

Home Service Complete Care (Herne Bay)

Home Service Complete Care LLP

Inspection report

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Herne Bay
Kent
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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: Home Service Complete Care LLP is a domiciliary care agency which provides domestic and personal care to people in their own home, including people with dementia and physical disabilities. The agency provides care and support for people in Herne Bay and the surrounding areas. The office is situated in Herne Bay. At the time of the inspection 62 people were receiving personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using this service:

People, relatives and staff told us the quality of care was good, that the service was well managed and that they would recommend the service to others. People said, "I always know who is coming and they are always on time. They [staff] are never rushing", "I am happy with Home Service – I would not want to change" and "I am completely satisfied with the service I get".

A relative commented, "I have seen a vast improvement [in my loved one] since we have been using carers. Using Home Service has made a big difference to us as a family".

All the people we spoke with said they felt safe with staff from Home Service Complete Care LLP coming in to support them.

People continued to be protected from abuse, harm and discrimination and were supported by a team of regular staff who they trusted.

Risks to people were assessed, monitored and regularly reviewed. Staff followed the guidance provided to help people remain safe in their homes.

People's physical, mental, emotional and social needs were assessed and monitored to support people to remain as healthy as possible and help promote a good quality of life.

People were encouraged to remain as independent as possible and were supported to have maximum choice and control over their life.

People told us the staff were considerate, kind and caring. One person said, "They are my angels of mercy". People told us they trusted the staff and valued their relationship.

People received care which had been tailored to their specific requirements. When people's needs changed the records were updated straight away and staff were informed.

People knew how to complain and were given opportunities to feedback about their care. All the people we spoke with said they did not have any complaints about the service they received.

The service continued to be well-led. All the people and staff we spoke with felt the service was well-managed.

Regular checks and audits continued to be completed and people were asked to provide feedback about the service they received.

The service met the characteristics of Good in all areas. For more details, please see the full report which is

on the CQC website at www.cqc.org.uk

Rating at last inspection: Good when we inspected on 18 October 2016 (report published 16 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service maintained Good in all areas and Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Home Service Complete Care LLP

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by one inspector.

Service and service type: Home Service Complete Care LLP is a domiciliary care service providing support and personal care to people living in their own homes who are in receipt of the regulated activity of personal care. The service supported older people to enable them to continue living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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 site visit because the service is a domiciliary service we wanted to make sure we were able to speak with people and the staff who supported them.

Inspection site visit activity started on 01 May 2019 and ended on 03 May 2019. On 01 May we spoke with people and their relatives on the telephone. On 02 and 03 May we visited the office location to see the registered manager and office staff and to speak with care staff.

What we did:

Before the inspection we reviewed the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. The registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give key information about what the service does well and the improvements they plan to make. We assessed this and used this information to plan the inspection.

During the inspection we reviewed a range of records which included four people's care plans and associated documents, recruitment, training and supervision records and records relating to the quality monitoring and management of the service.

We spoke with seven people and six relatives.

We spoke with eight staff.

We also spoke with the provider, the registered manager and the office manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service and that staff used key safes to ensure their property remained secure.
- Relatives said they felt reassured in the knowledge that regular staff visited their loved ones. One commented, "They have done their best to put the right people in place".
- Staff knew how to keep people safe and protect them from abuse, discrimination and harm. They understood how to report concerns and felt they would be listened to and that action would be taken to keep people safe.
- There were policies and procedures for whistle-blowing and safeguarding.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed, monitored and regularly reviewed.
- Risk assessments were incorporated into people's care plans and gave staff guidance about how to reduce risks. For example, when a person was at risk of falls there were instructions for staff to make sure the person's home was free from obstacles, their walking aid was left within reach and that they were wearing their lifeline before the staff left them. A relative said, "[Staff member] makes sure [my loved one] has had a bite to eat and that she's got everything she needs before she leaves".
- When people were living with diabetes there was guidance for staff about what signs and symptoms a person may show and what action to take if their blood sugar levels were too high or too low.
- When people needed special equipment to support them to move, such as a hoist, staff followed detailed guidance, which included the type of sling and the different coloured loops for different parts of the body, to make sure people were moved safely.

Staffing and recruitment

- Staff continued to be recruited safely. Disclosure and Barring Service criminal record checks were completed before they started working at the service and this helped the provider make safer recruitment decisions.
- There were sufficient staff to meet people's needs. Staff had worked at the service for a long time. Staff turnover and sickness levels were low. Emergency cover, such as a person requesting additional time to support them to an appointment, was arranged by the office staff and staff worked flexibly as a team to make sure people received their calls when they needed them.
- People told us they knew who would be providing their care and that they usually had the same staff supporting them. People said this was very important to them. One person commented about their two regular carers, "They are truly wonderful. They are two of the best. I wouldn't part with them".
- A regular and trusted care team was important to people. The office manager said, "We will not take on

additional work if that means we cannot provide continuity of carers".

- People said the staff arrived on time and stayed for the requested amount of time. They told us that staff were very flexible if they needed an extended call or an additional call and that they always found a way to meet their requirements.
- An on-call system was used to obtain advice and guidance outside office hours. Staff told us this worked well and that they did not hesitate to seek advice when they needed to. Each person had a copy of emergency contact numbers at the front of their care files in their home.

Using medicines safely

- People were encouraged to remain as independent as possible when managing their medicines.
- When people needed support with their medicines this was done by staff who were trained and had their competency assessed.
- Staff followed guidance in people's care plans to ensure their medicines were administered safely and their topical creams were applied correctly.
- Medicines administration records were checked by the management team to ensure medicines had been given appropriately.
- People told us that staff supported them with to get their prescriptions and that this was a big help to them.

Preventing and controlling infection

- People told us that staff used gloves and aprons when necessary to minimise the risk of infection.
- Staff told us they collected their personal protective equipment from the office whenever they needed to and that there was always stock available.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any patterns. When a theme was identified action was taken to reduce the risk of it happening again.
- We reviewed the records and incidents had not reoccurred. For example, there had been one missed call to a person in the last 12 months. As soon as this was identified changes were made to the communication of alterations in the staff rotas, which had stopped missed calls from happening again.

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

Good: 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 using the service to make sure staff could meet their needs and preferences. A relative told us, "They came and assessed [my loved one] when we first contacted them. The assessment was unhurried. It was very thorough".
- The office manager told us, "We agree an initial care package. We monitor it over a week or two with the person and will increase or decrease the calls as the prefer".
- People's protected characteristics under the Equalities Act 2010 were identified as part of their initial assessment, this included people's needs in relation to culture, religion and sexuality.

Staff support: induction, training, skills and experience

- People told us the staff were knowledgeable. They said, "They certainly know what they are doing" and "They all seem to know what they are doing so I would say they must be well trained".
- People told us that new staff were always introduced with an experienced member of staff. A relative commented, "When they have a new carer they pair them up with someone that knows [my loved one] well. I am impressed with this as it could be rather unsettling for them otherwise".
- Staff completed an induction when they joined the service and before they began supporting people. New staff completed the Care Certificate – this is an identified set of standards that social care workers adhere to in their daily working life.
- Staff continued to have regular training to keep their knowledge up to date with best practice. This included training about moving and handling people, dementia and diabetes. Staff told us they liked the on-line training. They could take their time to complete it and work at their own pace.
- Staff told us they felt supported and had one to one supervision meetings. The management team had identified these as an area for to be developed and improved. They had sought advice and introduced a more detailed one to one process.

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

- Some people needed support with their meals and there was guidance for staff about people's preferences.
- People told us staff left their snacks and drinks within reach when they left them. Staff confirmed this.
- Staff encouraged people to follow any advice received from a health care professional because they were at risk of not eating or drinking enough. For example, from the dietician or speech and language therapist.

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

- Staff monitored people's physical and mental health and contacted the relevant health care professionals when needed. For example, when a person had had a number of falls staff made a referral to the local falls team, with their consent, to make sure the person received the support they needed.
- Staff told us they worked with the local community nursing teams and followed their advice to make sure people received consistent and effective care.
- People told us the staff supported them to attend health care appointments, such as the dentist or GP. A relative said, "Staff have agreed to take [my loved one] to see the doctor when they need to. That has really put my mind at rest".

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection. At the time of the inspection no-one was subject to an order of the Court of Protection.
- People told us staff asked for their consent before they supported them with their personal care. They felt they were in control to do as much for themselves as they chose or could do.
- Staff said they always asked a person for their consent before they carried out a task.
- People's care plans noted what decisions people could make and when they may need additional support. Staff said, "I encourage people to make choices and always respect their decision".
- When people needed additional support to make decisions about their care, best interest meetings were held with people's family and health care professionals to make decisions in the person's best interest.
- People's confidential personal information was stored securely. The management team made sure this was done in line with General Data Protection Regulations.

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

Good: 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 continued to be supported by kind and caring staff.
- The registered manager told us, "When we recruit new staff there are key personal qualities we desire – empathy, kindness, compassion, respect to others, empowerment and the promotion of dignity. These qualities run through our whole staff team".
- People told us, "[Staff are always respectful. All of the time]" and "They are fabulous. We have a good laugh and a joke – that is really important to me".
- Relatives said, "[My loved one] has a real bond with [staff member]. They are very gentle with [my loved one] and is always respectful".
- People's equality and diversity were recognised and respected. People had been supported to ensure their cultural and religious needs were met. People told us that staff supported them to attend their preferred place of worship.
- People's spiritual, cultural and religious preferences were recorded in their care plans.
- The management team spoke passionately about the importance of supporting their staff team and monitoring their well-being. Staff told us they had been supported through several life experiences by the management team and that they were able to tell them if they had any worries in their personal life that may impact on their work.

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

- People and their relatives told us that office staff met with them every six months to review the care and support being provided. One person said, "We look at my care plan and check it every so often in case anything needs to be changed. Nothing is ever too much of a problem".
- People said if they needed any changes to their care package they contacted the office and any amendments were made.
- A relative commented, "They are always very considerate of us. They work round us. If we want to go away they will fit in extra calls and that gives us peace of mind".
- People told us they felt in control of their life and made the decisions about what level of care was being provided. One person commented, "I feel I am in control of my care and not the other way around".

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality continued to be respected. People told us staff were respectful and that their privacy was maintained. One member of staff said, "I always respect how people want things done. Some people like to be left while they are showering and then I use a towel to cover them while I am helping them dry".

- People told us that using Home Service Complete Care LLP had helped them maintain their independence. One person commented, "I do as much as I can myself and get them to help with the rest. I like to be as independent as I can".
- Staff said, "The best thing about my job is the satisfaction of knowing you are helping people remain as independent as possible and that they can stay living in their own home rather than going into a residential home".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were written and developed with them and their loved ones. People all told us they had a care plan and that they knew what information it contained.
- Care plans provided staff with step by step guidance about what support people needed and how they preferred their care to be delivered.
- When people's needs were assessed, any specific communication needs were taken into account. For example, staff told us, when a person had a visual impairment, they had produced a large print laminated copy of the service's contact number which, at the request of the person, had been placed on the front of their care file.
- People told us the staff knew them and their preferences well. Their likes, dislikes and preferences regarding their care and support were recorded.
- All aspects of people's support were included. For example, staff had guidance on how to provide additional support with people's pets when they were no longer able to do this themselves.
- People sometimes requested additional calls to support them in the community. This was always accommodated. For example, during the inspection a person had requested an extra visit for staff to support them to vote and this was arranged.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and that they would not hesitate in doing so should the need arise. People said, "I have got no complaints at all", "I haven't got any complaints and can't see that I would - they are excellent. I would call the office if I needed to though" and "We don't have anything to complain about. We are confident they would listen and act on anything if it was raised".
- Each person was given a copy of the provider's complaints process when they began using the service.
- One complaint had been received in the last 12 months. This had been investigated and satisfactorily resolved.
- During the inspection people telephoned the office with any queries and these were dealt with efficiently and to people's satisfaction.

End of life care and support

- Staff were not supporting anyone at the end of their life at the time of the inspection.
- Staff completed training about supporting people at the end of their life and had worked with health care professionals, such as community nurses, to provide care.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a clear set of values for the service which was shared by staff. This included recognising the people's individual uniqueness and respecting and encouraging independence.
- Staff told us they were proud to work for Home Service Complete Care LLP and people valued the trusting relationships that had been built.
- Regular checks and audits continued to be completed to monitor people's health and welfare needs, the quality of the service delivered and staff competence.
- There was an open and transparent culture within the service. People, relatives and staff felt confident that if they raised any concerns they would be listened to and acted on accordingly.

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

- The service continued to be well-led. All the people and staff we spoke with said they would recommend the service to others. People told us, "It always seems pretty efficient" and "Home Service is absolutely well managed".
- People and staff knew who to contact for support, guidance and advice.
- The management team continued to have knowledge and understanding of their regulatory responsibilities and notified the relevant bodies in line with guidance. The rating from the last inspection was displayed on the provider's website.
- Staff had a clear understanding of their roles and responsibilities and worked together as a team to make sure people received the support they needed when they needed it.

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

- People and staff told us they completed surveys to provide feedback. The results were analysed to see if there were any areas which could be improved. For example, as a result of a recent survey, the pre-assessment process was updated to include asking people if they wanted to meet the staff before they began using the service or if they preferred to be contacted by telephone to inform them of who would be visiting.
- People and their relatives said they were involved in all decisions about their care and that this was regularly reviewed.

Continuous learning and improving care; Working in partnership with others

- The management team kept up to date with best practice. For example, they attended care providers conferences and local forums.
- Staff continued to work with health care professionals, such as community nurses, the local falls team and the local clinical nurse specialist to obtain advice and guidance and to make sure they were providing effective, joined-up care.