

EBridge International Ltd

The Care Net

Inspection report

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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

We inspected this service on 14 August 2018. This inspection was announced. The Care Net is a domiciliary care agency (DCA) that started operating in summer 2017. The service provides personal care to mainly older people living in the community in Lechlade and surrounding areas. This was our first inspection since the service's registration. At the time of our inspection 19 people received regulated support from the agency and an additional number of people received support with other tasks such as housekeeping or shopping.

At this inspection we found the service was Good in all five domains and Good overall.

There was a registered manager running the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe with the staff. Staff knew how to report and escalate safeguarding concerns. There was sufficient staffing in place and the provider followed safe recruitment practices.

People were supported to take their medicines safely and as prescribed. People's care files contained risk assessments surrounding falls, mobility, skin integrity and individual conditions such as diabetes. The provider had a system to record accidents and incidents and there was evidence that lessons were learnt where required to improve the service for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make own decision were respected.

Staff received training relevant to their roles and were well supported. Staff worked with a number of professionals to ensure people had access to health services as needed. People were supported to meet their nutritional needs and maintain good hydration.

People were supported by caring staff that were enthusiastic about their jobs. The team demonstrated a caring nature and staff told us they were led by example from the management. People's privacy, dignity and confidentiality were respected. People were supported to be as independent as possible.

Staff ensured they used knowledge of people's individual needs to provide personalised support that met people's needs. People told us the service was flexible and responded well to request for any changes to the agreed support plan. People's care plans were current, detailed and regularly reviewed with people's input apparent.

People knew how to complain and people did not hesitate to ring the office with any 'niggles' which were promptly responded to. No people received end of life support at the time of our inspection.

There was a clear staffing structure and staff were aware of their roles and responsibilities. The registered manager ensured a number of regular audits were carried out and appropriate action was taken where an area for improvement had been identified. The team demonstrated an open and transparent approach and a positive culture focus on stable, slow growth of the service to ensure the quality of the service provided to people was maintained.

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.

Risks around people's safety, environment and their individual conditions were assessed and recorded.

People were supported to take their medicines as prescribed.

There were sufficient staffing levels in place.

Staff knew how to report and escalate safeguarding concerns.

Is the service effective?

Good ●

The service was effective.

People's rights to make their own decisions were respected.

People were cared for by suitably trained staff that were well supported by the management.

People were supported to maintain appropriate nutrition and access health services.

Is the service caring?

Good ●

The service was caring.

Staff were of a caring nature and enthusiastic about working with people.

People's dignity and privacy was maintained.

People were encouraged to be independent as much as possible.

Is the service responsive?

Good ●

The service was responsive.

People received support that met their needs.

People told us the service was responsive to their changing needs.

The provider had a system to manage complaints and concerns were dealt with promptly.

Is the service well-led?

The service was well-led.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The provider ensured regular audits took place and appropriate action was taken when an area for improvement had been identified.

The provider worked in partnership with other organisations including commissioners and health professionals.

Good ●

The Care Net

Detailed findings

Background to this inspection

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

This inspection took place on 2018 was announced. We informed the provider two days before our inspection as we needed to ensure they were going to be in the office. This inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted four people and two relatives to gather their feedback. We spoke with the director, the registered manager, the care co-ordinator and two care assistants.

We also contacted number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

People told us they were safe with staff. One person said, "Oh yes, I feel very safe with them". Another person said, "I do feel safe". The registered manager worked with the local safeguarding teams and was aware of the local safeguarding procedures. The staff knew how to identify allegations of abuse and escalate safeguarding concerns. One member of staff told us, "I'd report [any concerns] to the office, I'd follow up, go to director if needed or to Care Quality Commission (CQC)".

People were supported to take their medicines safely and as prescribed. The staff received training and the provider used a new electronic system to sign for when people were assisted with taking their medicine. We saw an example of the records and the system clearly stated the time of the day and the number of tablets required to be administered. The registered manager told us, "Staff can't log out [complete the visit] if they have not signed that the medicine had been given". They added that the new system significantly improved the recording. People's care plans gave clear instructions surrounding the level of assistance required and identified whether people only required prompting or additional support or supervision.

There were sufficient staff deployed to meet people's needs. The provider used electronic rostering system to schedule people's visits. The system allowed for ongoing monitoring. For example, if a staff member did not log in at person's house the management would get a notification from the system in real time. The registered manager showed us how the colour coding of the scheduled visits changed to reflect that a call was allocated, or still needed to be allocated. There was a designated care co-ordinator who ensured people's visits were scheduled and continuity of care was maintained as much as possible. People told us the staff were reliable and punctual. One person said, "[Staff] turn up on time". The provider followed safe recruitment practices.

Risks to people's safety, well-being and their environment were assessed and recorded. Management plans were in place to guide staff how to ensure people remained safe. For example, one person was at risk of developing pressure areas due to 'not being able to use the commode unsupported'. Their risk assessment explained the importance of supporting the person with their continence to ensure the person's skin remained intact.

Staff received training in infection control. People's care records highlighted the importance of using relevant personal protective equipment (PPE) where required, for example, when dealing with continence products and body fluids. One staff member told us, referring to when they mentor any new staff, "I always tell them the rights things, gloves, aprons".

The provider had a system to record accidents and incidents. We viewed the log and saw no accidents to people occurred this year. The registered manager told us they would sign off all accidents records to ensure appropriate action was taken following an incident.

There was evidence the provider reflected on service delivery and where an improvement could be made they ensured this was acted on. For example, despite doing an initial research which showed the best

location for the office was west Oxfordshire the management struggled with recruitment of staff. The provider then decided to move the office to Lechlade to be in a more central location not only to the people receiving the service but also to staff. The provider moved their office to Lechlade a month before our inspection. They told us they saw the benefits of the move already as staff did not have to travel for a long time to visit the office to collect their rotas, PPE or just for a chat.

Is the service effective?

Our findings

People were assessed prior to commencement of the service to ensure staff were able to meet their needs. The provider used a detailed assessment tool that covered people's physical as well as psychological and cultural needs. The assessment also captured people's marital status, information about any 'significant others', people's life history and their likes and dislikes. There was evidence people, and where applicable, their relatives were involved in the assessment process. Where appropriate, copies of people's assessments received from commissioners were also in people's files.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us their decisions were respected by staff. One person said, "Yes, I am still in charge". Another person said, "They follow my lead". Staff were also knowledgeable about MCA and told us how they ensured people's rights to make own decision were protected. One staff member said they always considered that, "People are able to make own decisions, our clients are able to make own decisions". People's care records highlighted the importance of giving people's choices. For example, one person's care plan said, "Depending on [person's choice] may wish to get up or have breakfast in bed".

People were cared for by staff that had received training relevant to their roles and ongoing support. The training provided met the Care Certificate standards and included areas such as first aid, moving and handling, medicines, safeguarding, health and safety, data handling and others. The Care Certificate is a nationally recognised set of training modules that all social care workers need to adhere to in their work. Staff complimented the training and support received. One staff member said, "Training was great actually, I was new to care and was very nervous, it gave me confidence" and "Yes, I get supervision, I can chat to the manager anytime I want".

Staff worked with other professionals to ensure people were supported to access health services and have their health care needs met. For example, one person was reluctant to take their medicine and the registered manager told us they consulted with the person's GP if the medicine could be given at a different time than originally prescribed time, when the person was more likely to take their medicine. Staff told us they worked with district nurses, doctors, social workers, occupational therapists and the local frailty nurses. One person told us, "The management has unfailingly tried to help me get the support I need, such as physiotherapy and has, in spite of the financial constraints had some success. I always feel there is someone to 'fight my corner'".

People were mostly independent with their food and only needed minimal assistance with heating up their meal. People's nutritional needs were assessed and referred to in people's care plans. For example, one person's care plan described the preferred make of microwavable dishes the person wished to have for

their meals.

Is the service caring?

Our findings

The team demonstrated caring approach. The registered manager told us they put an emphasis on recruiting the right people and ensuring there was a good staff retention. Their aim was to grow a stable and committed team to ensure continuity of staff to people. Staff told us the management led them by example and all senior team was very caring.

Staff were enthusiastic about working with people and they wanted to provide good support. One staff member said, "I really enjoy what I do, it's all about individual people, we help people to stay in their own homes and be able to still do things they could not do otherwise. It's so rewarding seeing people living independent lives". Another member of staff said, "I like being with people, helping [them], care [for people] in a way I would like to be treated".

People complimented the caring nature of the staff. One person said, "They all have been so good [to me]". Another person told us how the staff identified the person wanted to go out for lunch occasionally and they facilitated this for the person. The person told us they had no relatives living nearby that could take them out and if it was not for the staff they would not be able to enjoy lunches out. An external professional commented, "They have the upmost respect for the people they support and go above and beyond at times what I would expect of them".

People's dignity and privacy were respected. One person said, "[Staff] do respect privacy and dignity". People's care records highlighted the importance of providing care in a dignified way. For example, one person's care plan said, '[person] to be [assisted to] change on regular basis with dignity and respect delivered at all times'.

The provider and staff were committed to respect people's individual needs including people's needs around diversity. People's individual needs, for example in relation to their communication needs were clearly recorded and guidance was available to staff how to maintain good communication with people. For example, one person's care plan said, '[Person] can get stuck on expressing words. Give time to express [person's] needs'. Staff also told us about how they respected people's individual communication needs. One staff member said, "One person is rather deaf but does not like when people shout as they get upset, so we adjust our voice so [person] is able to understand. Another person asks staff to read some of their posts".

People's independence was promoted. Staff worked with other professionals to enable people to carry on doing tasks they enjoyed. For example, one person was still enjoying their trips to the local shop, they however lost their purse once and were anxious this could happen again. The registered manager arranged for an account to be opened for the person at the shop, which was paid by the person's relevant representative of their financial affairs. The person was still able to go and buy the things they liked without having to worry about the risks of losing the money.

People's confidentiality was respected. People's files and electronic records were kept secure and staff had their own login password to access computers. The management used secure electronic mail to share the

information about people with external parties. Staff signed confidentiality agreements and completed information handling training as a part of their induction.

Is the service responsive?

Our findings

People's care plans were current, detailed and regularly reviewed with people's input and their families if applicable. People's care records gave details of people's preferred name, their likes, dislikes, how they wish to be supported and what level of assistance is required on each visit. The care plans were written with people's involvement and people were able to identify their goals and expected outcomes. For example, one person's care plan said, 'All [person's] care is about re-enablement, their goal is to walk with [walking] frame again, staff to be gentle but encourage [person] to try and do what they can for themselves'. Another example of the person's goal was to 'remain at home'.

The provider introduced an electronic system, which meant staff were able to access the care planning information via their phones or computers. One person told us, "They [staff] use little computers, they know what to do, works very well". A member of staff also complimented the new system. They told us, "Electronic records help, it's good to have a list of tasks so you don't forget anything".

People told us the service responded well to their changing needs. One person told us, "The staff understand my condition varies from day to day and they make allowances for this. For example, by not taking over if I am having a bad day, instead they understand that I want to do as much as possible myself and wait until I ask for help". Another person told us, "If I go out, I let them know, they've been good". An external professional commented, "I have had positive feedback from families and I have seen the positive impact they have had on individual lives".

People received service that met their needs. Staff used knowledge of people's history to ensure they were supported in a way that met their needs. For example, one person was known as wanting to go out to town and due to increased confusion, they could be at risk of not finding the way home. The registered manager told us, "I don't believe in people wandering" meaning there is always a purpose behind the person wanting to go somewhere. They worked with the person and their family to find the solution. They identified the person's aim was to go to the cemetery and they ensured the person used their allocated visit times to be accompanied there. This helped with person's anxiety and reduce their need of wanting to go out unaccompanied.

People knew how to complain and the complaints policy was available to people and their relatives. There was one complaint recorded in the last year that was investigated and responded to by the registered manager. The office staff told us people did not hesitate to ring the office with 'niggles' which were dealt with promptly. People we spoke with said they never had a reason to make a complaint. One person said, "They do everything they need to do, never had any problems with them". Another person said, "From the first day the manager emphasized that I should contact her with any concerns I had about my care and I have been delighted with her quick and very personal response".

No people received end of life care at the time of our inspection.

Is the service well-led?

Our findings

There was a clear staffing structure and staff were aware of their roles and responsibilities. There was a registered manager running the service who had been working with the team for 18 months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People complimented the service and how it was run. One person said, "I have nothing but praise for the management and staff of The Care Net". Another person said, "I would recommend this company".

The provider's ethos was 'Quality care delivered with passion and enthusiasm'. The team demonstrated a positive, open and transparent culture. Staff complimented the team work and the staff morale. Staff were encouraged to attend team meetings this included general staff meetings and office staff meetings. There was a regular staff newsletter that covered areas such as training, people's updates and celebrations of successes. The management ensured any praise or compliments were passed on to staff. Any achievement, such as staff completing their Care Certificate or staff receiving a provider's Certificate of Recognition for their work were celebrated. These were pictured and shared on the provider's own website and their social media pages.

The registered manager ensured feedback from people was sought and acted on. The office staff told us they received phone calls from people with small requests which meant people were confident in raising any issues with the team. People's feedback was also gathered during staff spot checks and people's reviews. One person raised during their review they would like their weekly schedules to be sent to them via email and that has been arranged. The provider planned to send out the quality surveys questionnaires to people in autumn.

The provider had a number of quality assurance processes in place. There was evidence available that audits of staff logins (visit times), electronic records, care plans and staff recruitment files took place. The registered manager was aware that with growing number of people they needed to incorporate into their audits the overview of accidents, incidents and safeguarding concerns. There was evidence where an area of concern was identified appropriate action was taken, for example, increased staff supervision or spot checks took place to ensure staff followed correct practices.

The service worked well in partnership with a number of partners such as local commissioners and Wiltshire and Swindon Care Skills Partnership. The service was part of United Kingdom Homecare Association (UKHCA). UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide social care which may include nursing services, to people in their own homes, promoting high standards of care. The provider also referred to good practice guidance and information sharing sent by the Care Quality Commission. People's care records contained information data sheets about people's individual conditions such as Parkinson's disease

or arthritis.

We received very positive feedback from external professionals. Comments included, "We have not had any concerns raised about this provider and they are careful to consider capacity [ability to accept new care packages] if we call" and "I feel that quality of the support has been excellent and they strive to put the person at the centre of they do. They are very approachable and responsive".