

Old Friends Care Limited

Old Friends Care Limited

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Old Friends Care Limited is a domiciliary care agency. People are supported in their own homes so that they can live as independently as possible. The domiciliary care agency is registered to provide a service to younger adults, older people who may live with dementia, mental health, sensory impairment or physical or learning disabilities. At the time of our inspection there were 117 people using the service.

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 told us they had developed very close bonds with staff who were kind, compassionate and caring. There were many examples given of staff going the extra mile to ensure people were fully supported to enjoy enhanced well-being, maintain their independence and feel valued.

People's wider needs, history and choices were considered when their care was planned. Relatives told us they were true partners in this process and staff's focus was consistently on their family member's wishes and needs. Staff had a clear understanding of what mattered to people and supported them by advocating with other organisations so they would enjoy the best life possible. People were treated with warmth and compassion at the end of their lives and staff offered support and advice to relatives during this time. Systems were in place to manage any concerns or complaints.

People could rely on staff providing the care planned at the times agreed. Staff understood people's individual risks and supported them to manage these. Where people required assistance with their medicines staff supported them.

Staff assessed people's needs and reviewed these when appropriate, so people continued to receive the care they wanted. People were supported to have enough to eat and drink to remain well. 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 told us Old Friends Care Limited was a good place to work, because of the support they received to provide excellent care. Senior staff checked people received the care they wanted and that this was provided safely.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 14 August 2019.

Why we inspected

This service was registered with us on 01 May 2020 and this is the first inspection under this provider.

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 are in our effective findings below

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Old Friends Care 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. 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 team consisted of two inspectors.

Service and service type

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

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 May 2022 and ended on 31 May 2022. We visited the location's office/service on 09 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and eight relatives. We spoke with 13 members of staff including the registered manager, senior care staff members, training and rota support staff, a mentor and care staff members. We also spoke with a provider's representative and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. For example, feedback provided by people and their relatives, complaints management, checks undertaken on the service and action plans arising. We also looked at compliments received by staff about the care provided and records showing us how staff were recruited and trained.

In addition, we reviewed a range of policies and procedures. For example, relating to people's safety, safeguarding and infection control.

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 since registration of this provider. 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 received care from staff who had been trained to identify potential abuse and knew how to support people, if this occurred.
- Staff were confident if they raised any concerns about people's safety these would be promptly addressed.
- The provider had developed a safeguarding policy to guide staff, should this be required.

Assessing risk, safety monitoring and management

- People were positive about the way their safety needs were managed, and how staff balanced their right to independence with their safety needs. One person told us, "They talk to me about my safety. I lock up myself."
- Where required, relatives were consulted about their family member's safety and told us their views on the best way to meet their family members physical and well-being safety needs were listened to.
- Staff gave us examples of the support they provided for people to help them to stay safe. This included ensuring risks people experienced when eating and drinking, or moving round their homes, were reduced. Staff did this by following people's risk assessment and care plans.

Staffing and recruitment

- People and relatives told us they could rely on staff providing their care at the times agreed, as there were enough staff to care for them. A relative said, "[Staff] are on time and always punctual. There was a time I was going to be late. They stayed and waited for my return. It took pressure off me, and I knew [person's name] was safe."
- Staff told us they valued having regular care calls, as this gave them the opportunity to get to know people and their safety needs well.
- The registered manager had systems in place to check staff were suitable to work with people. For example, taking up references and DBS checks. Disclosure and Barring Service (DBS) checks 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

- People's medicines were managed safely. Where people required support to have their medicines, they told us they could rely on staff helping them. One person said, "[Staff] do my medicines, so I am not in any pain, there's no problems with this." Other people managed their own medicines or received support from their family.
- Staff were not permitted to administer people's medicines until they had been trained to do so. Staff's

competency to continue to administer people's medicines was checked over time, through spot checks undertaken by senior staff.

- Some people required their medicines to be administered at very specific times, to ensure their medicines worked well. We found no evidence of harm to people, but systems could be strengthened to further reduce the likelihood of these not being administered as prescribed. The registered manager told us they planned to reintroduce a system which had previously worked well to further support this.

Preventing and controlling infection

- Infection control was managed well. People and relatives told us staff consistently used personal protective equipment (PPE) appropriately to reduce the spread of infections.
- Staff told us they were provided with infection control training and guidance to promote people's and their own safety.
- The provider had an infection prevention and control policy in place which reflected current guidance.

Learning lessons when things go wrong

- The registered manager reviewed any untoward incidents so learning could be taken from these.
- Staff told us they were encouraged to raise any safety concerns and they were listened to. This helped to ensure people's safety would be further promoted.

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 since registration of this provider. 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 and relatives had been involved in identifying what care was required, and how people would like this to be given. This helped to ensure people's needs and preferences were met.
- One relative explained staff knew their family member well and were skilled at identifying if their family member's needs had changed. The relative said staff promptly came out to develop new plans to support their family member, so their needs would continue to be met.
- Staff told us people's assessments gave them the information they needed to support people effectively. Staff told us their views were listened to and acted on when they made suggestions for developing people's assessments further.

Staff support: induction, training, skills and experience

- People were positive about the skills of the staff caring for them. One person said, "They [staff] know how to look after me." Another person told us they knew staff were trained well as, "The carers are very good at making sure I take my medicines."
- Relatives gave us examples of additional, specialist training staff had undertaken to give staff the knowledge they required to support their family members. This included dementia, motor neuron disease and end of life training.
- Staff were positive about the support they received to develop their skills. This included an induction programme, with opportunities to work with more experienced staff, and on-going training. Staff were confident if they wanted further training this would be responded to.

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

- People were supported to have the meals and snacks they wanted. One person told us staff knew what food they liked to eat and checked with them what they would enjoy at each meal. Other people told us they were encouraged to have enough to drink. People said they valued the opportunity to sit down and have their favourite drinks with staff, and a chat.
- Staff ensured people had enough to eat and drink. This included ensuring people were left with a drink at the end of their calls.

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

- People said they could rely on staff helping them to contact other health and social care professionals if they were not well. One person told us, they had recently been ill and said "When [staff member's name] came they couldn't do enough for me, asked if I wanted them to contact my family, GP or an ambulance.

[Staff member's name] was very thorough."

- Relatives told us staff were skilled at identifying if their family member's health needs changed and promptly let them know if there were any concerns for their family members health.
- Staff worked jointly with other health and social care professionals to ensure people received the care they needed. This included pharmacists, people's GPs, mental health teams and emergency health services. One staff member said, "People rely on us, you have to get it done." This helped to ensure people enjoyed the best health outcomes possible.

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.

- People were supported by staff who understood their rights to make their own decisions.
- Staff knew what processes to follow and how to support people, if they required assistance to make some decisions. For example, who should be consulted and involved in best interest decisions.

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 since registration of this provider. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were highly motivated and offered care that was exceptionally compassionate and kind. People universally told us they had developed close bonds with staff and said staff's approach to providing care was consistently underpinned by kindness, compassion and warmth. One person said, "Staff are caring and loving, I am very, very happy with them, and they have cared for me for a long time."
- The care provided to people often exceeded people's and their relatives' expectations. Relatives gave us many examples showing how staff's kindness and knowledge of what mattered to their family members had positively impacted on their family member's well-being. One relative explained their family member lived with complex health needs. The relative told us staff had gone the extra mile to help to ensure their family member was able to benefit from a consultation to promote their health. This helped their family member to achieve the best health outcomes possible. The relative said, "[Staff] have been amazing. They find kind and supportive ways to help. They have been fantastic to be honest and they are going above and beyond. They just want to help. They seem to want to care for people."
- Relatives told us staff let their family members know how much they were valued. One relative said their family member was, "Treated definitely as a person in their own right, because of the connection [staff] had with them and the personal approach [staff] used. This is a huge thing to celebrate."
- Staff gave us examples of small acts of kindness they undertook, which made a material difference to people's well-being. These included celebrating people's birthdays, to let people who may feel isolated know they were valued, picking up shopping for people and spending time chatting and laughing with them. One staff member told us, "It's about making a difference, I think the [senior staff] want this too."

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

- People were supported by staff who gave them the best opportunities to be involved in deciding what care they wanted. Staff did this by actively listening to their day to day and longer term wishes and regularly and sensitively promoting people's choices, based on a thorough knowledge of people's aspirations and needs.
- One person told us about the exceptional support they had received from staff, when they wanted to make their own choices about where they lived. The person told us how they had been involved in decisions about the support they received from staff to move into their own flat. There was a whole team approach to ensuring the person's choices were acted on, and staff had regularly advocated for them with external organisations, so their choices would be listened to. This was successfully achieved with the extra support from staff and helped to ensure a smooth transition into the person's new home.
- In addition, staff and the volunteers they had organised, used their own time to decorate the person's new

flat, and helped them to choose furniture and essential items before they moved into their new home. The person told us because of the way staff involved them in decisions, and the extra mile they went to support them, their care and new tenancy was, "Going amazing, they [staff] do everything well."

- People told us staff regularly checked their day to day choices and how they wanted to be cared for. This ensured people were in control of their care and received the care they wanted.
- Relatives were positive about the ways their family member's choices were promoted and how skilled staff were at supporting their family members to make their own decisions and were equal partners in deciding how people's care was to be provided. One relative said, "They [staff] give them choices, but they also know their routine, and that's better."
- Staff gave us examples showing how they supported people to make their own decisions. This included in relation to what personal care they wanted, what meals and drinks people wanted preparing and if they wished to vary what times they received care. A staff member told us, "You always give people a choice, you do this when chatting to them during care calls. You chat about everything." This promoted excellent well-being outcomes for people and helped to ensure people retained autonomy and independence.
- One staff member explained how they had supported a person to choose what equipment they wanted, to help them to remain as independent as possible. The staff member had researched options and provided guidance to the person. The staff member said, "We went down to the shop together and tried them all." This gave the person the confidence they needed to choose what to purchase.

Respecting and promoting people's privacy, dignity and independence

- People said staff promoted their rights to independence, privacy and dignity. One person told us staff had recognised they had re-gained skills which meant they could now do elements of their own personal care. Staff celebrated this milestone with them.
- Staff recognised people needed to maintain their confidence and independence. One staff member said, "You ask if they want to be involved in food preparation independence, you get them to wash up and dry. It's an achievement and keeps their minds ticking."
- Relatives told us staff took action to help their family members to maintain their dignity by ensuring they were appropriately covered during personal care. One relative told us the gender of staff providing support was important, to help their family member to maintain their dignity. The relative told us this was acted on.
- People's care records were securely stored, to promote their privacy.

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 since registration of this provider. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were extremely passionate about providing person centred care in line with people's preferences. One relative told us how staff used their knowledge of what mattered to their family member. The relative said, "[Person's name] gets anxious at bedtime, staff give them motivation and they are less anxious. They know [person's name] history and what's important to him." The relative said staff encouraged their family member to sing, and said, "It helps them to relax. The continuity of staff helps, because they know them. It makes a material difference, definitely, to their quality of life."
- Another relative told us staff knew how important Christmas was to their family member. There had been a decline in their family member's health, and it was thought they may not be well enough to enjoy Christmas celebrations, which were several months away. The relative told us staff had brought forward Christmas. They had decorated their office and invited the person and their family in for an early Christmas party. The relative told us this had meant such a lot to their family member, who was treated to presents and had a wonderful time.
- People and relatives told us care planning arrangements were underpinned by a deep understanding of people's needs, lifestyles and goals. People's families were as involved as people wished in care planning decisions. One relative said, "We had a meeting with [staff member's name] and with [person's name] and spent an hour or two discussed what [person] would like, what would be best for them."
- Staff gave us examples showing how they had often advocated for people, over extended periods of time, so people had access to the care and the support they wanted. This included frequent championing of people's needs with housing providers, health professionals and other organisations. This had resulted in measurable improvements in people's quality of life, independence, confidence, health outcomes and financial safety.
- People's care plans were reviewed as their needs changed. One relative told us about significant changes in their family member's needs and said, "We worked as team together, we come to agreements. The carers who were coming in got along so well with [person's name], and [person's name] did not need to keep explaining about their condition. They [staff] got to know how they were feeling." The relative told us staff took time to take their family member shopping and provide pamper sessions, so they could continue to enjoy life and know they were valued.
- Relatives told us staff consistently responded to the changing needs of their family members and were skilled at spotting if they needed additional practical or emotional support. One relative said because of this, "[Family member's name] has come on leaps and bounds." Another relative told us, "[Staff member's name] is spot on, they go the extra mile, nothing is too much trouble. [Person's name] gets down, they talk to [Staff member's name] and they make them feel better, it helps with their mood."

- Relatives told us staff worked with them to ensure their family members continued to receive the care they wanted and worked flexibly to achieve this. For example, one relative told us their family member had become ill. This occurred when the relative had been delayed in returning home. The relative said, "They [staff] were very on the ball, one of the team leaders came out as they saw [person's name] was suddenly poorly. The team leader sat with [person's name] and helped the carer [staff] and us, as they were still there when I got back." Another relative told us staff had adapted how they supported their family member during renovations to their home. Staff had involved the person and their family in decisions about temporary care arrangements so the person would still be able to receive the care they needed during the renovations.
- Staff told us how they had worked flexibly and continued to support people throughout the pandemic to lead the lives they wished. One staff member told us a person they cared for had made a significant decision about their lifestyle. The staff member explained the usual route for support was not available during the pandemic. The staff member explained how they had varied the care provided to the person, so they would still receive the assistance they needed. This had involved ensuring the person's environment and goal setting fully assisted the person to successfully make the changes they wished. This had led to significant improvements in the person's health and well-being.

End of life care and support

- Relatives told us the care their family members received at the end of their lives was exceptionally compassionate and tailored to fulfil their family members' wishes. Relatives described journeys which people, relatives, healthcare professionals and staff undertook together. One relative told us the provider had arranged bespoke training for staff, so they would know the best way to respond to their family member's complex end of life care needs.
- Relatives emphasised the staff worked with them to plan the care their family members wanted at the end of their lives. This included people being supported to wear their favourite clothes, perfumes and aftershaves and receive their final personal care from staff they had developed exceptional bonds with.
- The needs of people were staff's primary focus, but relatives said staff still made time and extended their compassion and care to support them, too. For example, providing a bereavement guide and assisting with practical help to arrange the funerals their family members had wanted. One relative told us staff had also visited them after their relative's death, to check they were coping as well as could be expected. Because of this support the relative said, "Old Friends had been so good to [person's name] and they have been my rock."
- Another relative told us they had been so inspired by the way staff provided care to both their relative and themselves they now supported other people and shared their experience at support group meetings.
- Staff told us they were fully supported to provide end of life care through guidance in people's care plans and check in calls from their line managers. Staff also told us senior staff regularly spent time working with them and families, caring for people at the end of their lives. This was done so senior staff could be assured people's last wishes were continually respected by a resilient staff team, and so senior staff could provide effective cover for regular staff, should this be required.

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 had been assessed and plans put in place to let staff know people's preferred communication methods. These were detailed and let staff know, for example, where they should stand when talking with people.

- Staff gave us examples showing how they supported people with their communication needs in the past. This included introducing talking applications on a person's phone to help them to communicate, and staff carefully checking people's body language, so they could be sure they were correctly interpreting people's wishes.
- Key documents were available in large print format, should people want these.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints should they wish to and were confident these would be listened to.
- The provider had put systems in place to ensure any concerns or complaints were managed appropriately and learning was taken from these.

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 since registration of this provider. 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

- People and relatives told us the registered manager and senior staff had created a culture which put people first, inspired excellent care and encouraged people to ask for the support they wanted. One relative told us, "[Registered manager's name] is great at giving the advice and offered help. It is a comfort, their support and advice is needed, and makes such a difference."
- Another relative said, "I have always felt I can talk to [staff], or the out of hours [staff]. You don't feel a nuisance, they give an impression of wanting to help." The relative also said, "Their focus is on people. The people [staff] they have employed – they must treat their staff well, as they retain them, and they [staff] do go above and beyond. They must look after their staff and get the right ones."
- Staff told us the way they were led empowered them to provide very good care, and to work with autonomy where this was appropriate, so people promptly received the care they wanted.
- Staff told us the leadership team were committed to ensuring people had the best outcomes possible and had demonstrated this by finding ways to support people to meet their wider needs, which were not directly linked to their care provision. This included support to make lifestyle changes which they wanted, assistance with housing and refurbishment and contributing to their own communities. This helped people to enjoy the best quality of life possible. The registered manager told us, "I am proudest of the work we have done to support [person's name] to move into their own home, and the work we have done to safeguard people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and senior staff checked key areas of people's care so they could be assured their wishes and needs were met. This included how people's medicines were managed and their call times honoured. Senior staff also undertook spot checks on staff practice, to ensure staff were following people's care plan, observing good infection control practice and treating people well.
- Staff understood how they were expected to provide good care to people through feedback during spot checks and one-to-one meetings with their line managers.
- The registered manager understood their responsibility to be open and honest, should something go wrong with people's care.

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

- People's views on the care provided were sought through regular reviews, and people were complimentary about the care they received. For example, one review stated, "All carers [staff] go above and beyond." Other reviews recorded how well staff supported people to enjoy improved outcomes. The reviews also encouraged people to consider if they wanted any elements of their care changing. These requests were responded to.
- Staff were encouraged to make suggestions to improve people's care and the service further and said their views were listened to. For example, senior staff promptly visited people and reassessed their needs, where these had changed, so they would quickly receive the revised care they needed.
- Staff gave us examples showing how they were supported to work effectively with other organisations such as district nursing teams, GPs, Hereford and Worcestershire Fire and Rescue, and mental health teams, to ensure people experienced good outcomes. This included the staff working proactively on people's behalfs with people, other health professionals, such as district nursing teams, people's GPs, Hereford and Worcestershire Fire and Rescue, and mental health teams. Staff also advocated and promoted people's choices and rights with housing providers, people's solicitors and domestic abuse specialists, plus foodbanks.
- The registered manager ensured staff were fully supported in their roles. This included recognising staff achievements, welfare and counselling programmes to support staff effectively. The registered manger also worked with local college providers and considered best practice, for example in relation to dementia care, when considering what support staff required.

Continuous learning and improving care

- Where people had made comments or suggestions about their care the registered manager had used these in a positive way, to drive through improvements in their care. This included a whole team approach to changing call times at people's request.
- The registered manager and senior staff also worked alongside staff where people were experiencing heightened risks, so they would be sure contingency plans put in place would be appropriately supportive to people and staff.