

Mrs Tammy Ann Bunyan

Retford Enterprise Centre

Inspection report

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17 January 2020

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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

Retford Enterprise Centre, also known as Helping Hands, is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Retford and surrounding areas. At the time of the inspection visit there were 14 people using the service.

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

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

People and their relatives told us they or their relative felt safe when receiving care and support. Staff were aware of measures to take to prevent and control the spread of infection. There was a procedure to record and monitor any accidents/incidents which may occur, none had occurred in the last twelve months.

People were supported by a small group of staff who knew them well, and so allowing relationships to develop. The person gave positive feedback about the caring staff team.

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 were trained to support people with their individual needs.

People knew about the complaints process and knew the process to follow if they had concerns.

People were treated with kindness, respect and staff involved them in decisions about their care.

The service was well-led. The provider had ensured that safe recruitment, governance and quality assurance procedures had been fully established. The provider continued to develop the agency and planned changes well in advance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The agency was rated as Good at the last inspection in June 2017.

Why we inspected

This was a planned inspection based on the previous rating inspection.

We have found the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our effective findings below.

Good ●

Retford Enterprise Centre

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people 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

This inspection was announced, this was to ensure someone would be in the office to assist us with the inspection.

Inspection activity started on 14 January 2020 when we phoned people using the service, where they were unable to speak with us we spoke with people's relatives. We then visited the office location on 16 January 2020 where we spoke with the provider and looked through records. We made phone calls to staff on 21 January 2020.

What we did before the inspection

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. However, we gave the provider the opportunity to share with us information and this was included as part of the inspection. We looked at other information received from the provider, such as statutory notifications about events the provider must notify us about. We took all the information into account when we inspected the service and making the judgements in this report.

During the inspection

We spoke with one person and four relatives prior to visiting the agency offices. We reviewed the care records for two people using the service, and other records relating to the management oversight of the service, such as staff training and medication records, staff rotas, incident recording and complaints.

Following the inspection

We made phone calls to four staff employed by the service and continued to seek clarification from the provider to validate evidence found. The information which the provider sent has been used in the report.

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 has remained the same. That meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person and supporting relatives we spoke with told us they or their family members felt safe when staff were in their home. When we asked if people felt safe, one relative said, "Tremendously, they trust them implicitly, they are all very caring people (staff)."
- The provider's safeguarding policy provided staff with guidance on what they should do if they felt the safety of people was at risk. This included the provider reporting any concerns to the local authority and the CQC when they had been notified of any allegations of abuse or neglect. To date there had not been any incidents that required reporting.
- Staff we spoke with were knowledgeable about the reporting process and felt confident that the provider would act on any concerns raised. This offered staff reassurance that their views were valued and respected.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were appropriately assessed, acted on and reviewed. Where risks were identified, assessments were in place, supported by detailed care plans, to inform staff how to reduce the risk to people's safety.
- Environmental risk assessments were completed. These highlighted potential risks to safety in people's homes.

Staffing and recruitment

- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place.
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One relative said, "They (staff) are super and come at a regular time."
- Staff confirmed there were enough staff rostered to support people in a way they preferred. A number of staff were specifically employed to assist and accompany people with leisure time as well as providing personal care.

Using medicines safely

- Staff administered medicines to people safely.
- Medicine administration records were reviewed monthly. This enabled the management team to ensure staff completed these according to their training.
- Staff competency was assessed. This enabled the provider to address any concerns with staff performance before it started to impact people's safety.

Preventing and controlling infection

- The person and their supporting relatives told us staff wore personal protective equipment (PPE) when providing personal care in people's homes.
- Staff had been trained to help reduce the risk of the spread of infections. Staff confirmed there was plenty of supplies of PPE to assist with this process.

Learning lessons when things go wrong

- Processes were in place that ensured accidents and incidents were recorded, investigated and information fed back to staff.
- Learning from incidents was circulated to staff through a private 'WhatsApp' group and discussed with individual staff during supervisions or in 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. That 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 physical, mental health and social needs were assessed before they commenced receiving care. Assessments were reviewed to ensure they remained up to date and reflected people's choices.
- Assessments covered areas of people's individual care needs and their home environment.
- People and their relatives told us staff arrived at or near the pre-arranged time and had consistently commenced their call at the appointed time.

Staff support: induction, training, skills and experience

- Staff were supported to access and undertake training. They confirmed they had commenced with an induction and then had undertaken a variety of training courses.
- Newly commenced staff shadowed permanent staff to receive an insight how people preferred their care. Shadowing was available till staff felt sufficiently skilled to carry out their role.
- Relatives we spoke with said they felt staff were well trained. One relative said, "They (staff) are well trained to look after [named] well dressed and keep them clean and tidy." A second relative said, "They always seem to know what they are doing, they seem very competent."

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

- People were supported to have enough to eat and drink and to maintain a balanced diet.
- People's plans of care included information about their likes, dislikes and preferences regarding food and drink.
- People and their relatives told us that staff provided drinks and food that met their culture and individual preferences. One relative told us, "[Named] tells them what he wants."

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other supporting agencies and healthcare professionals who also provided a support service, for example a district nurse.
- People had information which staff were able to access in an emergency. This was updated to ensure the correct information was available for any anticipated future emergency.

Supporting people to live healthier lives, access healthcare services and support

- People using the service were mostly supported by family members to access healthcare services. Staff were aware of the people's healthcare needs and supported families when required.

- Care plans included details on their healthcare and included oral hygiene information.

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.

- The provider demonstrated an understanding of the need to consider people's mental capacity in terms of making specific decisions and any made on their behalf, be made in their best interests.
- One person and their supporting relatives confirmed staff sought their consent before providing care. There was a copy of a consent form in the office copy of the care plan. The registered manager stated that everyone that had capacity to consent to their care had a copy placed on their file.

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 has now remained the same. 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 person and their supporting relatives told us staff cared for people well and supported and treated people with respect. One relative said, "They are all lovely staff they are wonderful."
- The registered manager explained the recruitment process ensured they employed caring people that had the right attitude.

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

- People felt comfortable with care staff, which enabled them to speak up about how they wanted their care.
- A relative explained how the care staff were mature and had built a good rapport with their relation.
- People were involved in commenting on and developing their care plans. Care staff explained as they learnt more about the person, their care plans would continue to be updated. People, and when appropriate, their relatives were involved in reviews of care.
- People were provided with information about advocacy services. This meant that people would have access to someone independent who could speak up on their behalf if they felt unable to.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and staff respected people's privacy and encouraged independence whenever possible.
- People and relatives we spoke with told us when staff provided personal care this was done in a way that protected their or their family member's dignity.
- Staff spoke confidently about how they ensured people's dignity. Staff spoke about placing towels over private areas, closing doors, blinds and curtains.
- People's independence was encouraged wherever possible. Care records contained guidance for staff on how to promote this and support people's individuality whenever possible.
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

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 has now remained the same. 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

- An assessment of the people's needs was carried out before staff provided a service.
- Overall people had received visits at the planned time. People and their supporting relatives felt staff provided the care they expected. One relative told us, "The staff that come are mature, [named] can relate to that age of staff."
- Care plans included information about what people expected from staff during the visit and how they were to provide individualised support. Staff knew the people's support needs and were able to explain how they provided this.
- People were sent a rota each week which provided the names of visiting staff and confirmed visit times. Staff told us they were usually able to get to their visits on time.

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 registered manager demonstrated a variety of documentation which could be provided to people who required an alternative format. These included documents in large print and special adjustments to assist a person with dyslexia.
- Staff were aware of people's individual communication needs.

Improving care quality in response to complaints or concerns

- People and their supporting relatives all said that they had no concerns and felt able to raise any concerns with the registered manager or management team. People were confident their concerns would be taken seriously.
- People were provided with a copy of the complaints policy when they commenced with the service. The registered manager was in the process of updating and re-circulating this along with other documents to the people using the service.
- The registered manager said they had received one complaint so far. They said all complaints would be recorded and analysed and feedback provided in line with the provider's policy and procedure.

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 Requires Improvement. At this inspection this key question has now improved to 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

- People and most of their supporting relatives spoke positively about staff and told us they felt supported by the staff team. One relative said the one improvement the agency could make was, "More consistency of visiting staff." However, another relative said one of the positives of the service was the consistency of staff. We discussed this with the registered manager who said staff were employed to assist one specific person. Sickness and delays in calls sometimes meant some calls had to be re-scheduled.
- Some of the positive comments suggested a well-run service. One relative said, "It's all positive, the care is fantastic." A second relative said, "Staff always turn up on time, there's only about four or five of them so it's a consistent group."
- Staff spoke positively and told us they felt supported by the registered manager and management team. We asked staff if the management team were supportive, one staff member told us, "Definitely, in the past when I've had problems, they were very good and approachable." A second staff member said, "Yes, 100% they are amazing there's always support any time you want it."

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 recognised the different levels of risk within the service, where action was required to improve each area. The provider had developed an annual and five year plan, both of which the management team had agreed and continued to develop and update the annual plan. The registered manager also promoted a reflection time on a Friday morning where issues were taken up and changes to processes and documents were made.
- People and staff felt that the service was open and honest. The registered manager understood their responsibility to be open about any incidents with family members, where appropriate.
- The provider understood the regulatory requirements such as notifying CQC of certain incidents.
- The registered manager was aware they had to display the rating from each inspection at the agency's office.

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

- The service was led by a well informed and dedicated registered manager who promoted staff to know the people using the service on a detailed level. They, along with the management team, were committed to keeping a well-informed staff group in order to maintain a high-quality service for people. One member of

staff said, "It's a good company and the manager is good." A second staff said, "They are on top of anything and always at the end of the phone for support."

- Quality monitoring and auditing were an important way of ascertaining how the business was performing. The registered manager completed regular audits on records. Live monitoring of the day to day service was being developed which meant any delayed calls or staffing issues were addressed immediately to reduce risks to people and staff and ensure a high quality service was promoted.
- Staff had support visits to ensure that their performance was managed to confirm staff adhered to the agencies policies and procedures and provided equitable care. Staff had access to regular supervisions and although staff meetings were planned regularly, staff attendance was irregular. The registered manager was seeking alternatives to allow more staff involvement.
- The registered manager understood their regulatory duties and requirements and informed us of any they ensured appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety.

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

- People had been provided with opportunities to share their views and feedback about the service through a questionnaire sent out in 2019. The questionnaire encouraged people to consider community activities other than the very successful Christmas party. The returned indicated people were interested in a range of activities which the management team plan to build and expand on.
- Staff meetings and personal supervision have continued, and communication updates provided between those events using the 'WhatsApp' group. This kept staff up to date with changes and ascertain feedback on how the service could adapt to meet the changing needs of people.

Continuous learning and improving care

- The provider had undertaken quality audits so had been able to ascertain where shortfalls or omissions had occurred, and this provided the basis for planned improvements. There was evidence of spot checks on staff taking place to ensure staff provided a good service.
- The registered manager stated that information from the latest quality questionnaire would be used to develop the community interaction with people using the service.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.