

Care In Your Home Ltd

# Care In Your Home Ltd

## Inspection report

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02 July 2019

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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

Care in Your Home is a home care service. At the time of the inspection the service was supporting 43 people in their own homes.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

People were protected from the risk of harm and abuse. There were enough staff to support people and meet their needs. Medicines were managed safely.

People were supported by skilled staff with the right knowledge and training.

Staff had developed caring bonds with people and upheld their privacy, dignity and independence.

People's care and support met their needs and reflected their preferences. Staff upheld people's human rights.

There were clear, robust processes for managing quality and safety in the service.

There was strong leadership in the service and a positive, empowering culture. Staff were clear about their roles and responsibilities.

People were supported to have maximum choice and control of their lives. 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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published on 8 November 2016). The rating at this inspection was Good.

### Why we inspected

This was a planned inspection based on the previous rating.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service remained safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our well-led findings below.

**Good** ●

# Care In Your Home Ltd

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to adults living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection visit to ensure the registered manager and senior staff were available. We visited the office on 28 June and 2 July 2019 to see the registered manager, nominated individual and senior team and to review care records, policies and procedures. On 2 July 2019 we visited two people in their own homes and spoke with one relative.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications submitted to us by the provider.

#### During the inspection

We spoke with the registered manager, the nominated individual, the administrator, the office manager, the field supervisor and three care staff, two people who use the service and one relative. We reviewed care and support documents for four people. We also reviewed records which included four staff recruitment files, staff rotas, staff training records, the providers' policies for medicines management and complaints, team meeting minutes, the provider's business improvement plan and feedback from people.

#### After the inspection

We reviewed additional evidence sent to us by the provider including the staff training matrix and records of medicines incidents. These included actions taken by senior staff to mitigate risks and prevent further errors.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains the same, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe care was provided by staff.
- Staff understood how to protect people from harm and abuse and there were clear policies in place for reporting and recording safeguarding concerns.
- The registered manager understood and acted on their duty to report any safeguarding concerns to local authority safeguarding teams and to CQC.

Assessing risk, safety monitoring and management

- People's care plans contained records of individualised risk assessments. These included clear instructions for staff to support people safely.
- Risks to people were also managed effectively through the provider's electronic recording systems. These produced alerts when concerns were raised. The registered manager and senior team acted on these alerts promptly to ensure people's safety.
- The provider's business continuity plan detailed actions for staff to take in emergency scenarios or in cases of adverse weather. This helped ensure risks were managed and people received safe care.

Staffing and recruitment

- People told us they received support from consistent staff.
- There were enough staff to support people safely and meet their needs and preferences.
- The registered manager used an effective rota system to ensure people received care from consistent staff.
- The registered manager used robust recruitment procedures to employ staff suitable for the role.

Using medicines safely

- There were safe, robust processes in place to manage people's medicines.
- There was a designated trainer for medicines. They ensured staff were competent to administer people's medicines. Staff assessments were completed regularly.
- Medicines administration were audited regularly and any errors or omissions addressed promptly to manage risk.

Preventing and controlling infection

- People were protected from the spread of infection.
- Staff used personal protective equipment such as gloves and aprons when giving care to people.
- Staff understood the risks to people from infection and took actions to prevent and control infection.

### Learning lessons when things go wrong

- The registered manager maintained records of incidents and accidents. They reviewed these to identify any themes and trends, and to take actions to prevent reoccurrences. Staff were also supported and encouraged to reflect on practice to make improvements or to identify good practice.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remains the same, 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 and choices were effectively assessed in line with evidence based practice, standards and the law.
- Care records were individualised and contained evidence of people's and their relatives' involvement. People's interests, likes and dislikes were documented. This meant it was possible to 'see the person' in their care plan.
- People's preferred routines were recorded in detail, helping staff to give individualised support.
- Care records were regularly reviewed and any updates or changes were added promptly.
- Staff recorded daily care notes to document all care and support given.

Staff support: induction, training, skills and experience

- Staff had the appropriate knowledge and skills to deliver safe, effective care.
- Staff completed a thorough induction which included periods of 'shadowing' experienced staff.
- The provider supported staff through a structured programme of supervisions, appraisals and competency assessments.
- If people needed equipment to help them move, staff were given training on each piece of equipment in the person's home.
- The provider supported staff to complete training relevant to their role, including 'Train the Trainer' medicines training.

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

- Staff supported people to maintain a healthy diet and adequate fluid intake.
- If people needed support with diet from professionals such as GPs, staff made the appropriate referrals.
- If needed, staff monitored people's food and fluid intake using established recording systems, to provide additional support.

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

- People received the support they needed to access healthcare services.
- With people's consent, staff acted as advocates for people to ensure information about their health was shared appropriately.

- Staff monitored people's health carefully and sought appropriate support for people from health care staff in hospitals, GPs, and district nurses.
- People were supported by staff to attend appointments with health care professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- Staff had completed training in the Mental Capacity Act. They understood how to apply its principles and gave examples of how they had done this when providing care and support for people.
- Care records contained consent forms which had been signed by people. Where people were not able to sign consent forms due to lack of capacity, their legally appointed representatives had signed on their behalf.
- Where a person did not have the capacity to make decisions about their health and welfare, the appropriate documentation was in place in their care records. This included best interest decision meetings involving relevant professionals.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same, 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 respected and upheld people's human rights and treated them in a sensitive, compassionate way.
- People said staff were compassionate and caring. One person said, "The care is extra special. They're so kind, understanding." Another person said, "These [staff] are wonderful. They always find time to chat to me."
- Staff talked about how they had developed caring relationships with the people they supported. One staff member said, "It's rewarding...I like talking, I like listening to their lives." Another said, "[I] just talk to them, see how they are - generally make sure they're doing everything they want to do – you're going into somebody's house, you treat them with respect."

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

- People's care plans contained detailed records of their communication needs.
- People were fully supported to make decisions about their care and support
- Staff supported people to express their needs through completing a series of regular care reviews and questionnaires.
- The provider ensured the same staff visited people as much as possible. This helped ensure people built relationships with staff and felt comfortable discussing queries or concerns.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and protected their dignity and privacy. People were supported as much as possible to maintain their independence.
- Staff understood the importance of making people feel comfortable and of protecting their privacy.
- People's confidential information was held securely both on the provider's electronic and paper recording systems.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains the same, 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 told us they were involved in planning their care and support and that they could feed back about any changes needed in their care.
- Staff planned care and in partnership with people. Care records showed staff held regular reviews with people to assess their needs and make any necessary changes to their care. All reviews were checked by the registered manager.
- Care records gave specific, individualised information for staff about how to meet people's needs.

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 provider complied with the Accessible Information Standard.
- People's communication needs were documented in their care records.
- Staff supported people to communicate using technology such as electronic tablets and emails, signs, lip reading and whiteboards.

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

- People were supported to access the wider community such as the local shops and social clubs. This helped people to stay connected to their communities and avoid social isolation.
- Staff knew people's social histories and current interests and supported them to engage in pursuits of their choice.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which clearly laid out actions for staff to take to address complaints. No complaints had been made to the service in the 12 months before the inspection.
- People knew how to complain and said they felt comfortable approaching the office team with any concerns or queries.

End of life care and support

- The service worked collaboratively with other health and social care professionals to support people to have a comfortable, pain-free and dignified death.

- If people's relatives did not live close by, staff ensured they were kept up to date with any changes, with the person's consent.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remains the same, 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

- The registered manager maintained a person-centred approach to care. This was clearly shared by staff team.
- Staff were committed to providing high quality care and to acting as advocates for people to ensure their health and wellbeing needs were met.
- There was an open and transparent culture in the service and staff described the registered manager and senior team as 'supportive', 'approachable' and 'encouraging'. Staff relationships were collaborative and positive.

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 was clear in their understanding of the duty of candour and knew the actions to take should something go wrong. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.

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

- The registered manager was supported by a skilled senior team. Roles and responsibilities were clearly defined.
- The registered manager used robust systems to monitor and improve quality and safety in the service.
- Audits and checks were used effectively to identify errors, actions and service developments.
- The registered manager understood and met their regulatory requirements. This resulted in safe, effective care for people.

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

- People who used the service were given many opportunities to give feedback about the care provided. Staff knew people's needs well and were able to support their different communication methods.
- The registered manager and field care supervisor visited people at home to review people's care plans and check they were receiving care and support which met their needs and preferences.
- The registered manager, senior staff and care staff worked in partnership to plan people's care and support.

- Staff were comfortable raising concerns and highlighting changes needed in people's care.
- People were supported to access activities of their choice in the local community.

#### Continuous learning and improving care

- The service's field care supervisor completed regular observations of staff practice to support staff and identify any necessary developments.
- Staff were supported and encouraged to reflect on care provided to identify good practice and any improvements needed.

#### Working in partnership with others

- Staff worked in partnership with health and social care professionals to meet people's needs and promote their wellbeing.
- The service participated in regular quality assurance visits from local commissioners to review safety and quality in the service.