

Ambresbury Care Limited

Home Instead Braintree

Inspection report

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13 April 2023

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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

Homeinstead Braintree is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 19 people were using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Risks to people's safety were assessed and monitored. People received their medicines as prescribed, and the provider ensured staff were trained and competent to administer their medicines. Staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place. The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns.

People were supported by a small and consistent staff team who knew them well and understood how they liked to be supported. People received their care at their preferred times and the provider ensured people were contacted if there was any delay.

People and relatives spoke positively about the quality of care received and the kind and caring attitude of staff. People's care was personalised and enabled them to achieve good outcomes. 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.

Staff received an induction when starting in their role and had completed a range of relevant training to develop their skills and knowledge. Staff told us they felt supported by the management team and able to discuss any issues. The provider had systems in place to monitor the quality and safety of the service and had developed positive working relationships with other healthcare professionals in order to support people's needs.

People and relatives told us the provider stayed in regular contact and they felt involved and able to feedback on the service. They told us the management team were approachable and they were confident any concerns raised would be acted upon promptly and appropriately.

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 24 November 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated.

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.

Home Instead Braintree

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. An expert by experience is a person who has experience in using this type of 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on the 04 April 2023 and ended on 13 April 2023. We visited the office location on 11 April 2023.

What we did before the inspection

We reviewed the information we had received about the service and used this to plan our 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.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care co-ordinator, and one of the directors.

We reviewed a range of records. This included 2 people's care records and medicines documentation, 3 staff files in relation to recruitment and a variety of records relating to the management of 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.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored. People had risk assessments in place for key areas of their support such as their mobility and eating and drinking.
- Care plans contained detailed information which ensured staff understood the needs of the people they supported.
- People's care plans and risk assessments were reviewed and updated. This was done on a regular basis or if a person's care needs had changed.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People we spoke with told us they felt safe using the service. One person told us, "I always feel safe with all the care staff, they make me feel so relaxed."
 - People were supported by staff who knew how to raise safeguarding concerns. One member of staff told us, "If I were concerned, I would make sure the service user was safe and contact my manager. I would report to the local authority or CQC if I needed to."
 - There were policies and systems in place to keep people safe. The provider understood their legal responsibilities to protect people and share important information with the local authority and the CQC.
- ### Staffing and recruitment

- People were supported by a small, consistent staff team who knew them well. People told us staff arrived at their preferred times and they were kept up to date if there were any delays.
- The provider monitored the times staff arrived and left people's homes via an online check in system to ensure calls were completed at the appropriate times.
- The provider had processes in place to ensure staff were safely recruited.

Using medicines safely

- People received their medicines as prescribed. The provider used an electronic medicines administration system which gave the management team a real time view of what medicines had been given and when. This enabled them to identify any potential administration errors and respond promptly.
- People's care plans detailed what medicines they were taking and what support they required to manage their medicines safely. Staff had received medicines training and the registered manager had completed competency assessments with staff prior to them administering medicines.
- The provider carried out regular audits to ensure people's medicines were given correctly.

Preventing and controlling infection

- People were protected from the risk of infection. Staff wore appropriate personal protective equipment

(PPE) and had received infection prevention and control training. Staff told us, "We have plenty of PPE it has never been a problem" and, "You can have as much as you want you can call into the office, or it is bought out to us."

- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- The management team completed regular PPE and infection control audits to ensure safe practices were being followed.

Learning lessons when things go wrong

- The provider had a process in place to record and review any accidents and incidents which may take place and told us any feedback or improvements needed would be shared with staff via supervisions and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the provider prior to them receiving care.
- The provider spend time with people and their relatives during the assessment process in order to understand what support people required and how to best meet their needs. One relative told us, "We participated in the assessment in the beginning. They were very thorough and listened to what we wanted for [name] and they regularly update it." Another relative told us, "We have access to [name] care plan online so we can see what it says and if there have been any changes."

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction when they started. One member of staff told us, "The training is good. We have training for new staff online and moving and handling, medication, life support, stoma and catheter care which is delivered face to face. We have shadow shifts, and the registered manager works alongside new staff. New staff are always introduced to people and would never be left alone if they did not feel comfortable or confident."
- Staff undertook appropriate training to enable them to deliver care safely and effectively. 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. This was being undertaken by new staff working for the agency.
- The management team monitored staff training to ensure it remained up to date and relevant with current practice.
- The provider had a process in place for ensuring staff received regular supervisions and support to discuss any concerns. Staff told us, "I have regular supervisions and we discuss training and development. I feel I am able to ask for any additional training if I need it."

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

- The provider had assessed people's eating and drinking support needs and recorded this in their care plan. Staff had clear guidelines in place for each visit, detailing what support people required to prepare meals and drinks.
- Staff recorded what people had to eat and drink in their online care planning system and flagged any concerns to the management team to follow up and increase monitoring where appropriate.

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 responded to changes in people's health needs, identifying concerns and seeking

emergency healthcare when needed. Staff made referrals to relevant health professionals and worked with them to support people's longer term care needs.

- People's care plans provided information about which healthcare professionals were involved in their care and how to contact them.

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.

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.

- The provider had documented people's capacity to consent as part of their initial assessment process alongside the details of anyone involved in supporting their decision-making.
- People's care plans contained clear guidance for staff about how to support and involve people in making 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 and relatives told us the staff were kind and caring in their support. One person said, "The staff are all very caring nothing is too much trouble, they always take the time to have a chat." One relative told us, ""Initially [name] did not want anyone coming in, but now she loves them all."
- People told us the service was kind and caring and gave examples of how they celebrated their birthdays. One person told us, "I had a plant bought for me on my birthday and a Christmas present as well as an Easter egg. I wouldn't have had anything otherwise." Staff told us that they bought fish and chips for one person on Good Friday, as they had asked them if they would like them.
- Staff had completed equality, diversity, and inclusion training to support their understanding of how to respect people's individual rights and needs. The provider had considered people's religious and cultural beliefs, and this was documented in people's care plans.
- The registered manager told us that if more than two staff supported one person, the staff would use an app on their phones to keep in contact with each other, to ensure the person received consistent care.

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

- People were supported to make decisions about their care. People's care plans provided clear guidance about when they would like their care provided and how they would like to be supported at each visit.
- People and relatives told us they felt involved in decision making. One relative told us, "We were part of the assessment process we really felt listened to which was important." Another person told us, "We have access to the care plan and the daily notes, so we are kept in the loop and always know what is going on, that is just what we want."
- The provider regularly asked people and relatives for their feedback on the care provided. One person told us, "I am always being asked if I am happy with the care I receive. I have completed some questionnaires as well."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. People's care plans detailed what they could do for themselves and when they needed support. Where appropriate, people were encouraged to set goals and staff supported them to take steps towards re-gaining their independence in specific areas. One person told us, "The staff encourage me with my exercises," Another person told us, "They always ask if I want any help, they do let me do as much for myself as I can."

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's care was personalised and they were supported by staff who understood their needs and how they liked to be supported.
- The company use an app which enables family members to remotely access visit times, see who is visiting, and to look at the tasks undertaken to see if they have been carried out. They also have access to their relative's care plan. The registered manager told us, "Relatives like to use the app, it gives them peace of mind which is important."
- Staff were provided with clear guidance about what was important to people and how to make their care personalised. People's care plans contained a detailed breakdown of their preferences for each area of their daily care.
- New staff spent time getting to know people, working alongside people's regular carers to help them to build a relationship and better understand people's preferences for support. People told us they had regular care staff. Some people told us they had photographs of the carers that supported them

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.

- The provider had considered people's sensory and communication needs. People's care plans documented how to share information with them.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, there was a complaints policy and process in place to follow if needed.
- People and relatives told us they felt comfortable voicing any concerns. One relative said, "I would speak to the office. I only have to mention something to any staff, and they sort it straight away."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection. However, people's end of life care needs were considered during the initial assessment of their needs and where appropriate their wishes were documented within the care plan and regularly reviewed.

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

- People and relatives spoke positively about the staff and management of the service. One person told us, "It's a relatively new company and they rely heavily on the directors and the care manager. It is so much better now, and they are much more responsive to the needs of clients. They are exceptional." Another person told us, "The manager and [director] came out and visited. I contact them at the office. I usually email them they always get back to me."
- Staff told us they felt involved in the service and supported in their roles. One member of staff said, "[Name of registered manager] is very approachable and supportive so are the directors, someone is always available to speak to." Another staff member told us, "The manager and the directors will come out and do care calls if we need them, they certainly lead by example. I have never had that happen in any other company I have worked for."
- Staff felt valued and motivated and staff retention was very good. The provider told us they gave staff vouchers for picking up weekend hours at short notice as a way of showing they appreciated them. Staff told us they were also paid a weekend enhancement.
- Directors offered to pay for puncture repairs on people's cars, acknowledging the extra expense. They also offered to pay for a winter car check at the local garage. Staff told us the directors had also paid for them to have taxis for a night out as a way of saying 'thankyou', for their hard work.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to monitor the safety and quality of the service. These included monthly and weekly management audits to review key areas of people's support such as care planning, medicines management and staff training.
- The management team worked alongside staff providing direct care if needed. They told us this enabled them to give support to staff and gain regular feedback from people. The management team completed regular spot checks with staff to monitor the quality of the care provided and offer any additional guidance or support.
- The provider understood their duty to be open and honest with people when incidents happened and there was guidance available for staff about understanding the duty of candour. The registered manager was aware of their regulatory responsibility to submit the relevant notifications to CQC when appropriate.

Continuous learning and improving care; Working in partnership with others

- The provider had developed positive working relationships with other healthcare professionals in order to support people's needs.
- The registered manager told us the service was in the process of developing by recruiting an additional staff member in the office. They told us they and the provider wanted to grow the service steadily to ensure they maintained good oversight and a high quality of care.