

Considerate Home Care Ltd

Considerate Home Care

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

Considerate Home Care Ltd is a domiciliary care service providing personal care and support to people living in their own homes.

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 our inspection, there were two people receiving personal care.

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

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety.

Risks to people were assessed and their safety was monitored and well managed. Safe recruitment processes were followed to make sure the right staff were employed. Infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19.

People's needs and choices were assessed to make sure the service was right for them. Staff were knowledgeable about people and provided them with the care and support they needed in a way they preferred.

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 received the training, supervision and support they needed. People attended regular routine health screening where this was part of their care package. Staff worked closely with other health care professionals to ensure people's health needs were met.

Staff and the managers spoke with compassion and empathy about people who used the service. People were involved in decisions about their care and support. There was a clear commitment and focus on supporting people to develop their independence and choices.

People were treated well and with respect. People and family members described staff as caring, kind, thoughtful and patient. Staff respected people's privacy, dignity and independence and their right to confidentiality. People and family members were encouraged to express their views and opinions and make decisions about the care provided.

People and their relatives had access to a complaint's procedure, if they wished to raise a concern. The

registered manager carried out audits to check the quality and safety of the service. Spot checks were carried out to monitor staff performance. People were asked for their views and any suggestions were used to improve the service and make necessary changes.

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 19 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details is in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details is in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details is in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details is in our well-Led findings below.

Good ●

Considerate Home Care

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 carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own 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

This inspection was announced. We gave a short period notice of the inspection 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 20 April and ended on 25 April 2022. We visited the location's office on 20 April 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought

feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

During our inspection we spoke with the registered manager, the nominated individual and three care staff. We also spoke with one person who used the service and two relatives of people using the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of documents and written records including two people's care records, two staff recruitment records and information relating to staff training and the auditing and monitoring of service provision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the provider to validate evidence found. We continued to look at records the registered manager shared with us, and responses from health and social care professionals.

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 protected from the risk of abuse. Staff completed safeguarding training and had access to guidance about the different types and indicators of abuse and how to report any concerns.
- People told us they felt safe with staff and that staff treated them well. They told us they would let staff or the manager know if they had any concerns about their safety or the way they were treated.
- Relatives told us they had no concerns about their relative's safety. Comments included, "He is very safe with the staff, they are experienced and well-trained."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's environment, their care and support, mobility and health conditions.
- Regular reviews took place and plans were updated to reflect any changes in people's needs.
- Staff told us risk assessments provided them with clear information about the risks people faced and how to manage them safely. Staff were confident about reporting any concerns about people's safety.
- The provider had a business contingency plan which provided information and guidance on actions staff should take in emergency situations.

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment.
- People received consistent care and support from suitably skilled and experienced staff. People confirmed they had not experienced any missed calls or late calls.
- People told us their visits were carried out by regular staff. One person told us, "Yes I know the staff very well."
- Staff confirmed they visited the same people. One staff told us, "I have a schedule and I visit the same person. I have a very good relationship with this person."
- A relative told us, "The staff are not rushed, they have time to sit and have a chat with (person)."

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection including those related to COVID-19.
- Staff received training in infection prevention and control (IPC) and the use of personal protective equipment (PPE) and they were provided with up to date government guidance. The registered manager carried out spot checks to assess staff knowledge and practice in this area.

- People and their relatives told us staff used and disposed of personal protective equipment (PPE) safely. Comments included, "Staff wears mask and gloves when they are supporting (person)."

Learning lessons when things go wrong

- Lessons were learned and shared across the staff team.
- Changes were made to the service based on feedback from people, family members and staff.
- No accidents or incidents had occurred at the service, however there was a system in place for recording, monitoring, managing and learning from any accidents and incidents.

Using medicines safely

- The provider had appropriate policies and procedures relating to the management of medicines. However, at the time of the inspection, none of the people using the service required support with their medicines.

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 holistically assessed to include their physical, mental and social needs. People received care and support in line with standards, guidance and the law.
- Care plans and risk assessments were developed based on the initial assessment and these were reviewed and updated as changes occurred.
- Care plans were individualised and contained details of people's preferred routines and preferences. A relative told us, "We were involved in the assessment and this was personalised to meet (person's) needs and wishes."

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles. A relative told us, "The staff are very good at what they do. They do everything (person) needs them to do."
- Staff received an induction, training and support they needed to carry out their roles effectively. Staff told us, "The training was good, and it helped me understand people's medical conditions better."
- All new staff spent time shadowing more experienced staff, so they got to know people before supporting them independently.

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

- People's dietary needs were recorded in their care plans and people were supported to ensure they received good nutrition and hydration where this was part of their care package. Staff understood people's dietary needs and ensured these were met. This helped to maintain and improve their health and well-being.
- The registered manager explained risk assessments were carried out as necessary if people were at risk of poor nutrition and hydration.

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

- The service worked collaboratively with healthcare professionals and specialists. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people received the right healthcare. Records confirmed this was the case for ongoing and emerging health issues.
- A social care professional commented, "The transition was very smooth, and they (registered manager) were able to recognise the need for consistency for my client that she kept the same carer."

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.

- The registered manager and staff had completed appropriate training and applied the principles of the MCA as required. Staff understood the need to ask people for consent before carrying out care. People and relatives we spoke with confirmed this approach.
- People had signed consent forms to indicate their agreement to the care and support provided. There were no restrictions placed on people's liberty.

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's rights were promoted, and person-centred care was delivered. People and their relatives expressed their satisfaction with the care provided and made complimentary comments about the staff team. Comments included, "They (staff) work very well with (person)." And "We are very happy with the service. The staff are very kind and respectful."
- Staff knew people well; they were knowledgeable about people's likes, dislikes and preferences and respected what was important to them. A relative told us, "Since the staff and (person) are from same culture, they have common things to talk about and staff know what is important to (person)."
- A relative told us, "Staff speaks the same language as (person) and this has been extremely helpful as (person) speaks and understands very little English."
- A social care representative told us, "The carer is wonderful; caring, compassionate, reliable and has a great relationship with my client. My client is very happy with her."

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

- People were encouraged to express their views and make choices and decisions about their care. This was done through care reviews, surveys and telephone monitoring with the registered manager and staff. One person told us, "They (staff) always ask me what I want to do." A relative said, "Staff spend time chatting with him and make an effort to find out what he likes."
- People's wishes and preferences were detailed in their care plans and people and their relatives confirmed this accurately reflected the information they had shared.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's rights to privacy and dignity and this was supported throughout people's care records. Staff promoted person-centred values and ensured people were treated with dignity and respect.
- Staff respected people's right to confidentiality. The registered manager and staff explained the importance of sharing information on a need to know basis only and making sure records about people were kept secure.
- Staff respected people's right to privacy and dignity and encouraged them to be as independent as they could be. One staff explained, "I encourage (person) to do what they can so they do not lose the skills they have."

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 personalised care that took account of their needs, wishes and preferences.
- Support plans and risk assessments were in place to guide staff. They were person centred and had details about what was important to the person. We saw reviews had taken place with people to ensure their needs, goals and wishes were being met.
- Records of daily care provided were regularly checked by the registered manager of the service.

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.

- The service was following the Accessible Information Standard (AIS).
- People's communication needs were assessed, and care plans included how staff were to support people to communicate effectively.
- The registered manager told us information was available in alternative formats including pictorial and easy read formats, should this be required by people.

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 to avoid social isolation and encouraged to maintain links with family and friends.
- Staff told us they supported people to go out for walks in the local community to help people keep in touch and to be part of the local and wider community.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. People and their relatives told us they knew how to complain but did not have any complaints. They said they could approach staff or registered manager if they had any concerns.
- The registered manager told us they viewed complaints as a way to drive service improvements.

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

- The provider had a clear passion and commitment to providing a person-centred responsive service. Staff we spoke with shared this commitment. We found there was an open culture within the service. The provider and staff were open and honest with us throughout the inspection.
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to. People and their relatives spoke very positively about the service, the manager and staff. They told us, "We are lucky we found them." And "The manager and staff are very nice and helpful."
- Staff told us they felt supported and spoke very positively about the work they did and how the service was managed. One staff said, "I like working here, I would definitely recommend the service to my family and recommend it to people looking for jobs."
- Relatives told us their loved one's health had improved significantly since receiving support from the service, achieving better 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

- The registered manager was aware of their responsibilities regarding duty of candour. They acted in line with the legal requirements to be open and transparent.
- Good relationships had been developed between the registered manager, staff and people who used the service.

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

- The provider had a system in place for monitoring and managing service quality. This included regular audits, spot checks, care call monitoring, care reviews and supervisions.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- The registered manager knew their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events occurred at the service.
- Staff understood their responsibilities, they were provided with job descriptions and had access to a range of policies and procedures relating to their work.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were regularly asked for feedback about the service through meetings, phone calls and reviews. This information was used to develop the service.
- Staff told us their views were listened to and acted upon by the registered manager. Staff said they felt well supported.
- A relative told us, "The manager and staff keep me informed and updated on (person's) health and progress."

Continuous learning and improving care

- There were clear systems and processes in place for learning from any concerns raised by people and their relatives.
- The registered manager and staff worked in partnership with external agencies to learn and share knowledge which promoted the development of the service.