

## Active Homecare Ltd Active Homecare

#### **Inspection report**

Unit 3 Thames Industrial Estate, High Street South Dunstable LU6 3HL

Tel: 01582314070 Website: www.activehomecare.co.uk Date of inspection visit: 18 November 2019 22 November 2019 25 November 2019

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Good

#### Ratings

### Overall rating for this service

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

Active Homecare is a domiciliary agency providing personal and social care to people living in their own homes. 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 staff do support people with personal care, we also consider any wider social care provided. At the time of the inspection, the service was supporting five people with the regulated activity of personal care.

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

People told us they were extremely happy with the care they received. They told us Active Homecare was excellent and staff were very caring and kind, and worked in ways that suited people's individual needs and preferences.

One person told us, "So far, everything [staff] do has been very good, [Active Homecare] have been the best so far. Their care is really superior. It is beautiful for what we require...[staff] are very friendly, they are extremely good, do exactly what we want. [Staff] are always punctual, and we always know who is coming the next day which is really nice as you need to know. They have become part of the family, couldn't be better."

People were supported by regular staff teams who knew them well and had developed positive relationships. People told us staff were very well trained, and the culture the registered manager promoted of compassionate and individual care showed in how staff supported them.

People were treated with respect and supported to do as much as they were able for themselves, with clear defined goals individual to each person.

People experienced flexible care built into their support plans. Staff understood how to recognise when support needed to change to better suit people's physical or mental health or personal interests.

People told us they felt safe because they were well cared for. Staff were trained in how to identify concerns and keep people safe and were confident about reporting concerns should they arise. Systems enabled good management of risks and the registered manager regularly reviewed these to see if improvements were required. Action was taken to then update people's risk and support plans to keep them safe.

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 understood about giving people choice and asking for consent before delivering any care.

People had their needs fully assessed to include anything of importance to each individual such as hobbies and interests or the impact of care on their relatives. This meant people experienced very personalised care.

People who required it, were supported with meals and drinks. This included people who required specialist diets to support good health. Staff ensured all health needs were met and supported people with appointments, referrals and health advice.

Staff supported people to minimise the risk of infection as staff followed best practice guidance and used disposable equipment to prevent the spread of infection.

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 29/01/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

### 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.	



# Active Homecare

### **Detailed findings**

### Background to this inspection

#### The inspection

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

Inspection team One inspector carried out this inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 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 18 November 2019 when we visited the office location and ended on 25 November 2019 when we finished speaking with people and staff.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and a care worker. We also spoke with four health and social care professionals.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke with a further two members of staff and reviewed documents sent to us by the registered manager.

### 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

• People told us they felt safe and well cared for. One person said, "I definitely feel safe. [Registered manager] has been round with all of the staff and personally introduced them. They don't just let strangers wander in and out." Another person told us, "I am always safe with [Active Homecare]. [Staff] treat me very well."

• The registered manager had implemented good systems for reviewing risks and safeguarding people. Staff were well trained about how to keep people safe and had a good knowledge of the different forms of abuse. Staff were able to recognise signs that someone might be at risk of harm. They were confident about how to report any concerns both internally and if required, externally to the CQC and local authority safeguarding teams.

• Risk assessments were in place in relation to individual needs, fire and people's environment. A continuity plan was in place which enabled staff to know what to do in the event of emergency to ensure people still received safe care. The registered manager discussed and reviewed these regularly, updating them as required. They sought the advice and assessment of specialist health professionals where needed.

#### Staffing and recruitment

• There were enough staff to meet the needs of people and staff were always on time for care visits. One person told us, "[Staff] are always on time." Another person said, "[Staff] are all introduced to me and to [my relative] and all [staff] have respect. I have regular staff who are always on time. They have all been shown how to support me and do what I need and when I need it and there hasn't been a missed call."

• The registered manager ensured pre-employment checks such as disclosure and barring checks were carried out before staff started work. This was important to ensure staff are suitable for their role and people will be safe in their care.

#### Using medicines safely

• Not all people receiving support required support with medicines as they were able to do this for themselves or with the support of relatives. For the people who did have support by staff, they told us medicines were also administered correctly and on time and recorded on new electronic medicine administration records.

• The registered manager reviewed the medicine records regularly to identify if there were any concerns. They trained staff in the safe administration of medicines. This included checking each staff member's knowledge and skill through discussion and observation to ensure they had the correct skills and understood how to administer medicines safely. • People's support plans contained information about what medicines they were prescribed and any relevant information such as known side effects. Staff were therefore knowledgeable about people's medicines (even if not responsible for administrating them). This meant staff could identify if people had a reaction to their medicines and pass on this information to emergency health professionals when required.

Preventing and controlling infection

• Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. Staff told us they used personal protective equipment, such as disposable gloves and understood how to help prevent the spread of infection.

Learning lessons when things go wrong

• The agency was new and so far, had not experienced any incidents or accidents. However, the registered manager had systems in place for staff to record these should they occur. Staff confirmed they were shown how to complete these records and knew about reporting procedures.

• The registered manager and staff told us they regularly had the opportunity to discuss people's care, any changes and learn lessons from how care was delivered and incidents they had learnt about from networking or the television to try and make improvements. For example, when one person had an increased risk of falls, the registered manager explained how they had put together a falls presentation and updated the person's risk assessment. This enabled the staff team to increase their understanding of how to reduce the risks.

### 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

- The registered manager completed assessments of people's needs before they started using the service. They worked with health and social care professionals when assessing and planning people's care. This enabled them to make sure they considered up to date guidance in how to meet people's individual needs. One health professional told us, "One of my colleague's sign-posted [person] to [Active Homecare] and said that they are very holistic and will go above and beyond what is in the care plan."
- People's likes, dislikes and choices were clearly documented throughout their support plan in line with their assessed needs. There was a good level of detail that enabled staff to know all about the person, their background, current needs and interests. One staff member told us, "I consider [people] as family. I find out what each person is interested in and remember to ask about it. I am loving [my job]."

Staff support: induction, training, skills and experience

- Staff had received training when they first started working for the agency and this was updated each year. All staff completed the Care Certificate, which identifies a set of standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competency.
- People said staff were well trained and they all knew what their needs were and would, "Go the extra mile." One person told us, "[Registered manager] themselves is lovely, very caring and nice and you can see that their training is showing up in staff [practices]. You can see [registered manager]'s work ethic in them. The staff are well trained and they stay [the full time of the care visit] too."
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They said they felt well supported to do their jobs. One staff member told us, "I was very nervous at first [when starting my job], but [Registered manager] has been great at shadowing." Another staff member told us, "[Active Homecare] is a brilliant company, the best I have ever worked for."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink if this was needed. This included supporting people with specialist diets due to allergies, personal choice or other health conditions.
- One person told us about how important it was staff knew how to make their specialised meals. They said,
- " [Registered manager] and all the staff who have come in have been great, once you explain [my dietary needs] to them. [Registered manager] has come in and absorbed it all like a sponge. They then tell the other

staff how to make everything and has trained them. [Registered manager] writes that all in a [cook] book. It is really ingenious."

- Staff told us they had completed food hygiene training and they described how they supported people to be involved in food preparation.
- Staff maintained good records of people's care which could be shared with other health professionals when needed such as district nurses or doctors. People told us staff supported them to access a variety of health professionals and attend appointments.

• The registered manager made referrals to specialist health and social care professionals such as district nurses and occupational therapists when needed. Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.

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. 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; and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people being supported currently had the mental capacity to make their own decisions. One person had agreed to a lasting power of attorney to nominate who they would like to make their decisions when the time comes they are unable to do so for themselves. Copies of this document was recorded in their care plan so staff knew their wishes.
- The registered manager had systems in place to assess people's mental capacity for specific decisions and this was conducted at the initial assessment and when anything changed.
- People were supported by staff who were trained and understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so.

### 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.

Respecting and promoting people's privacy, dignity and independence

• Staff supported people to promote their independence wherever possible, seeking the advice of other professionals when necessary to ensure methods for achieving goals are safe. One person told us, "When I first had staff I was on a standing machine and I couldn't walk at all, but I can do a few steps now. [Staff] always help with health appointments. I had a little mark on my leg and they said, 'oh we will watch that' and supported me to get it looked at."

• Another person told us how staff had supported them with patience and upheld their dignity to encourage them to feel confident enough with their mobility to use a shower again for the first time in a number of years. They said, "I had a shower this morning for the first time and washed my hair and it felt lovely. It was suggested by [registered manager] but no other company had ever suggested it. [Staff] supported me to work out a way which allows me to get into the shower. It is so nice and refreshing to have a shower. I wouldn't have trusted other companies to do it, but I must say with [Active Homecare] I have had so much trust in them it has been really nice."

• Staff were very keen to ensure people were supported with compassion and dignity in the same way they would like their own family to be cared for. It was clear from speaking with people they had achieved this.

• One person explained how their ability and mental health can fluctuate daily but how staff always work with them each care visit to assess and agree what they need and how they want care delivered. Another person told us, "Well, I find [Active Homecare] excellent actually, [staff] are very caring. They treat me with dignity and if there are any problems they are always willing to help me."

Ensuring people are well treated and supported; respecting equality and diversity

• People told us the care was excellent. They said staff go the extra mile and treat them with compassion, kindness and understanding. For example, one staff member told us how they had seen a person's favourite Christmas plant while out and they bought it for them. The staff member told us the person said, 'It had made their day'. People went on to say how they have built such strong, trusting relationships that meant staff felt like family to them.

• People's comments demonstrated the personalised and caring approach by staff. People told us, "I never felt rushed [staff] will always take extremely good care [of me]." And, "[Staff] always stay their full time and sometimes even over their time, and they chat to me. They take as long as it needs."

• One staff member told us about a person who had been too unwell to attend their local remembrance service and the action they had taken to try and support the person to still feel involved and be able to pay their respects. The staff member said, "[Person's name] was unable to get out for Remembrance Day so I went around the village after work and took photos of all the poppies and statues and brought them back to show [person]. We spoke about it and [Name] said it meant so much to them."

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

• People told us how the registered manager and staff team asked them their views about the care and the service on a very regularly basis. This was done through face to face chats and well as more formal reviews and feedback sheets. One person said, "Registered manager] has been in and asked about [care review], if we need anything different or anything extra, they are quite flexible, they will go the extra two miles." Another person told us, "The [Registered manager] calls in every other day, they talk about how things are going."

• The registered manager told us how they involved people in staff competency assessments. Documents viewed showed people were supported to assess staff's ability to provide the care. This gave evidential feedback on what was working and what might need to change. All assessment comments we viewed were very positive.

• People were also asked for their views more generally. For example, one person had written, 'Divine timing has been my experience of finding Active Homecare...I called the proprietor the same day and they arranged to come and see me. [Registered manager] was as lovely [in person] as they sounded on the phone and agreed to take on my care package and it was started within a fortnight'.

• The same person went on to write, '[Registered manager] and the other staff have been an absolute Godsend for myself and my young [relative] and my dog. I would not hesitate at all to recommend this company. [Close relatives] have noticed the improvement in my general positive mental attitude. [Staff] are accommodating and also great at cooking fantastic healthy food for all'.

• People had not yet required the use of an advocate but information on local advocacy services was available and the registered manager explained they would support someone to access these if needed.

### 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

- Staff had built good relationships with people, as people spoke very highly of the care they gave and how well they got along. Staff knew people's likes, dislikes and preferences. There was also clear information about people's long-term health conditions to guide staff.
- Staff understood the importance of giving choice and said they always asked people what they wanted before starting any aspect of their care. People we spoke with confirmed this to be the case and spoke about the flexible approach to care to suit how they felt on the day.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. One person told us, "[Registered manager] personally explains [to staff] what happens in my house as there are certain things I need done a certain way."

#### 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.

• People currently supported were all able to communicate verbally and did not require any alternative methods of communication. However, the registered manager was aware how to support people who did and said they would implement what was needed such as producing information in large print, braille, audio, pictorial. This option is offered as part of the agencies 'client guide' given to people when they first met.

Improving care quality in response to complaints or concerns

- People told us they had not had any complaints but knew how to raise a concern if needed and were confident they would be listened to and the concern acted upon by the registered manager.
- The registered manager had systems in place to record and review any concerns and staff were aware of how to report and record these.

#### End of life care and support

• The agency was not currently supporting anyone receiving end of life care. However, they had systems in place such as policies and additional advanced care plans to support people if required and some staff had

training in end of life care.

• People were asked about their wishes about illness and end of life at the point of initial assessment and this was revisited during reviews. The registered manager told us how they would work with district nurses to ensure people were not in pain and were supported with dignity at the end of their life.

### Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when this was required

- People, staff and other professionals all spoke very highly of the registered manager. One person told us, "I thank my lucky stars that I met [Registered manager], they will tell me if there needs to be any changes [with my level of care] and will guide me all the way through. I can't sing their praises enough."
- People had completed regular surveys and were asked for feedback about their care. All of the responses showed positive comments about the agency, with no improvements to be made.
- •Some written comments people wrote included, 'My carer is very caring and professional in their work. They are very caring and help me with any little problems I may have. I look forward to their visits every day'; '[Staff] always do little bits and pieces I ask them to do, I am completely involved in my care and support'. And, 'I've had numerous care agencies, this is by far the most proficient agency I've had the pleasure to deal with. I would highly recommend them'.

• Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about their care. Staff told us that they attended meetings regularly both as a group and as individuals, which gave them support and information was shared quickly with them.

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

• People told us the registered manager and staff knew them well and understood the importance of meeting their needs correctly and at the agreed time. People spoke about the positive impact this standard of care had on their lives and well-being. They said they now felt able to focus on family relationships and interests as the daily stresses about care had been removed.

• Staff told us they were able to provide a high quality of care as the registered manager was supportive, trained them well and encouraged them to share ideas and make suggestions for improvement. One area was learning the best approach and different ways to record medicine records when they changed from paper to electronic versions.

• The registered manager had a good understanding of person centred, flexible care as well as the legal requirements of their role. This included the need to share learning outcomes, report incidents and display their rating (once given) in the office and on their website. They were aware of current guidance and kept themselves informed through networking externally and subscribing to websites that supported the development of best practice in care.

• Audits of all aspects of the care delivery and business were regularly undertaken and outcomes reviewed by the registered manager. They looked at patterns and areas for improvement as well as business goals. For example, they were planning to ensure all staff completed the next step care qualification for their role.

Working in partnership with others

• The registered manager worked in partnership with other organisations, such as the local authority social services, other providers and local healthcare teams. They used this to seek ideas for continually improving their business.

• One social care professional told us about a project they had been involved in with Active Homecare to film a series of videos to tell people about how social care services and health services, like hospitals and GPs are linking up to offer better care, locally. They said, "One of the videos is titled "living independently at home", and we wanted to hear about (Active Homecare), so we arranged an interview with [registered manager]. I found them to be extremely knowledgeable and passionate, which came across in the interview."