Cranleigh Homecare Limited

Cranleigh Homecare

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
Cranleigh Homecare is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were 12 older people using the service who had various health needs, including dementia. 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.

People's experience of using this service and what we found
People felt safe receiving their care and support from staff. A relative said, "She looks forward to them coming and they are very good. They noticed a problem with her skin and [following healthcare advice] they treat it and check it every day". Another relative said, "I have no worries at all. She always knows who is coming and has them twice a day". Staff had completed safeguarding training and knew what action to take if they suspected people were at risk of harm. Risks to people were identified and assessed, and guidance was provided to staff on how to mitigate risk. People received their medicines from trained staff.

People were supported by staff to access healthcare professionals and services. Their dietary needs were identified and staff encouraged people to eat and drink healthily. 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 kind and caring with people, and people were complimentary about staff. A relative said, "They have a lovely time with carers, they are all polite and flexible". People were encouraged to be as independent as possible, and they were treated with dignity and respect.

Personalised care was provided and care plans reflected people's choices and preferences which staff followed. Communication was provided in an accessible format as required. The provider had a complaints policy, a copy of which was given to everyone receiving a service.

The service was well led with a management team who had a thorough understanding of people's support needs. People felt listened to and described the importance of good communication. A relative said, "It's all about communication and they are good at communicating". Another relative told us, "They always put the times of visits on the invoice so you can check the time of the call. All of them are sensible people and that makes such a difference". The system for monitoring the service to drive continuous improvement included obtaining feedback from people, reviews of their care, and unannounced spot checks to observe staff delivering care to people in their homes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
This service was registered with us on 8 June 2020 and this is the first inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Cranleigh Homecare

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 22 April 2022 and ended on 26 April 2022. We visited the location's office on 26 April 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service, including statutory notifications, which the provider is required to send to us by law. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and five relatives to ask for their feedback. We spoke with the registered manager and a carer.

We reviewed a range of records including five care plans. We looked at a staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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

Systems and processes to safeguard people from the risk of abuse

- People were safe and supported by staff who knew them well.
- Key safes enabled staff to access people's homes without putting people at risk of unwanted callers.
- Staff had completed safeguarding training. The registered manager said, "Staff must have completed the safeguarding training before we allow them to see our clients unsupervised".
- Incidents of abuse or alleged abuse had been notified to CQC as required. One incident related to another domiciliary care agency where a carer left before the relief carer arrived, leaving the person without their live-in care support.
- A carer explained what action they would take if they suspected abuse had occurred. They told us, "I'd speak to [named registered manager]. There are lots of types of abuse like physical, neglect or financial".

Assessing risk, safety monitoring and management

- People's risks were identified and assessed as needed; these included risks relating to their home environment.
- Care records included risk assessments relating to people's mobility and their risk of falls. One person had sustained a fall recently. An incident form had been completed and the registered manager had reviewed this person's assessment for moving and handling, which was then updated.
- Another person used a catheter to control their urine output. Their risk assessment included information and guidance for staff on catheter management, which was followed.
- Each assessment described risk reduction measures. For example, a risk assessment relating to one person's dementia reminded staff of the importance of reassuring the person, their daily routine, and to support them to maintain a good fluid intake by making them drinks and sitting with them.

Staffing and recruitment

- There were sufficient, qualified staff to provide people with the care and support they required at home.
- One person said, "I always know who is coming and they remind me each time. Carers are always on time and I can rely on them totally". A relative told us, "They do have a set rota so that you know which care worker is coming in".
- Some people received two or three visits per week from care staff; others saw care staff on a daily basis. When one staff member had been unwell due to COVID-19, care calls were covered by existing staff who worked overtime.
- The registered manager said, "Every client is aware of the proposed visit time and a carer has a 15-minute window either side. If that were longer and the carer was going to be late, then we would phone the person to let them know what is happening. There was an evening a few weeks ago when someone had a fall and

the carer had to call an ambulance; this delayed their calls. We've never had a missed call".
● New staff were recruited safely. Records showed an application form was completed, two references obtained and potential new staff had their employment histories verified. Disclosure and Barring Service (DBS) checks were completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines were managed safely.
● Some people had their medicines administered by care staff and others required prompting to take their medicines.
● One relative said, "One of my main concerns was that she didn't take her meds. They now prompt her and wait whilst she takes them. It is such a relief to know she takes them regularly".
● Staff completed training on the administration of medicines. Medication administration records were completed electronically and were monitored by the management team for accuracy.
● A member of the management team was trained as a medication competency assessor and supported care staff to administer medicines safely. All staff had completed on-line medicines training.

Preventing and controlling infection
● People were protected from the risk of infection.
● Staff had completed infection prevention training and followed the provider's policy on infection prevention and control.
● A carer confirmed they had completed their training, and added, "We're shown how and when to use personal protective equipment (PPE). I have loads of PPE like masks, aprons, gloves, and face shields, if someone has tested positive for COVID-19. There's alcohol gel available at everyone's house and we wash our hands on arrival".

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● The registered manager provided an example about medicines that had been delivered to a person's home, but had then gone missing. The incident was investigated and discussed with the person and their relatives. Arrangements were made to fix a secure box outside the person's home so that parcels, including medicines, could be delivered safely.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to receive a service.
- Pre-assessments we reviewed included information about people's mental and physical health, their medical history, and prescribed medicines.
- Based on these pre-assessments, the management team then made a decision as to whether the person's care and support needs could be met by Cranleigh Homecare, and identified any additional training that might be required by staff.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and mandatory training based on their skills and experience. Mandatory training included dementia awareness, diabetes awareness, moving and handling, safeguarding, and medicines training.
- The registered manager had written training modules for new staff and completed Train the trainer on various topics. New staff studied for the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The majority of training was accessible to staff on-line. The management team had oversight of the training modules staff had completed and would provide any additional support or guidance when required.
- Access to West Sussex Learning Gateway could also provide additional training for staff. West Sussex Learning Gateway is training organised by the local authority.
- Staff had regular supervisions with the registered manager. One carer explained, "These are usually every couple of months. We discuss how I'm getting on, if I want to progress, any problems, anything like that really".

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

- People were supported to eat and drink enough to maintain a balanced diet.
- One person said, "Carers always top up drinks before they leave". A relative commented, "They always make sure she eats her meals".
- Care plans provided information for carers on people's dietary needs and preferences. One plan informed staff to offer the person choice and variety at meal-times. Staff also monitored and recorded how much the person was eating. The registered manager said this person was at risk of malnourishment, but they always enjoyed fish and chips which their family bought in for them every week.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff liaised with a range of health and social care professionals to ensure people received the support they required. If people needed to go into hospital, the service provided information about them for paramedics and for hospital staff.

● One person said, "I had to go and have a tooth out and a member of staff came with me. She drove me there and waited for over an hour in her car, and then brought me home". Another person had an issue with their catheter, so a carer called in the district nurse and the problem was solved.

● Records showed the involvement of GPs, district nurses, and occupational therapists for example. Where people received support from another care agency in addition to Cranleigh Homecare, the registered manager liaised with the other agency to ensure people's care needs were consistently met in an holistic way.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Consent to care and support was gained lawfully.

● Staff completed training on the MCA. One carer explained, "Basically no-one should be deemed as not having capacity unless proved otherwise. It's important to always give people choices. We have one person living with advanced dementia, and we support them with their decisions".

● Where relatives or others had been granted power of attorney to make decisions on behalf of people when they lacked capacity, copies of these were kept on file.

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.

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

- People were looked after by kind and caring staff who knew them well; their diverse needs were acknowledged and catered for.
- One person said, "[Named person] stood up for five minutes last week with their help. He uses the frame and they walk or stand either side of him. He was so pleased, he is still talking about it". Another person told us, "We have a laugh with all of the carers. I don't know what we would do without them. They treat us with courtesy and respect".
- Any cultural or religious beliefs had been recorded in people's care plans. The registered manager explained, "As part of the assessment, we ask every client if they have a religion or any particular cultural needs and these could be related to end of life care, but there's no-one currently".

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

- People were supported by staff to be involved in all aspects of their care.
- A relative told us that their loved one had not wanted a wash or shower for several weeks. One of the care staff spoke with them and encouraged them to, "Give it a try", with their help and support. After gentle persuasion, the person agreed to have a shower. Their relative told us it was such a relief for them when they visited, knowing that staff had provided exactly the right kind of support that was sensitive to the person's needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted.
- One person said, "I know them all, although I can't remember any of their names. They help me to the toilet and back again; I couldn't manage without their help. It helps me stay as independent for as long as I can. They never rush you".
- A carer told is it was important to provide people with a choice. They explained, "With one person, I try not to over complicate things, and give her the choice of two. If she's getting dressed or undressed, a choice of two things to wear. With washing, I try and encourage people to wash themselves where they can, but if they need a hand, I will help them".
- On privacy, the carer said, "It's about making sure windows or curtains are closed. I have a 'dignity' towel I use to cover their private parts".

Good

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

- People received person-centred care that was in line with their needs and preferences.
- One person said, "It all started after I damaged my back. To start with they came and collected my prescriptions and did a few jobs around the house for me. Now I have them twice a week regularly, instead of three times, as I am so much improved. They wash my hair and bathe me. They are excellent, lovely people". A relative explained they wanted to go on holiday and how staff had been very helpful in covering all elements of their loved one's care, so they could go away. They added, "They also kept in touch with me by text when I was away, so I could be reassured".
- Care plans recorded people's preferences and how these were met. Sometimes a person, or their relative, might ring the office and ask for something to be done differently, and this would be arranged.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met.
- One person was hard of hearing, so staff made sure their hearing aids were fitted correctly and the batteries were working. A carer said, "He will say when his batteries need charging. He also has a care line on his wrist pendant, and the volume is turned up so he can hear".
- For people with a visual impairment, print could be enlarged on documents relating to their care.
- At the time of the inspection, no-one had a disability that affected their ability to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to stay in touch with their families and friends.
- A carer told us, "I do sit and chat with people. If I had any concerns, say for example someone felt isolated, I would talk to [named registered manager]. He could signpost people to services and organisations that might help them".

Improving care quality in response to complaints or concerns

- No formal complaints had been received since the service had been registered.
- The provider had a complaints policy which was shared with people who used the service. One relative

talked to us about some concerns they had, but added they had not raised these with the management team. The Expert by Experience who spoke with the person suggested they contacted the office to talk about any concerns they had in order that actions could be taken to address these. The relative agreed with this suggestion.

● The registered manager said, "Anyone can talk to me at any time, but overwhelmingly it's compliments we receive about the care and how happy people are. Any niggles could be dealt with quickly".

End of life care and support

● At the time of the inspection, no-one was receiving end of life care.

● 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were logged on the provider's data base and kept in people's homes. DNACPR is when it is considered inappropriate to try and resuscitate a person should they experience sudden cardiac arrest. Discussions about this decision were conducted with people, their relatives, healthcare professionals and staff.

● Palliative care training was available for care staff when needed.

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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People received personalised care that achieved good outcomes and promoted their independence.
- On a homecare agency review website, one person had written, "The carer coming in is the highlight of my day and I couldn't do without them. The carer helps me with everything I need".
- The registered manager had a good understanding of their responsibilities under duty of candour and said, "It is about our duty to report concerns and issues, not just sweep them under the carpet. You must contact relatives, for example, if something happens which has the potential to cause harm, and also report to CQC. We would give a written apology and lessons would be learned".
- Notifications that the registered person was required to send to CQC by law had been received. The registered manager knew their responsibilities under the regulatory requirements. They told us about the questions they had been required to answer as part of their application to register, to prove they were a 'fit and proper person' for the role.

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

- People were fully engaged with care staff and the management team.
- One person said, "They are sensitive people based in Billingshurst; they go above and beyond. The service is quite new and they have the right attitude and they keep it local". Another person told us, "Staff are kind, understanding and courteous. They do more for my husband, but they always make me a cup of tea whilst I wait. We both have a good laugh with the different carers; I don't know what we would do without them. They treat us both with courtesy and respect".
- The registered manager told us, "As long as we're not adversely affecting any clients, part of induction is about getting to know people. We always encourage open conversations and feedback. It's flexible working. We look after our clients and we look after our staff as well. We don't have a high turnover of staff or staff sickness".
- When new staff joined the service, they completed an Equal Opportunities form. The information contained within these forms enabled the management team to make any reasonable adjustments that might be required.
- A carer said, "I love it, they're really good to work for. I think because I worked for the same company before, we knew what was wrong there and they've [managers] have tried to make things better at this

company. They're really supportive and listen if I have any concerns. This is the best company I've worked for".

Continuous learning and improving care

● People were complimentary about staff and the management team, and talked about the importance of good communication.

● A relative said, "We are a large family and so staff use a WhatsApp group to inform us of anything that is happening, any changes, any discussion needed. We all get to know at the same time and it is such a help". Another relative told us, "They are very good at keeping an eye on everything and let me know of any changes by text or phone straight away. They will take action if they can't contact me to discuss".

● Feedback from people using the service was captured within the first couple of weeks of receiving a service, then annually. For example, feedback recorded from one person at the end of last year showed they had no particular concerns, but would like an earlier lunchtime call at weekends. This was put in place.

● Staff received regular spot checks on their working practice. The registered manager explained these usually occurred every three months and were an opportunity for unannounced visits to be made to observe staff delivering care in people's homes.

Working in partnership with others

● The service worked in partnership with health and social care professionals and with local authorities.

● A temporary contract with one local authority enabled the service to provide support to people in their own homes. Spot contract work with another local authority had arranged for people to receive support at short notice.