

360 Degrees Health Care and Rehabilitation Services Ltd

360 Degrees Health Care and Rehabilitation Services Ltd

Inspection report

The Ace Centre, Suite 19
Cross Street
Nelson
Lancashire
BB9 7NH

Tel: 01282614888
Website: www.360degreeshealthcare.co.uk

Date of inspection visit:
20 June 2019
24 June 2019

Date of publication:
12 August 2019

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

360 Degrees Health Care and Rehabilitation Services Ltd is a domiciliary care service, providing personal care to people in their own homes. At the time of the inspection, the service was supporting 42 people.

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

People told us staff visited them on time and stayed as long as they should. No-one had experienced any missed visits. The provider followed safe practices when recruiting staff. Staff knew how to protect people from abuse and avoidable harm. The service managed people's medicines safely and checked people's equipment regularly to ensure it was safe for them to use.

The provider ensured staff received an effective induction and completed the training needed to support people well. Staff supported people to eat and drink enough and ensured they received appropriate support with their healthcare needs. 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.

People liked the staff who supported them. They told us staff were kind and treated them with respect. Staff respected people's right to privacy and dignity and encouraged people to be independent when it was safe to do so. They respected people's diversity and involved people in decisions about their care. People had access to advocacy services, to ensure they received independent support when they needed it.

People were supported by regular staff who knew them and told us staff provided them with support that reflected their needs and preferences. Staff supported people to follow their interests and avoid social isolation. They offered people choices and encouraged them to make decisions about their care. No formal complaints had been received by the service.

Staff and management were clear about their roles and responsibilities and provided care which resulted in good outcomes for people. They worked in partnership with a variety of agencies to ensure people received the support they needed. People, relatives and staff were happy with how the service was being managed. Staff felt well supported by the registered manager and provider.

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 this service was good (published 27 June 2016).

Why we inspected

This was a planned inspection based on the previous 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?

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 

360 Degrees Health Care and Rehabilitation Services Ltd

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

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people and relatives by telephone to gain their feedback about the support they received.

Service and service type

360 Degrees Health Care and Rehabilitation Services Limited 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

This inspection was announced. We gave the registered manager 48 hours' notice, to ensure they would be available and to give them time to gain people's consent for us to contact them for feedback.

What we did before the inspection

We reviewed previous inspection reports and information we had received about the service since the last inspection. This included information from the provider about important events that had taken place at the service, which they are required to send us. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke on the telephone with seven people who were supported by the service and three relatives, to gain their feedback about the support provided. We spoke with two care staff, the development officer, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with an independent consultant who provided supervision and support to management and staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at one staff recruitment file and staff supervision and appraisal records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and audits.

After the inspection

We received updates from the provider about changes made to documentation. We contacted seven community professionals who regularly visit the service for their feedback about the support provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. People told us they received safe care. Their comments included, "I feel very safe with them" and "I have no worries about harm. They are good and I trust them."
- Staff understood how to protect people from abuse and the action to take if they had any concerns.
- The provider had notified the Care Quality Commission (CQC) and the local authority about safeguarding issues appropriately. Where investigations found improvements were needed, the registered manager had shared lessons learned with staff to ensure improvements were made.

Assessing risk, safety monitoring and management

- The provider had processes to manage risks to people's safety and wellbeing appropriately. Staff completed assessments of people's risks, including those relating to mobility, medicines, the home environment and social outings. The assessments provided information for staff about people's risks and how best to support the person to reduce the risk. They were reviewed regularly.
- We reviewed the service's accident and incident records. We found staff had completed these fully and taken appropriate action when accidents or incidents occurred.
- Staff completed regular safety checks of equipment in people's homes, including specialist beds, hoists and stair lifts, to ensure they were safe for people to use.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs. People told us staff visited them on time and stayed for the full duration of the visit. No one we spoke with had experienced any missed visits. One person told us, "They come three days a week. They're always on time, they're never late. They're really good." Another said, "They stay for the full time, every time."
- Staff were recruited safely. We reviewed one staff member's file and found all relevant checks had been completed before they started working at the service, to ensure they were suitable to support adults at risk.

Using medicines safely

- Staff managed people's medicines safely and administered people's medicines as and when prescribed. Staff who administered medicines had completed relevant training and senior staff observed them regularly to ensure they were competent to administer people's medicines safely. We noted the medicines competence assessment was brief. The registered manager told us he planned to introduce a more comprehensive assessment, to ensure staff competence to administer medicines safely was fully

documented. We received a copy of this shortly after the inspection.

- People and relatives were happy with how medicines were being managed and told us staff administered their medicines when they should. One person commented, "They make sure I've taken my medicines and if I need any pain relief, then the staff get it for me."

Preventing and controlling infection

- The provider had effective infection control processes and procedures. Staff followed appropriate infection control practices which protected people from the risks of poor infection control. They told us they used personal protective equipment, such as disposable aprons and gloves, when they supported people.
- Staff completed infection control training and the provider had an infection control policy for them to refer to.
- The service was in the process of appointing two infection control champions, who would attend regular meetings with the local authority, to ensure the service stayed up to date with good practice.

Learning lessons when things go wrong

- The provider had systems to analyse accidents, incidents and safeguarding issues and make improvements when things went wrong. The registered manager regularly reviewed records to ensure staff had completed them properly and appropriate action had been taken.
- The registered manager told us where the service was found to be at fault in relation to accidents or incidents, he took appropriate action and shared any lessons learned with staff to avoid similar errors happening again. We saw evidence of this in staff meeting notes.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- The registered manager completed an initial assessment of people's needs before the service started supporting them, to ensure they could meet the person's needs. Staff used the assessments to create care plans, which contained detailed information about people's support needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were happy with the support provided by the service. Their comments included, "Best carers I've ever had. They are brilliant and look after me really well", "I get on well with them all. I have no problems. I'm happy with the care" and "I can't praise the staff enough."

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well. Staff were happy with the induction and training they received at the service. They told us, "The induction was good. I did training before I started supporting people and extended my shadowing of staff because I was new to care and needed to observe staff for longer" and "The induction included training and shadowing staff. It was perfect."
- People and their relatives felt staff had the knowledge and skills to meet their needs. Their comments included, "I think they have enough training, they are very skilled" and "All the carers do a fantastic job."

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

- The service supported people to manage their nutritional needs. People were happy with the support staff provided. One person commented, "They check my food is cooked and that it's not too hot."
- Staff were aware of people's special dietary requirements and how to meet them. They recorded information in people's care plans and risk assessments about their dietary needs and took appropriate action when they identified concerns.

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

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, physiotherapists, occupational therapists and social workers.
- Community health professionals provided very positive feedback about the service. They told us staff provided a high standard of support, followed complex care plans well and raised any concerns in a timely

way.

- People's support plans included information about their healthcare needs, medical history, medicines and any allergies.
- The service used a hospital passport scheme, where staff shared important information, such as a person's medical history, medicines record and any communication needs, with paramedics and hospital staff when people attended hospital.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection, who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care files included clear information about their capacity to make decisions about their support. Where there were concerns about people's capacity to consent to, and make decisions about their care, capacity assessments had been completed and staff had made best interests decisions in consultation with people's relatives. The registered manager told us they had not submitted any applications to the Court of Protection to deprive anyone of their liberty.
- People or their relatives had signed consent forms, giving staff permission to provide them with support.
- The nominated individual and development officer were MCA champions, which meant they attended regular meetings with the local authority to ensure the service stayed up to date with good practice.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us they liked the staff who supported them. Their comments included, "They are friendly and kind to me. Sometimes it's a bit of company, they will sit and chat with me and that makes me feel good", "They are kind and caring" and "The staff are always very polite. They care. They are very good."
- Staff treated people well and met their needs in a caring way. One staff member told us, "We show people we care by listening to them, chatting with them, giving them time and giving them choices." Another commented, "We treat people as family. We're respectful, we communicate clearly, we reassure and listen to people."
- Staff considered and respected people's diversity. Care documentation included information about people's religion, ethnic origin and gender, which meant staff were aware of people's diverse backgrounds and knew what was important to them. People's documentation included clear information for staff about how to respect their diversity and meet their needs.

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

- The service supported people to make decisions about their support. People's care needs had been discussed with them and people told us staff encouraged them to make every day decisions about their care. One person told us, "They always ask me what I need."
- At the time of our inspection, two people were being supported by advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. We received positive feedback from people's advocates. They told us the people they supported were happy with the service provided and any issues raised were resolved quickly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "Everybody is respectful", "They know how to protect my dignity, they are very good that way. Always taking their time and chatting, so I understand what they are helping me to do" and "They always make sure I'm clean and smell nice."
- Staff respected people's wish to remain as independent as possible. One person told us, "They help me choose my clothes and listen to me." Another said, "If I need help to get washed, then they help me and encourage me to do as much as I can myself." Staff told us they encouraged people to be independent when it was safe to do so. One staff member commented, "We encourage people to do what they can, like walking

or swimming. This increases their confidence and they become more independent, which increases the activities they can take part in."

- Staff respected people's right to privacy and confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff. Confidentiality was included in staff members' contract of employment and addressed during their induction. The provider had a confidentiality and data protection policy for staff to refer to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 told us staff provided them with personalised care which reflected their needs and preferences. Their comments included, "The staff are very friendly, they know me and what I need" and "I get regular carers. Their very good and very supportive." One staff member told us, "Staff complete a profile, to help the manager match us with service users."
- Peoples support plans were very detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. Staff were familiar with people's needs and risks and how they liked to be supported.
- People told us staff gave them choices and they were able to make every day decisions about their care. One person commented, "They do anything I want. They always make sure I'm ok." One staff member told us, "We encourage people to make choices, like their meals, outings or clothes. People can change their routines if they want to, we're flexible."

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.

- The service was following the Accessible Information Standard. Staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. They documented in people's care plans any support they needed with their communication needs and how staff should provide it. One person's care file included very detailed information about the person's communication needs and how staff should support them to communicate effectively.
- Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.

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

- Staff supported people to follow their interests and go out regularly, including shopping and on local walks. One person told us, "They take me out, they're really good." Staff told us they also supported people to attend religious services regularly and to read religious texts.
- Staff encouraged people to develop relationships and avoid social isolation, including supporting them to

attend day centres and community centres.

- The provider told us she was looking into providing group-based activities for people to attend, such as visits to the cinema, concerts, restaurants, parks and shopping. She felt this could encourage people further to develop relationships and avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had processes to respond effectively to people's complaints or concerns. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- No-one we spoke with had raised any complaints or concerns and the registered manager told us no formal complaints had been received by the service. He told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future. One person told us, "If I have any concerns, I always speak to the staff and they document it and pass in on to the manager, who will then get in touch with me."
- The registered manager kept a log of minor concerns people had raised and we found these had been dealt with quickly. One staff member told us, "If there are any issues, staff are emailed. They're taken seriously."

End of life care and support

- The provider had processes to support people effectively at the end of their life. Staff documented people's preferred priorities for end of life care, to ensure people would be cared for as they wished.
- The provider had an end of life policy for staff to follow, which focused on the importance of people's comfort and dignity.
- Three staff had completed end of life care training and the provider told us further training was planned. The registered manager told us the service was not providing anyone with end of life care at the time of our inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 registered manager and provider demonstrated a commitment to providing people with individualised, high quality care and supporting people to improve their lives. Everyone we spoke with was happy with the support they received and how the service was managed. Their comments included, "I'm 100 percent happy with the service. I have no complaints", "I'm very happy with what they do" and "I have no complaints and if I did I'd tell the manager when they visited, as they are nice and listen to what we have to say."
- Staff were clear about the service's vision and values and how to support people to achieve good outcomes. One staff member told us, "We take our time with people and treat them as individuals. We're all clear about how to provide a quality service." Another commented, "They [management] care about people. People get good quality, individualised care."

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 had a duty of candour policy, which provided detailed information about their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

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

- The registered manager and senior staff regularly completed a variety of audits and checks of the service, including medicines, times of visits and care documentation. The audits completed were effective in ensuring high levels of quality and safety were being maintained.
- Staff understood their roles and responsibilities. One staff member told us, "We know what we should be doing, from our induction, training, supervisions and staff meetings. We get emails about any changes in practice."
- The provider had effective oversight of the service. She visited the service at least once a week and usually attended staff meetings, which took place every two months or so.
- Due to a family connection between the provider and the registered manager, the provider had arranged for the registered manager's supervision to be completed by an independent consultant. Staff were also able to contact the consultant for support and advice. This helped to ensure any potential conflicts of

interest were addressed.

- The registered manager and provider demonstrated a clear understanding of their regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was displayed in the office and on the service's website.

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

- People's views were sought and they were involved in decisions about the service, through their regular review meetings and annual satisfaction surveys. We reviewed the results from August 2018, when 43 satisfaction surveys were issued, and 17 responses received. People had expressed a high level of satisfaction with the service.
- Staff were also given satisfaction surveys in August 2018, when 35 were issued and 13 responses received. Staff satisfaction was high, and we saw evidence that where staff had raised concerns or made suggestions, management had acted to address them.
- Staff meetings were held regularly, and staff felt able to raise concerns and make suggestions. They told us the provider and registered manager were supportive and they felt valued. One staff member told us, "They're brilliant to work for. They're supportive and provide a quality service."

Continuous learning and improving care

- The provider had many plans to improve the service. These included the increased involvement of people and their relatives in the development of the service, including staff recruitment and training, and the possible development of a separate management board. She also hoped to arrange joint training with other local care providers and increase the use of assistive technology to support people with communication, independence and providing feedback about the support they received. She told us she planned to introduce a 'Care Champion' for each person, who would be a named member of staff responsible for ensuring that person received a caring service.
- The registered manager told us further staff training was planned, including end of life care for many of the staff.
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a selection of policies and found they were updated regularly and included appropriate guidance.

Working in partnership with others

- Record showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, advocates, GPs, community nurses, physiotherapists and occupational therapists.
- We received positive feedback about the service from community professionals who visited regularly. They told us staff were knowledgeable about the people they supported and provided people with a high standard of care.
- The provider was working with the local authority to develop and trial their home care quality assurance framework.