to her [name of person]." Staff spoke with us warmly and positively about the people they cared for.
- Staff had the skills and knowledge to provide compassionate care. Staff received training in relevant areas such as the culture of the service, communication, person centred care, privacy and dignity, equality and diversity. People's care plans provided staff with detailed information about people's personal history, communication needs and their wishes and preferences about their care provision. A relative confirmed, "They [staff] run through what they are doing. Washing, teeth, doing hair. She [name of person] understands things very short term. They [staff] do communicate respectfully."

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

- People were involved in making decisions about their care. Their care plans documented if they wished to have support from their family members when making decisions about their care. If people needed support, but did not have someone appropriate to support them, then they could be referred to an advocacy service.
- The registered manager told us new domiciliary care staff were introduced to people when they shadowed more experienced staff on the 'care round' they were to be assigned to. Staff then stayed working on the same care round for at least 3 months. A relative confirmed, "Generally consistency is very good." People had consistency in the care staff who provided their care.

Respecting and promoting people's privacy, dignity and independence

- Staff had received relevant training and treated people with dignity and respect during the provision of their care. Their feedback included, "They keep me covered up in a towel" and "She [staff] treats me like my [family member] treats me." Relative's confirmed doors were kept shut during the provision of people's personal care.
- The provider ensured staff rosters were designed so they had sufficient time to deliver people's care without rushing them.
- People receiving live in care had a choice of staff and were consulted about changes in care staff. The registered manager told us people receiving domiciliary care also had a choice of the gender of care staff. A person confirmed, "I had male carers when I first came out of hospital, but I now prefer a female having day

and night care. That is all fine."

● People's care plans reflected their strengths and what they could do for themselves in relation to their personal care. A person told us, "I'm very keen on cooking, that's my therapy. I will go in before lunch but I'm not allowed to go near the hob, she [care staff] does everything that needs doing on the hob, that works well."

Good

# Is the service responsive?

## Our findings

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

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

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

- People and their representatives were involved in developing their care plan. The registered manager understood who had legal authority to make decisions for people and who people wanted to be involved in decisions about their care.
- People's care plans were person centred and reflected people's wishes and preferences about the provision of their care. There was guidance for staff about people's needs related to their protected characteristics and how these were to be met. Staff told us there was enough information in people's care plans to enable them to provide personalised care. For example, there was information about people's religious and spiritual beliefs. Staff were able to tell us about people's likes, dislikes, and interests. A relative confirmed, "[Person's] quality of life has improved since carers have come in."
- People's care needs were reviewed regularly to ensure they remained up to date and reflected the person's care needs. Relatives confirmed the provider was responsive to changes in people's care needs.

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.

- People's communication needs and how to ensure they were met were noted within their care plan. The provider had relevant guidance in place to inform staff.

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

- Staff supported people where commissioned to access their local community and to pursue their interests. People's care plans provided staff with detailed information about their interests and how they liked to spend their time. People's daily records documented how staff had supported people.
- People's records noted their family members and who was significant to them.

Improving care quality in response to complaints or concerns

- People were provided with information about how to raise any complaints or concerns. People's views were also sought, a relative told us, "I had a call last week, their admin centre to find out how the service was going, was I happy or any concerns."

● When issues had been raised, they had been investigated, to understand what had happened and to identify any learning. The provider ensured people had an apology if something went wrong.

End of life care and support

● Staff were not currently providing end of life care to anyone and no-one had wished to express their end of life preferences. If people had a do not attempt pulmonary resuscitation (DNaR) form, this was noted, in case professionals needed to be informed.

● Staff had received end of life care training and had access to the provider's guidance which referenced national guidance. Staff had previously supported a person at the end of their life. The person had been prescribed anticipatory medicines to ensure they were comfortable, and staff had worked with health care professionals to meet their needs.

Good

# 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

● A number of the care staff employed were overseas workers, recruited on skilled worker visas. Issues had been raised prior to the inspection with CQC about skilled workers remuneration for their work. We checked and found if staff recruited as skilled workers did not work sufficient hours to earn the legal minimum, whilst the business was growing, then the provider had 'topped' up their salary to the required level. Live-in staff were offered daily breaks as required, but sometimes preferred not to take them and to be paid instead. Staff remuneration met legal requirements. The provider had informed staff of their rights and responsibilities. However, following the site visit they arranged a further information session for staff with an immigration expert, to enable them to be provided with independent information.

● Staff spoken with were happy working for the provider and liked their work. Their feedback included, "They are a good employer. They want you to be happy." They told us there was, "Good support from the management."

● People and their relatives reported overall the service was well-led. Their feedback included, "They are doing a very good job" and "It's all very well."

● The provider's aims and objectives for the service and values were set out in the statement of purpose. They had processes in place to keep staff updated on developments and regulatory requirements, such as a monthly staff newsletter. The provider had held a 'policies' awareness week, to ensure staff were familiar with the policies relevant to their role.

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 understood their legal responsibilities under the duty of candour.

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

● There was a clear management structure. The provider held a monthly governance meeting, to review performance and regulatory compliance. They also monitored performance and managed risks via their service improvement plan. There was an audit schedule for the service to enable them to keep track of when monitoring activities such as audits and visits were taking place.

● The registered manager worked in the office 3 days a week and was available remotely on the other 2 days. There was also an onsite office manager who managed the service day to day. The office manager was

supported by team leaders working in the field. People and relatives reported their point of contact was the office manager, whilst the registered manager told us they completed people's initial review of their care and audits. The nominated individual and one of the company directors also visited the office and had regular oversight.

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

● Processes were in place to seek people's views on the service to identify any potential areas for improvement. People and relatives confirmed they were contacted for their views. People's views were also sought through their care reviews and the completion of spot checks and observations of staff when working with people.

● Staff's views were sought at staff meetings, through 6 monthly staff surveys and through their supervision processes. In response to staff feedback, the provider had provided staff with a top up to their mileage allowance.

Continuous learning and improving care

● The provider had applied their learning from their other location to the processes and practices at this location to ensure regulatory requirements were understood and met. For example, all records were held electronically, which enabled people's care times and delivery to be monitored in 'real time' and any issues identified and addressed. The provider held monthly staff awareness weeks to enhance and develop staff's knowledge in areas such as safeguarding, dementia, mental capacity, falls and person-centred care. The registered manager was only responsible for this location now, rather than 2 locations.

● The registered manager audited a sample of records monthly in order to identify any issues.

Working in partnership with others

● The provider and staff worked with relevant stakeholders and agencies to support the delivery of people's care.