

Asphalia Holdings Limited

Care Field Isle of Wight

Inspection report

Onward Business Hub
College Close
Sandown
PO36 8EB

Date of inspection visit:
09 November 2021

Date of publication:
29 November 2021

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Field Isle of Wight is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. 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 they do we also consider any wider social care provided. At the time of the inspection the agency was providing care for one person living on the Isle of Wight.

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

We identified some areas where improvements were required. These included, additional risk assessments in relation to people's specific needs were needed to help ensure the safety of people and staff, the completion of specific areas of training and the streamlining of paperwork, including care plans. Governance systems had not identified these areas of concern.

We recommend the registered manager and provider refers to current guidance and best practice to ensure that effective governance arrangements are in place to aid the expansion of the service.

Due to the size of the service CQC was unable to determine if the current systems and processes in place would be effective to ensure safe, response and effective care was provided should the service expand.

The person received care from a small consistent staff team who knew them well and understood their needs. There were safe recruitment procedures in place to ensure only suitable staff were employed.

Care plans included person-centred information and received the support they required, including appropriate support with the management of their medicines and dietary requirements.

The person was 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 supported the person to access healthcare professionals when they needed them and worked alongside social care professionals to ensure a joined-up approach to the person's care.

The registered manager kept in regular contact with the person by visiting them in their home, checking if they were happy with the service they received and if any changes were needed.

The person and staff felt confident to raise any concerns or suggestions to the registered manager. Staff felt well supported by the registered manager. The service worked well with other partners, organisations and commissioners.

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

Rating at last inspection

Care Field Isle of Wight registered with us on 30/09/2020 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration in September 2020, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

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 caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Field Isle of Wight

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

The inspection was completed by one inspector.

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 48 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 8 November 2021 and ended on 15 November 2021. We visited the office location on 9 November 2021.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed additional information previously received from the service. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the one person who used the service about their experience of the care provided. We spoke with one member of staff and the registered manager. We reviewed a range of records. This included the person's care records and medication records. We looked at three 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 continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service and two additional staff members.

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.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks associated with people's needs but these were not always robust. For example, the person's care records identified specific risks associated with their needs that had not been fully assessed and mitigation plans implemented. The risk the lack of records posed to the person was minimal because they were supported by a small stable staff team. This was discussed with the registered manager who agreed to implement additional appropriate risk assessments for the person. This is further reflected on within the well led section of this report.
- There were detailed risk assessments in place in relation to the persons home and living environment. These promoted the safety of both people and staff.
- Staff understood where people required support to reduce the risk of avoidable harm.

Staffing and recruitment

- Recruitment procedures were in place however; it was noted at the inspection that a full previous employment history had not always been obtained for staff members. This was discussed with the registered manager who was able to provide evidence that this had already been identified and actions were being taken to address this.
- All other recruitment procedures were in place to help ensure only suitable staff were employed. Staff files included records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people to check applicants were of good character.
- No concerns were noted in relation to the staffing levels employed by the service and there were enough staff available to keep the person safe. Although the registered manager was planning to expand the service, they were clear they would only accept new care referrals if they had enough staff available to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "Any concerns I would tell [registered manager], I'm sure they would do something. If I needed to, I would report concerns higher, maybe too the police depending on the concern."
- The registered manager understood their safeguarding responsibilities.

Using medicines safely

- Medicines were managed safely.

- Information regarding the support the person needed with their medication was recorded within their care plans, up to date and accessible to staff.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- There was an up to date infection control policy in place, which include specific information about the management of risks related to COVID-19.
- Staff demonstrated they understood their responsibilities in relation to infection, prevention and control.
- The person confirmed staff used personal protective equipment such as masks, gloves and aprons as per requirements.

Learning lessons when things go wrong

- There had not been any adverse incidents or accidents since the service commenced providing a personal care service. The registered manager described how, should any incidents or accidents occur, that these would be recorded, investigated and action taken where possible to reduce the risk of recurrence.

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.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting with the service.
- We received some feedback in relation to the skills of the staff. Comments included, "Staff skills are variable" and "Attention to detail can be missing sometimes." This was brought to the attention of the registered manager, who agreed to look into this.
- Records evidenced that staff received some of the necessary training to meet the person's individual needs, including moving people, medicines management, health and safety and safeguarding. However, other appropriate training was lacking including food safety, falls prevention, the mental capacity act and specific training in relation to individual health needs had not been received. The lack of this training was not impacted on the person's care as the staff know them well and understood their needs. The registered manager agreed to source additional training. This is further reflected on in the well led section of the report.
- A staff member confirmed some training had been received and demonstrated an understanding of this training and how to apply it in practice. This staff member also told us, "If I felt I needed any additional training, I just need to ask and I'm sure [registered manager] will arrange it."
- Staff received regular support from the registered manager. A staff member told us, "The manager is very supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us people's needs would be assessed prior to the service starting. Assessments were completed using a formal assessment tool. This was to ensure their needs could be met.
- Information gathered during assessments was used to create individual plans of care and support. These plans reflected people's needs, including aspects of their life which were important to them.
- When required the registered manager liaised with health and social care professionals to develop the person's care plan.
- The registered manager completed regular checks of staff practice. This helped to ensure the person received effective and safe care.

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

- Information about the person's dietary requirements were included in their care plans.
- Where staff were required to prepare food, the person confirmed suitable food and drinks were provided and they were included in making decisions about what they ate and drink.

- The registered manager told us, if required a person's food and fluid intake would be monitored and any concerns would be reported to appropriate healthcare professionals. Documentation was in place to support this.

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

- Care plans included information about the person's medical history and any ongoing medical needs.
- The person told us staff supported them to access healthcare services where required.
- Care staff know the person well and were knowledgeable of how to contact specific healthcare professionals involved in the person care when required.
- Suitable arrangements were in place to deal with emergencies. Staff members knew what action to take if the person required first aid and some staff members had completed first aid training.

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.

- The registered manager had received training on the MCA which covered obtaining peoples consent prior to delivering any care and the principles of the MCA.
- The person consented to their care and treatment and were involved in decisions about their care.
- Staff told us, before providing care they sought verbal consent from the person. Staff confirmed the person was able to make any necessary day to day decisions about care that was to be provided.
- Staff were aware people were able to change their minds about care and had the right to refuse care at any point. A staff member said, "If they [person] don't want something, like their medicine I would encourage them but it's their choice. I would let [registered manager] know."

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.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- The person's choices, preferences and routines were respected.
- The person was fully involved in decisions about their care.
- There was a system in place to regularly gather feedback from the person to confirm they were happy with the care provided. Additionally, care arrangements were reviewed regularly to help ensure care was provided as required.
- The registered manager frequently worked alongside staff and completed spot checks of staff practice to ensure the person was receiving the care they required.
- The person was provided with care from a small consistent staff team. This meant staff had the opportunity to get to know the person and the person got to know them. This helped to ensure person centred care was provided.
- Staff told us that before visiting a new person they were provided with information about the person's care needs. This meant they would know important information about the person, such as any protected characteristics as defined in The Equality Act (2010).

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. The person said, "They [staff] don't take away my independence at all." A staff member said, "It is really important for people to be independent and I will only support them when they need it."
- Care records described people's needs and abilities and how staff should support them to maintain their independence.
- Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care, for example, by ensuring doors were closed, curtains drawn, and people were covered up.
- People's right to confidentiality was respected.

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

- The person received individualised care which met their needs. The care plan viewed provided information about how the person wished to receive care and support. The care plan identified key areas of needs, such as, personal care, cognitive, nutritional and health needs.
- The person confirmed they had been fully involved in developing their care plan and making decisions about their care.

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.

- Communication needs had been identified and recorded in the person's care plan. This meant staff had access to relevant information about how the person should be supported with any communication needs.
- A staff member told us, "I would read written correspondence to [name of person] if they needed me to."

Improving care quality in response to complaints or concerns

- No complaints had been received since the service registered with CQC.
- There was a complaints policy in place which was accessible to people.
- The registered manager described what action they would take if a complaint was received. This included, logging, recording and investigating the complaint and taking action were required. The registered manager also confirmed they would, keep the complainant updated and reporting to other professionals, as appropriate.
- The person told us they could raise issues or concerns with the registered manager if they needed to and were confident that action would be taken.

End of life care and support

- No one using the service was receiving end of life care at the time of our inspection.
- The registered manager told us, should the service support people as they approached the end of their lives, staff would receive all necessary training and support to ensure people were comfortable, dignified and pain-free.

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 Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During the inspection we identified areas where improvements were required. These included the completion of specific areas of training and risk assessments in relation to the person's specific needs. Furthermore, care records were in place, however they lacked order and did not always contain clear and concise information to enable staff to understand their responsibilities. This meant we could not be assured that new staff commencing work in the service would understand how to safely support people. Governance systems had not identified these areas of concern. While the service was small this did not impact on the quality of care provided to the person. These issues were discussed with the registered manager who agreed to address these concerns.
- Due to the size of the service CQC was unable to determine if the current systems and processes in place would be effective to ensure safe, response and effective care was provided should the service expand.
- We looked at the systems in place to monitor the quality of service. Some audits were completed for areas such as medicine management.

We recommend the registered manager and provider refers to current guidance and best practice to ensure that effective governance arrangements are in place to aid the expansion of the service.

- There was a business continuity plan in place which included specific information as to how the service would be maintained for vulnerable people living within their own homes such as in the event of severe weather conditions or staffing shortages.
- Policies and procedures were in place to aid the running of the service.
- The registered manager had implemented an action plan following previous feedback received from professionals. They were working through this to ensure all appropriate actions had been taken.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred. The registered person described how this would be used if the need arose.

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 person was fully involved in their care and confirmed they received the care they required.
- There was a system in place to obtain feedback from the person and regular reviews were carried out of the care they received. Further quality monitoring systems were in place using spot checks/observations of staff and competency assessments.
- We asked the person and staff for their views about the current management arrangements. One member of staff said, "The service seems to be managed ok, its baby steps at the moment." The person told us, "I'm quite happy, the manager is always around. I do wonder about the training of some of the staff though."

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and other health and social care professionals to provide joined-up care. This was evidenced within the person's care records and from discussions with the person and professionals.