

CEL Homecare Limited

# CEL Homecare

## Inspection report

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25 May 2021  
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01 June 2021

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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

CEL Homecare is a domiciliary care agency providing personal care to people in County Durham, Northumberland, Cumbria and Tyneside. It supported people living with a dementia and mental health conditions. At the time of our inspection 40 people were receiving personal care from 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 received kind and caring support from staff who knew them well. People and relatives said they were happy with the care they received.

Risks to people were assessed and addressed. Medicines were managed safely. People were supported by staff they knew well, who had been safely recruited. Effective infection prevention and control systems were in place.

Staff received support through regular training, supervision and appraisal. 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.

Care was based on people's assessed needs and preferences. Systems were in place to investigate and respond to complaints. Staff were able to communicate with people effectively.

Governance systems effectively monitored and improved standards. People, relatives and staff spoke positively about the leadership of the service. Feedback was sought and acted on.

### Rating at last inspection

This service was registered with us on 24 October 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection to give the service a rating.

### 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?

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.

# CEL 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 Care Act 2014.

#### Inspection team

An inspector and an Expert by Experience carried out this inspection. 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.

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 25 May 2021 and ended on 1 June 2021. We visited the office location on 25 May 2021.

#### What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports on changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed information we had received about the service since the last inspection.

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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and eight relatives about their experience of the care provided. We spoke with six members of staff, including the registered manager, the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and three medication records. 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 provider to validate evidence found. We looked at training and quality assurance records.

# 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.

### Staffing and recruitment

- Staffing teams were stable and well-organised, which helped ensure people received a good continuity of care. A relative said, "[Named person] knows those two carers and is very happy with them."
- Staffing levels and rotas were monitored to ensure people received the support they needed. One person told us, "They are always on time or thereabouts."
- The provider's recruitment policies minimised the risk of unsuitable staff being employed. Employment histories and references were sought and Disclosure and Barring Service checks completed.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and told us they felt safe. A relative we spoke with said, "[Named person] is safe with them. They are so good."
- Staff received safeguarding training and said they would immediately report any concerns they had.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and steps taken to reduce the risk of them occurring.
- Accidents and incidents were monitored to see if lessons could be learnt to improve the service.

### Using medicines safely

- Medicines were managed safely. Staff received regular training in medicines management.
- People received their medicines when they needed them. One person said, "They are very good with my tablets."

### Preventing and controlling infection

- Effective infection prevention and control systems were in place. Staff received training in this area and had access to supplies of personal protective equipment (PPE).
- The provider had effectively adapted their practices to reduce risks arising from the COVID-19 pandemic, including using appropriate PPE. One person said, "They do have a uniform and badge and then they come in with the mask, gloves and aprons on."

# 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 and preferences were assessed to ensure the right support was available to them.

Staff support: induction, training, skills and experience

- Staff received regular training to ensure they had the knowledge and skills needed to provide effective support. One person told us, "They seem well trained."
- Newly recruited staff received induction training before they could support people. One member of staff said, "I had two weeks of training and shadowing before I started."
- Regular supervisions and appraisals took place, which staff said they found supportive.

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

- People received effective support with eating and drinking. Dietary needs and preferences were clearly recorded in people's care plans.

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

- Staff worked effectively with external professionals involved in people's care to ensure their healthcare needs were met.
- People and relatives said staff were alert to any changes in people's health and wellbeing and would seek advice where needed. One relative told us, "They seem to notice things."

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.

- People or appropriate parties were asked to consent to their care, which was recorded in their care plans.
- Staff understood the principles of the MCA and applied these when supporting people.

# 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 said they were well treated and spoke positively about the care they received. Comments included, "Lovely [staff] and go out of their way to be helpful. I'd definitely recommend them" and, "They have been so kind and helpful."
- People and relatives said staff took time to get to know the people they supported well. One person said, "(Staff) cheer me up and are so helpful."
- Staff respected people as individuals and promoted their sense of identity. A relative told us how staff helped one person to carry out an activity they enjoyed.

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

- People were supported to express their views and told us these were acted on. One person told us, "They [staff] ask me if there is anything I want."
- Staff were knowledgeable about how people could be supported to communicate and express themselves. A relative told us, "I really like the way they [staff] talk to her."
- Systems were in place to help people access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff were able to describe how they made people feel comfortable when delivering support.
- People said staff protected and promoted their independence. One person told us, "They never rush me. I can shower myself and they give me time to do that."

# 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

- Support was based on people's assessed needs and preferences. People and relatives were involved in this to ensure people received the care they wanted.
- Reviews of people's support took place to ensure it was responsive to their needs.
- Staff knew the people they supported well and provided care that met people's needs. A relative told us, "They are really nice people and do anything he wants."

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.

- People were supported to communicate their wishes and preferences effectively. Information was made available to people in the most accessible format possible.

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

- At the time of our inspection the service was not supporting anybody to access activities. The registered manager and nominated individual explained how this would be done if it was part of people's support package.

Improving care quality in response to complaints or concerns

- Systems were in place to investigate and respond to complaints. One person told us, "If I had any complaints I'd phone them but I really don't have any complaints at all."

End of life care and support

- At the time of our inspection nobody was receiving end of life care. Policies and procedures were in place to provide this should it be needed.

# 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

- The provider and registered manager promoted a caring and inclusive culture at the service. One person told us, "They just really seem to care."
- Staff supported people to live the lives they wanted. One person we spoke with said, "They have helped me to stay at home, out of the care home and where I want to be."
- People, relatives and staff said there was good and open communication from the service. A relative told us, "[The registered manager] is always available and responsive."

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

- The registered manager and provider carried out quality assurance audits to monitor and improve standards at the service.
- Required notifications had been made to us in a timely manner.
- Staff spoke positively about the leadership provided by the registered manager and the nominated individual. One member of staff said, "Management is really nice. Down to earth and approachable."

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

- Feedback was sought from people, relatives and staff and was acted on. Surveys were held to invite feedback and suggestions for improving the service.

Continuous learning and improving care; Working in partnership with others

- The service was committed to continuous learning and development. For example, staff held reflective practice sessions where they discussed people's care and whether the support they provided could be improved.
- Staff had effective working relationships with external professionals involved in people's care.