Better at Home (IOW) Limited

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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

About the service:
Better at Home (IOW) Limited is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Better at Home (IOW) Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 60 people were receiving a regulated activity from the service.

People's experience of using this service:
We received positive feedback from all people and relatives. All staff including the management team, care staff and office staff were praised for their kindness and professionalism and the consistent high quality and reliability of the service provided.
People told us they received safe care and were confident that if they raised concerns, the management team would act promptly to address these.
People were supported by consistent and suitably trained staff.
People received their medicines as prescribed and infection control risks were managed effectively.
Individual and environmental risks were managed appropriately, and people were protected from avoidable harm.
People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation.
People were supported to access health and social care professionals if needed.
Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed.
The management team kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.
The management team were open and transparent. They understood their regulatory responsibilities.
A quality assurance system was in place to continually assess, monitor and improve the service.
The service worked well with other partners, organisations and commissioners.

The service met the characteristics of Good in all areas. More information is in the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:
The service was last inspected in October 2016 where we undertook a full comprehensive inspection (report published November 2016). It was awarded a rating of Good.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:

There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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.

Better at Home (IOW) Limited

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 conducted by one inspector on the 10 May 2019, and an expert by experience who carried out telephone interviews with people using the service. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people and those living with dementia.

Service and service type:
Better at Home (IOW) Limited provides support and personal care to people living in their own home. Not everyone required a personal care service and at the time of our inspection 60 people were receiving personal care from Better at Home (IOW) Limited. 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. This is because the service is small and we needed to be sure that the registered manager would be available. Inspection site visit activity started on 8 May 2019 and ended on 10 May 2019. We visited the office location on 10 May 2019 to see the registered manager, office staff and care staff and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:
Nine people who used the service and three relatives of people who used the service. We also spoke with the registered manager, the deputy manager, the training manager and four members of care staff. We viewed eight people's care records, records of accidents, incidents and complaints, and audits and quality assurance reports.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● All the people we spoke with said they felt safe with every aspect of the service and the care they received. People's comments included; "Absolutely safe, I've never had a concern", "Very safe, never a problem" and "I'm certainly safe." People's relatives echoed this, one said, "Safe? Very much so" and a second relative told us, "I am confident that Mum is safe with them [staff]."
● Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns.
● Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One staff member said if they had a concern they would, "Reassure the person and report my concerns to the office. I would go higher; to the police, safeguarding team or CQC if I needed to." Another staff member told us, "If I had concerns I would let the management know. Any problems they will deal with it, I'm confident of that."
● There were processes in place for investigating any safeguarding incidents. Where safeguarding concerns had been highlighted, they had been investigated and reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
● Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people.
● People had risk assessments in place in relation to; medicines, moving and handling, mobility, use of equipment and skin conditions.
● Staff were knowledgeable about people's individual risks and the steps required to keep people safe.
● Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
● People's home and environmental risk assessments had been completed by the management team, to promote the safety of both people and staff. As well as considering the immediate living environment of the person, including lighting and the condition of property and security, risk assessments had been completed in relation to the safety of where they lived.
● All risk assessments were reviewed annually or more frequently if needed.
● Better at Home (IOW) Limited had a lone worker policy in place to promote staff safety. This meant the management team could be assured that staff had completed their visits as required and they were safe.
● The service had an electronic logging in/out system. This meant when staff arrived at a person's home, they were expected to log in and were unable to log out until all the expected tasks were completed. This system automatically alerted office and on call staff that care staff had completed their required calls. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times

were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment:
● There were sufficient numbers of staff available to keep people safe.
● Staffing levels were determined by the number of people using the service and the level of care they required.
● There was a computerised duty management system, which detailed the staffing requirements for each day.
● Short term staff absences were managed through the use of overtime from existing care staff, as well as additional support provided by office staff and the management team.
● Staff were usually allocated to work in a particular area and confirmed that most people they provided a service for lived within a short distance of each other. We saw staff allocation lists, which allowed staff adequate travelling time between visits so planned call times could be met.
● People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected. Comments included; "They are on time and very reliable", "Always on time and if they're unavoidably delayed they always call me", "Sometimes the carers are later than expected but they call if they are going to be more than half an hour late" and "Sometimes they are a few minutes late but that's to be expected. They call if there is a major delay and it's always for a very good reason."
● Safe and effective recruitment practices were followed. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation any gaps in employment. The helped to ensure only suitable staff were employed.

Using medicines safely:
● People were supported to take their medicines safely. Most of the people we spoke with said they or a family member managed their medicines. Where people required support from staff, they were happy with the way this was done. A person said, "I do my pills but they check too." Another person told us, "Everything has gone very well with medication, with no problems whatsoever."
● One relative said that staff completely managed medicine for their family member and they were satisfied that it was well managed.
● Medicines administration training was completed by all staff, and their competency to administer medicine safely was assessed.
● People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.
● Where people were supported to take their medicine, medicines administration records (MAR) were kept in their homes. The MAR chart provides a record of which medicines were prescribed to a person and when they were given. The MAR charts we looked at had been completed correctly.
● MAR charts were checked when they were returned to the office on a monthly basis. This helped to identify any missing entries, errors or trends and enabled the management team to take the appropriate action to support staff and to help ensure that errors did not reoccur.

Preventing and controlling infection:
● The provider had an infection control policy in place and staff undertook training in this area.
● Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection.
● Staff confirmed they wore gloves and aprons when completing care tasks and washed their hands.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- People's needs were assessed prior to the service starting. This was to ensure their needs could be met.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Comprehensive checks of staff practice helped to ensure people received high quality care.
- People were involved in making every day decisions and choices about how they wanted to live their lives. People's comments included, "If it wasn't for them I wouldn't be able to stay living independently. They are fantastic" and "Occasionally, I need to ask for extra visits and they are flexible and always willing to help."

Staff support: induction, training, skills and experience:
- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and their relatives had confidence in the staff's abilities and described them as well trained. Comments included, "All the staff know what they are doing, they are well trained", "I'm no expert but they seem to know what to do", "They are all good at their jobs" and "They are capable and know what to do."
- New staff were required to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. A person confirmed that new staff completed shadow shifts and said, "When a new carer starts, they come with an experienced person as their shadow for a few times to make sure they know where everything is, what they are doing and how I like things done." A staff member told us, "I had an induction, completed training and shadowed for about two weeks in different areas of the Island. There was no pressure though and I could shadow for as long as I needed."
- Staff had completed training which included; Safeguarding, infection control, health and safety, moving and handling, medicines management and the Mental Capacity Act. Staff were also provided with additional training that was specific to people's individual needs, such as dementia awareness.
- The service employed a training manager who arranged and monitored staff training needs. The helped to ensure that training was updated in a timely way and staff with additional leaning needs were provided with ongoing support.
- Staff felt they received a good standard of training which helped them to effectively support people and meet their needs. A staff member told us, "We do a yearly refresher course and are offered additional training for specific needs, such as PEG training or catheter care. I am also doing level three training." Another staff member said, "We get lots of training."
- Staff received regular supervision from the management team. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and agree learning opportunities to help them develop.

● Staff said they felt supported by the registered manager and senior staff, and confirmed they received regular supervision. A new member of staff said, "I have had a supervision and the [registered manager] came and observed me during a care call." Another staff member told us, "I have one to one supervision, which is recorded."
● Staff employed longer than 12 months had received an annual appraisal of their overall performance.

Supporting people to eat and drink enough to maintain a balanced diet:
● Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff prepared meals for were happy with the way this was done. One person said, "I have dinners in the fridge and they ask me what I want and heat it up for me." A relative told us, "We have ready meals in the fridge and freezer which are warmed up and they [staff] make drinks too."
● A staff member told us one person who had a cognitive impairment could be reluctant to drink; the staff member explained; to encourage the person to drink they would make them a cup of tea and have one with them as this helped to increase the person's fluid intake.
● People's care plans contained information about any special diets they required, food preferences and support needs, which staff were aware of.
● Staff had received training in food hygiene.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
● People had care plans in place, which contained essential information, including information about their general health, current concerns, social information, abilities and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.
● Staff worked well with external professionals to ensure people were supported to access health and social care services when required.
● Staff confirmed where people's health needs deteriorated, they were able to support people to access medical support, if required.

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.

● We checked whether the service was working within the principles of the MCA. From discussions with the registered manager and staff, they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.
● Records of mental capacity assessments and best interest decision meetings were recorded in people's care plans where required.
● People told us they or their relative were usually asked for consent before providing care. Comments included, "They always ask before they help me", "They never do anything without talking it through first" and "They are good at making us feel at ease and always ask first."
● People's right to decline care was respected. Staff were clear about the need to seek verbal consent from people before providing care or support. A staff member told us, "If someone declined care, that's their choice, we can't force them. I would talk to them about it to see if I can find out why they don't want the care, it might be that they want a different carer. Any care that is declined I would inform the office."

Good

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

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 management team led by example, by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all.
● Feedback from people reflected that staff treated them respectfully and that caring and professional relationships with staff had been developed. Comments included, "There's never a rush and everything's done perfectly", "They are kind to both of us and cheer us up when they visit", "They are all very kind and caring", "The staff are always respectful" and "They are cheerful and friendly without being over familiar, very professional."
● Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "I love my job; I absolutely promote people staying in their own homes, it can really help people's mental wellbeing." Another staff member told us, "I have never not wanted to come to work, everything about this job is good and it's lovely to be able to help people."
● Individuality and diversity were respected. This was achieved by identifying where people needed support. Staff had received appropriate training and were open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
● People were usually supported by a consistent team of staff. One person said, "It's nearly always the same carer and I can't speak highly enough of her and all the other carers who have visited." Another person told us, "We appreciate that they mostly manage to send us the same carer who we have got to know well."

Supporting people to express their views and be involved in making decisions about their care:
● People and their relatives told us they were fully involved in making decisions about the care provided. A person told us, "When they [senior staff member] first came to assess my care, I explained what I needed and we went through everything together." Another person said, "We had a good talk before they started to visit and they arranged it all for us." Relatives comments included, "Everything was talked through thoroughly and our opinions really mattered and were listened to", "Initially the manager talked to us about what care we needed and we worked out a plan together" and "They really listened when they came to do the assessment."
● People and their relatives told us they were frequently asked by care staff and management if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. A relative said, "We had a review last week and the manager came out to see us and we really talked everything through thoroughly." Another relative told us, "We have regular reviews and I can call and change things anytime if needed."
● People's communication needs were known by staff and clearly documented within people's care files to

help ensure effective communication. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial.

Respecting and promoting people's privacy, dignity and independence:
● All people we spoke with told us staff respected their privacy and dignity. One person said, "They always knock before coming in." Another person told us, "They are always considerate and respect our privacy."
● Staff understood their responsibilities when respecting people's privacy. A staff member told us, "I would shut curtains and doors and keep the person covered for as long as can, when providing personal care."
● The provider ensured people's confidentiality was respected. People's care records were kept confidential and staff had their own password logins to access electronic records.
● People were supported to be as independent as possible. A person said, "They help me with tasks I can't do by myself." Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain their independence. For example, one care plan stated, '[Person] is able to dress themselves but may need support with their bottom half.' Another care plan stated, '[Person can was their face and front part of their body.'
● Staff told us that they considered people's independence when providing care. One staff member said, "I encourage people to be independent and support them to do as much as can for themselves." Another staff member told us, "Independence that people can gain is promoted and encouraged by staff."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People received personalised care and support specific to their needs and preferences. Care plans contained person-centred information that focused on each person's individual needs and wishes. Care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs, communication requirements and tasks they required support with during each visit. Daily records showed people received care and support according to their assessed needs.
● People and their relatives confirmed that staff knew them well and understood their needs. Comments included, "They know how I like things done", "We get along very nicely as they know how to do things my way" and "They always seem to know how I like things done."
● Staff and the management team were responsive to people's changing needs. Staff reported any changes in people's needs to the office staff and management team; they also documented this within the person's care records held in their home. This meant that all staff who provided care to the person could be kept up to date with any changes or concerns, and this could be managed and monitored effectively to enable timely interventions.
● Staff confirmed if they were concerned about a deterioration in a person's health they would stay with the person and request medical support. One staff member said, "If someone was poorly, I would phone the office to tell them I need to stay longer, so that I was there to wait with them until the GP or medical support arrived." People confirmed that staff had remained with them when they were unwell.
● People and their relatives told us any changes they required with their care calls were implemented without delay. One person said, "If we need to change anything we tell the carers and they arrange it."
● People were empowered to make their own decisions and choices in relation to their care.

Improving care quality in response to complaints or concerns:
● The provider had a robust complaints policy in place which was understood by staff.
● From discussions with people, it was evident that not all people were aware of how to complain. One person said, "I'm not sure how to complain as I've never had to." Following a service user survey, an audit of the responses had been completed, which highlighted that not all people were aware of how to make a complaint. We saw that action had been taken to address this issue and make sure all people were provided with appropriate guidance in this area.
● Other people and their relatives did know how to complain and were very confident that actions would be taken. Comments included, "I've never had a complaint but there's information about it in my care book", "I know how to complain, but everything is perfect", "They told me about the complaints procedure when they did the assessment visit", "If I had a problem or concern I would be happy to talk to them and I know they would listen" and "They are easy to talk to in the office so any problems and I would call them straight away."
● Two formal complaints had been received since the previous inspection. The registered manager was able

to demonstrate that complaints were investigated robustly and in a timely way. They were able to describe what action would be taken following the completion of the investigation, depending on the outcome.

End of life care and support:

● No people using the service were receiving end of life care at the time of our inspection. However, the registered manager told us staff had attended end of life care training.

● The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives praised all staff and management for their kindness, professionalism, and the consistent high quality and reliability of the service provided. Comments included, "They are brilliant. I couldn't find a fault with them", "We are highly satisfied" and "We've been very happy with every aspect of the service."
- People, their relatives and staff all felt the service was well-managed. One person said, "They do everything really well and we are very happy." Another person told us, "Everything is managed very well. We have no problems at all." A relative said, "They really do an exceptionally good job." Another relative told us, "I'm just pleased we've found a reliable agency that does what it says it will do." All people and relatives we spoke with confirmed they would recommend the service to others.
- The registered manager demonstrated an open approach and encouraged staff to do the same. Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.
- There was a person-centred culture within the service and people were placed at the centre of their care.
- The registered manager had clear vision and values for the service. This included enabling people to live fulfilled, comfortable lives within the familiar surroundings of their own home; treating each person with compassion, respect and dignity and promoting independence. Staff had been fully involved in developing these visions and values.
- People told us they felt listened to by all staff and management within the service. One person told us, "There is always someone available if I need to speak to them." Another person said, "The office staff are lovely, they know me and nothing is ever too much trouble. I believe they listen properly as I've never had to ask twice about anything." A relative said, "There is always someone available in the office in the week. The weekend call service can take a bit longer but we always get called back if we don't get an answer straight away."

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

- There was a clear management structure in place which consisted of the provider; who was also the registered manager, a deputy manager, a training manager and two senior staff members. Staff understood the role each person played within this structure.
- The management team were all actively involved in the service and demonstrated a clear passion for delivering high quality care to people in their own homes. They had effective oversight of what was happening in the service, and when asked questions, were able to respond immediately, demonstrating a

good knowledge in all areas.
● Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
● There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans and medicine administration records, spot checks of staff and the completion of quality assurance questionnaires, which were sent to people and staff annually. The registered manager monitored all findings and feedback received and where issues or concerns were highlighted, these were discussed and actions taken as required.
● The previous performance rating was prominently displayed in the reception area of the office.
● The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Staff felt listened to and spoke positively about the management. They told us they felt fully supported by management and that they enjoyed a good working relationship with their colleagues. Staff comments included, "The communication is really good, we have a really good team of staff who are all really enthusiastic" and "The staff are brilliant; nothing is too much trouble. I can ring any of them at any time. I have been really well supported and welcomed into the company by everyone."
● Feedback was gathered from people using the service and their relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and their relatives, and via emails and telephone contact.
● Staff meetings were held approximately twice a year and staff confirmed they were able to talk to the registered manager at any time. Staff told us that they felt involved within the service and were kept up to date with changes.
● There was an open-door policy. People felt confident to contact the office to speak to staff about their care package.

Working in partnership with others:
● The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
● The service had links with other resources and organisations in the community to support people's preferences and meet their needs.
● The management team completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.
● Where people required any equipment, the service worked with health and social care professionals to ensure this was in place promptly.

Continuous learning and improving care:
● There was an emphasis on continuous improvement.
● The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent reoccurrence.
● Staff performance was closely monitored by the management team.
● All learning was shared with staff during staff meetings, handovers and supervision.