

ADASS EAST Community Services (OP) for At Home Support Services Limited



Overall Rating



GOOD

Involvement and Information

Respecting and Involving Service Users

Standard Rating

Requires Improvement



A01 The care plan is individually tailored, person centred, includes appropriate information on the service user's preferences and views and clearly evidences that they were involved in the decisions about how their care and support is to be delivered. This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- Care plans evidenced were person centred and individually tailored including the service user's preferences. Service users or Next of Kin sign to agree their care plan for each call. One Next of Kin had signed the care assessment but was not identified to explain their relationship to the service user however the relationship was recorded in the contact details within the assessment Information accurately reflects the assessment records. The provider has a Statement of Purpose which was evidenced by the MO.

A02 There is evidence that SU's have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Requires Improvement



What We Found

- Assessments record consent to care, medication and sharing of information. The Service User Information guide includes contact details for the LA, CQC, 111 and Herts Equipment Service as well as the providers service. The provider contact details are clearly set out in large font however other information is set out in a pale coloured font against a white background. The provider should consider updating the Information Guide with a dark font to make it easier to read. The provider does not currently have any alternative version of the Service User Guide i.e. Easy Read Pictorial or BSL however they did confirm that they check that the service user can read the information by asking them to read out the telephone numbers to them. The provider confirmed that they would provide this information if it was needed. For one service user who has difficulty communicating the provider has pictures of preferred drinks, number of sugars taken and how this should be set out for her which is placed in the Kitchen. The assessment includes a communication needs section which includes Memory, Hearing and Eyesight stating whether the service user can or cannot communicate their needs. One service user has a Power of Attorney for Health and Wellbeing in place for their NoK to approve all support delivered.

B01 Service users confirm that they are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. SU's are treated with kindness, compassion and empathy. Care workers are seen to support SU's choices and preferences in regards the way their care and support is delivered.

Good



What We Found

- Service users spoken with confirm that they are treated with respect and listened to. Service users are treated fairly in a non-discriminatory manner, and care workers ensure their dignity and diversity is respected always. Service users stated that they feel comfortable and able to speak freely with their care workers. Service users visited agree that their care plans reflect the service they are receiving, and this enables them to remain as independent as possible. Two service users spoken with felt very satisfied with the service, and one said they were satisfied.

B02 Service users confirm that they are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Requires Improvement
★☆☆☆☆

What We Found

- Service users spoken with feel that they have been provided with the appropriate information and have been supported in understanding this information and how to use it to make informed decisions. All spoken with confirmed that they have access to their own care folder within their homes, which includes their care plan, care workers daily log entries and complaints procedure. Service users or next of kin spoken with stated that care workers complete a log entry at the end of each call. More care could be taken to ensure the correct SU's name is written in these logs, and that a time in/out is written also.

B03 Service users confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Good
★★★★☆

What We Found

- Service users across all areas are encouraged to give feedback to the office or via the care workers in between reviews. Service users confirmed they are aware of where to go should they need to complain. No service users spoken with had cause to raise concerns/complaints and haven't had to do so in the past. The agency appear to be conducting regular reviews also, and service users spoke highly of the staff in the office and their accommodating nature.

B04 Service users spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Good
★★★★☆

What We Found

- Discussions with service users across confirmed that they are supported to maintain relationships with family and friends and the community in which they live. It was agreed that service users feel should they ever need to, the agency would be accommodating and ensure an earlier visit if necessary.

B05 Service users spoken with confirm that they are supported to enjoy a variety of activities and social opportunities and these are based on their preferences and strengths and form part of everyday life.

Not Assessed

What We Found

- No service user spoken with is supported with social opportunities and this is not part of their service commissioned.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★☆

What We Found

- Three care workers were interviewed. Staff explained how they demonstrate respect to service users, calling out when they enter the property to alert the SU to their arrival, introducing themselves and explaining why they were visiting if they were new or the SU has a fluctuating memory, encouraging any refusals of care and offering choices when they can. Care workers stated that they explain why they need to complete the care to further encourage acceptance of it. Staff complete Equality and Diversity training as part of their Induction.

Involvement and Information

Standard Rating

Consent

Good
★★★★☆

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS. POA is clearly documented and evidenced across the care plan where relevant. **Good**
★★★★★

What We Found

- One SU with a Dementia diagnosis has her Next of Kin clearly documented throughout the Assessment process to ensure their best interests are met however this was not clearly documented where the Next of Kin signed their name to identify their relationship. No service users currently supported have a DoLS decision in place however the provider does have past experience of this and is aware of the process to follow. A number of service users have Advanced decision plans in place and these were clearly documented.

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent. **Good**
★★★★★

What We Found

- Service users confirm staff seek consent and do not rush them. Service users feel that staff are patient and thorough when delivering care.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work. **Good**
★★★★★

What We Found

- Care workers confirmed that they understood the principles of the MCA through training and demonstrate this in their daily work by offering choice of care, food and drink. Staff all stated that they would encourage and distract any unwise decisions and inform their manager to review needs.

Personalised Care and Support

Standard Rating

Care and Welfare of Service Users

Good

★★★★★

A04 Care plans are signed by the service user where appropriate to evidence their involvement in their care and support planning. **Good**
★★★★★

What We Found

- Care Plans evidenced were signed by the SU or Next of Kin to evidenced their approval. Each visit plan was signed separately by the SU to ensure they knew and agreed each visit.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the service user has been given appropriate information about key working system. **Not Assessed**

What We Found

- Key workers are not used by this provider.

A06 There is evidence that SU's have been given information about how to make contact with the care provider. **Good**
★★★★★

What We Found

- The Service User Information Guide evidenced contact details for the provider, LA, CQC, 111 and Herts Equipment Service should they need it. The provider contact details are clearly set out in large font however other information is set out in a pale coloured font against a white background. The provider should consider

A07 The care assessment has been conducted in a way to reflect the SU's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good
★★★★★

What We Found

- One assessment included the service users preference to go out in the community when they wanted and care calls were planned accordingly. Family involvement was recorded on Care Assessments. One service user has Family responsibilities recorded for certain tasks and regular visits from Carers in Herts. Use of Keysafe's and community alarms were evidenced in SU files. Ensuring SU's are wearing their pendant or wrist alarms is recorded on Care Plans and tested regularly however MO recommends that staff test the alarms with the SU on a weekly basis to remind SU's of their effect if they need it.

A08 There is evidence that the SU's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the SU remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

- All service users have a nutrition and fluids, personal hygiene, bowel and repositioning charts completed where the provider is responsible for these tasks. Charts include details of meals and drinks taken and any refusals are reported to the office for a review. One Care Plan was reviewed and updated after one month to support a change in need identified. There was evidence of the provider linking with a GP for a change in medication management and arrangements for a Chiropody visit via GP. Body maps are also in place to record any areas of concern.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the SU safe.

Good
★★★★★

What We Found

- Care and support plans were up to date showing current care needs. Care Plans are updated following any change or hospital discharge.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Requires Improvement
★★★☆☆

What We Found

- Daily records recorded the service users wellbeing and tasks delivered. Some logs had generic statements and could have been more detailed. Some logs did not record any meals taken or the care workers full name or the time of departure and these details need to be improved. Professional, GP or District Nurse visits were not evidenced within these logs. One concern was escalated to the office and evidenced at this visit.

A11 Evidence that the care planning and support is designed to maximise the SU's independence and quality of life and that service users are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Good
★★★★★

What We Found

- Goal setting was not specifically evidenced in the Care Plans seen however the provider did give an example of reconnecting a family and promoting independence from a service user previously supported.

B07 Service users spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Good
★★★★★

What We Found

- Discussions with service users show that they were aware of their care plan and involved in developing or agreeing it. Service users confirmed that staff respect their dignity, wishes and personal preferences. Care plans reflect the care that is happening.

B08 If a key worker system is in place then service users are aware of who their named care worker is.

Good



What We Found

- Of the service users spoken to, all confirmed that they were quite happy with continuity of the care workers and although there was no real 'key worker' system in place, service users have got to know those who visit regularly and get on well with them.

B09 Observation of care staff interaction and care delivery demonstrates that the service user remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the SU's independence and quality of life.

Good



What We Found

- Discussions with service users around care delivery evidence that the service user remains safe; their needs are adequately met; and their welfare is protected, and that delivery of care is effective, enabling and maximises the service user's independence and quality of life.

C03 Staff understand and can explain the role of the keyworker if used in the service.

Good



What We Found

- Key workers are not used by this provider however all staff interviewed confirmed that they telephone their care manager if they have any concerns for SU wellbeing.

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good



A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good



What We Found

- Dietary restrictions were not evidenced in the files seen and the provider did not have anyone on a specific diet at the time of this visit however one SU was in the process of having a review due to not liking the Community Meals currently being delivered to ensure they were having regular meals that they liked.

A13 Where the Provider is responsible for the SU's nutritional needs then care plans should include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good



What We Found

- Nutrition and fluid charts were evidenced recording what the service user had consumed each day at each visit.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Not Assessed

What We Found

- The provider does not support any service user requiring a specialist nutritional services at this time.

B10 Service users confirm that they are supported to make healthy choices and lead healthy lifestyles and where appropriate provided with access to information about healthy and balanced diet, recognising individual preferences, cultural and dietary requirements.

Not Assessed

What We Found

- No service users spoken with needed to be supported by the care workers for their nutritional needs at this stage. This was either being supported by NOK or the service user themselves.

B12 Discussion with staff and / or Observation of staff practice confirms appropriate behaviour in relation to food preparation and hygiene.

Good
★★★★★

What We Found

- Discussions with service users confirmed that care workers wear appropriate PPE and are washing their hands regularly.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good

★★★★★

A15 Where the responsibility for the SU's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named service user is transferred to one or more service(s) records should reflect this appropriately.

Good
★★★★★

What We Found

- Shared SU care and support was not specifically evidenced at this visit however evidence was seen of contact with OT, Social Worker and GP services where a concern was identified including one for the Chiropody service via GP.

B13 Where applicable there is evidence that staff support service users to access other social care or health services as and if required.

Good
★★★★★

What We Found

- Service users spoken with confirm that staff are aware of other agencies involved and support service users to access other health/social care services as required. Care workers are pro-active and liaise with other professionals/NOK as necessary.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Requires Improvement

★★★☆☆

A17 Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the service user (where possible and appropriate).

Good
★★★★★

What We Found

- Care plans and assessments take into account mental capacity and best interests. The provider does not currently support anyone who they have to make best

B20 Service users confirm that they feel safe and observations of care practice confirm this to be the case. Any service users spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good
★★★★★

What We Found

- All service users spoken with agree that they feel safe and well looked after.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistle-blowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Requires Improvement
★★★☆☆

What We Found

- Care workers interviewed stated that they would immediately report any concerns to their manager to follow up. One care worker gave an example of unexplained bruising which was resolved with a GP visit to confirm that this was due to a medication side effect. One care worker stated that they would contact the Local Authority to report any unresolved concerns and were confident to do this. One care worker telephoned the office at the MO visit to report a concern. Whistleblowing certificates were not evidenced in staff files. The Care Manager is aware that this is on the refresher training plan. Staff confirmed that they have regular Spot checks where their performance is observed providing care and support in a respectful and dignified manner. Any issues identified are recorded then transferred to Supervision notes for training refreshers. Staff confirmed that they report all concerns to their manager. The Safeguarding process flow chart was evidenced on the office wall however this needs updating with the Local Authority SAFA website portal address. The care manager is aware of and addressing this.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLs.

Good
★★★★★

What We Found

- Care workers confirmed that they had completed and understood Safeguarding, MCA & DoLs training. Training certificates were evidenced in staff files.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Requires Improvement
★★★☆☆

What We Found

- There are no current Safeguarding concerns to evidence however the provider does maintain a folder for any incidents to ensure these are resolved satisfactorily, lessons are learned and staff training is updated if necessary. Evidence was seen of improvements in timekeeping and training from previous concerns. The Safeguarding concerns process is clearly displayed on the office noticeboard for any member of staff to follow if they need it. The new Safeguarding application process via the HCC on-line portal needs to be added to the process flow-chart and the provider is aware of this change.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good

★★★★★

B14 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good
★★★★★

What We Found

- Service users spoken with confirmed that care staff wash their hands and wear appropriate protective clothing to prevent spread of infection.

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good
★★★★★

What We Found

- Care workers confirmed that they have had Infection Prevention and Control training and regular refresher training. Staff are confident in their role, know to change gloves after each task and place bins outside to maintain hygiene, air quality and living environment. Training certificates were evidenced in staff files. PPE is available via the FCS visits or for collection from the office.

Safeguarding and Safety

Standard Rating

Management of Medicines

Good

★★★★★

B15 Staff are observed to handle medicines safely, securely and appropriately.

Good

★★★★★

What We Found

- Of those spoken with, one service user is being supported with medication needs and it was confirmed that there is a MAR chart in place. QMO viewed this MAR chart which was completed correctly with no issues or gaps.

B16 Service users confirm that they are involved in decisions regarding their medication.

Good

★★★★★

What We Found

- Service users confirm they are involved in decisions about their medication, some spoken with were self-medicating or prompted only, and others had NOK supporting with this task.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Good

★★★★★

What We Found

- Care workers confirmed that they have completed Medication training and are confident to record in the diary logs or on the MAR chart when necessary depending on the medication level required and any PRN medication that may be required for pain relief. Staff are aware to report any concerns to their manager who is the Medication Champion and have regular Spot checks including field based competency for this task. Refresher training is completed annually.

E02 Medicines are stored and administered safely including any homely remedies and covert medication.

Good

★★★★★

What We Found

- Medication management is agreed at the start of a service or when a change is identified. An example was evidenced where a service user refused their medication as it tasted bitter. Working in partnership with the Next of Kin and GP the medication was prescribed in liquid form to ensure the SU remained as well as can be. No SU's have medication stored in a locked box at this time however the provider is aware of this option should it be required.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Requires Improvement

★★★☆☆

What We Found

- Medication management agreements were evidenced in Assessments and Care Plans. MAR charts are audited on a monthly basis by a senior care worker or the

care manager however the Audit form was not held with the completed MAR chart or dated or signed to identify the approver. Actions identified, to change evening arrangements for one SU, were evidenced to the MO at this visit.

A16 Care & support plans document that service users have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

- Medication management is agreed and signed for at the start of the service or when a change has been identified. One SU had their medication converted to liquid form with agreement from Next of Kin and GP where the SU did not like the taste of tablets and refuse them due to Dementia.

Safeguarding and Safety

Safety and Suitability of Premises

Standard Rating

Good

★★★★★

E03 The premises are safe and ensure people, staff and others are protected against the risks of unsafe or unsuitable premises.

Good

★★★★★

What We Found

- The provider premises are secured with main door locks then keypad entry to the internal office. Systems are password protected and backed up regularly.

Safeguarding and Safety

Safety, Availability and Suitability of Equipment

Standard Rating

Good

★★★★★

C08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good

★★★★★

What We Found

- Care workers confirmed that they have had Moving and Positioning training including Floor and Ceiling hoists and slings, the different sling loop colours for different positions required, Rota stands, Commodes, Slide Sheets and Hospital Beds, staff know that hoists must be charged between calls and slings must be checked for wear and tear or for a change in weight. One care worker explained how they lower the hospital bed between calls to prevent the risk of falls when the service user is alone. Training certificates were evidenced in staff files as well as field-based competency checks.

E04 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good

★★★★★

What We Found

- Staff complete Moving and Positioning training followed by field based competency checks and regular Spot checks to ensure they are moving people safely and promoting people's dignity. Evidence was seen of a request for a slide sheet for one SU and feedback from an OT praising the provider's service. Equipment service dates, battery checks and wear and tear are recorded on charts made by care workers at the start of each week to ensure people remain safe in their homes. HES contact details are included on the provider's SU Guide if they need it. Keysafe details and records were evidenced.

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Requires Improvement



D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Requires Improvement



What We Found

- Pre-employment checks were evidenced in staff files at this visit including Application forms with employment history, values based interview notes, employment references, proof of right to work including DBS checks and proof of ID. References must be verified via a telephone call and dated by the Care Manager.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

Not Assessed

What We Found

- The provider has confirmed that they do not use external staffing, all are employed by them.

D03 Records evidence that other people who provide additional services are subject to any appropriate and necessary checks.

Not Assessed

What We Found

- The provider has confirmed that they do not use external staffing, all are employed by them.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good



What We Found

- The Job Descriptions evidenced were specific to the care worker role. Field based competency checks were evidenced as part of the Induction process and at regular intervals after this. Signed Contracts of Employment and Code of Conduct were evidenced in files. Learning & development records were stored on a staff Training Matrix and any refresher training was also recorded on supervision logs.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Requires Improvement



B17 Through observation and discussion with service users, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with Service Users who may have a variety of needs.

Good



What We Found

- Service users agree that care workers generally arrive on time, and support is available when needed. One service user spoken with had time specific calls due to his medication and he described the times the care workers come in as "perfect." If the care workers do run late/early, the agency always call to inform service users or next of kin of any changes, but it was agreed this rarely happens. When asked if service users felt that staff had the right knowledge or been provided appropriate training to support them, service users confirmed this was the case. Service users confirmed that staff were able to communicate effectively and appropriately with them. All visited felt safe and well looked after with their care workers. No service users visited had any complaints to raise.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- Care workers confirmed that their rounds are manageable and the office staff will support them if needed. Staff work additional hours to support any unplanned absences if they have availability.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Poor
★☆☆☆☆

What We Found

- Staff rotas are a reasonable size and planned timings are in line with commissioned service however the times recorded on visit logs do not match those on the ECM for one SU and must be addressed with staff in order to ensure calls are recorded accurately. Travel time was incorporated into rotas. There was evidence of staff being reminded of their timekeeping in Spot checks and Supervision where this was identified as an issue. Improvements must be monitored closely to ensure they are maintained. Diary logs did not always record the time out of visits and some staff need to record their names rather than initials for identification purposes. Some logs were difficult to read which could be remedied if they take time to write clearly. Some logs had a gap between entries and these lines must be scored through to prevent the risk of later alteration. Some names were recorded as surname not first name which is not person centred. Log entries show that sometimes calls can be a little bit short, and timings are not great but this was not reflected at all in service user feedback.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- The provider has 3 staff to manage the on-call service and cover any unplanned absences. The provider maintains an Electronic Call Monitoring system to ensure calls are being attended at planned times and is able to run reports of early, late, short or missed calls and records the reasons for any of these issues. The provider has an alerts monitoring system in place that they receive via text message to their phones allowing them to contact staff and service users if necessary. ECM records demonstrated that calls are planned within expected timeframes. Staff are required to call in if they are unwell before their shift begins in order to cover their rotas. Some staff offer extra availability when they can to support any unplanned absences. The provider has a Business Continuity Plan in place and SU's are RAG rated for risk.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- Care workers confirmed that they had Induction training at the start of their employment including Person Centred care, Moving and Positioning, Safeguarding, First Aid, Basic Life Support with CPR, Health and Safety, Information Governance, Understanding your role, Personal Development, Duty of Care, Equality and Diversity, Communication, Privacy and Dignity, Fluids and Nutrition, Food Hygiene, Dementia care, End of Life care, Infection Control, Medication Management and competency test, Fire Risk, COSHH, Lone Working, Safeguarding and The Care Certificate. Training is refreshed as necessary. Whistleblowing training needs to be completed.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- Care workers confirmed that they have regular Supervision following Spot checks and evidence of these were seen at this visit. Staff confirmed that the manager and senior staff are available to support them at all times.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Good



What We Found

- Care workers confirmed that they have completed regular refresher training. Up to date training certificates were evidenced in staff files.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Not Assessed

What We Found

- Agency staff are not used by this provider.

C14 Staff confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good



What We Found

- All staff spoken to confirmed that they would be confident to confront bullying or harassment directly. They would report to their manager to follow up any concerns they had. Whistleblowing certificates were not evidenced in all staff files. The care manager is aware of this fact and organising training for some staff.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Requires Improvement



What We Found

- Training certificates were evidenced in staff files including Care Certificate and most mandatory training except for Whistleblowing. The provider is aware of this and planning to book staff that need it onto a training course. The provider maintains a staff Training Matrix recording dates completed or refreshers due. Field based observation dates are recorded by the care manager.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good



What We Found

- Staff are reminded of their Infection Prevention and Control actions via a Memo to all staff that includes regularly laundering their uniforms, keeping fingernails short and submitting their weekly Covid test results to the office for overview. Supervision sessions were evidenced six monthly and included any concerns raised at Spot checks to ensure staff performance improved if necessary.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Good



What We Found

- The staff Training Matrix was evidenced showing dates for each training subject along with refresher dates completed. These dates were reflected in staff certificates. The provider is considering staff development in Dementia training. The provider is a member of HCPA.



C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Requires Improvement



What We Found

- Care workers interviewed confirmed that they are in regular contact with their manager and they are supported promptly to resolve any concerns they had. All stated that they feel supported and that the provider has an open-door policy. One care worker had completed Whistleblowing training and was aware of who to contact outside of the organisation however two staff were not sure if they had completed this training or where they could report.

F04 Records show that the provider continually gathers and evaluates information about the quality of services delivered to ensure that people receive safe and effective care and support and uses this to improve services by learning from, and acting on, any information including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews.

Good



What We Found

- The provider demonstrated their quality assurance process with SU's, Next of Kin and professionals to gain feedback about their service and remedy any concerns raised. Surveys are completed with SU's six monthly, Surveys with professionals are completed when they have worked together to support a SU. Concerns identified are recorded on an Action Plan for the manager to investigate. Concerns then go onto the staff Team Meeting Agenda to discuss and plan any refresher training needed. SU Quality Assurance surveys were evidenced at this visit and gave positive feedback. HCPA are planning a mock Inspection to support the provider to improve any areas needed. There were no current or outstanding complaints, concerns or Safeguardings to view.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good



What We Found

- Contact details for CQC, HCC and the Ombudsman are clearly shown on the SU Guide. Staff interviewed were confident to report any concerns they would have though there are none at this time and staff reported that the managers are very responsive and supportive to them. Whistleblowing training was not evidenced in the files seen at this visit and the manager plans to arrange this training for those that need it.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Good



B18 Service users spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO.

Good



What We Found

- Service users confirmed they know how to make complaints if necessary and have received the correct contact numbers to do so. No service users spoken with had cause to raise concerns in the past.

B19 Service users confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Good



What We Found

- Service users confirmed that they would be confident to make a complaint and that they feel they would be supported to raise a complaint or make comments about the service if necessary.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Requires Improvement



What We Found

- Care workers attend Carer Forums Team meetings with their management team and have the opportunity to raise any concerns they may have as well as discuss any training they may need or like. The Care Manager confirmed that formal Minutes are not recorded however they do take informal notes to follow up on individually. Sharing Minutes of meetings with care workers will remind them to review any actions identified.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of service users who use the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Good



What We Found

- There were no current complaints to view at this visit. The last complaint received was in August from staff experiencing backache due to hoisting a SU over carpet. The provider completed a Moving and Positioning assessment, engaged the OT and arrangements are in place for a ceiling hoist to be fitted. All relevant information is available and held securely on the providers system.

F07 There is evidence that the provider has effective methods in place to obtain feedback from service users, relatives and staff and that feedback is listened to, acted upon appropriately and people are kept informed of the outcome.

Good



What We Found

- Service User and Next of Kin Quality Assurance surveys were evidenced at this visit containing positive feedback to a variety of questions about their care and staff performance. OT and Social Worker feedback is collected when working in partnership at SU's homes. Feedback was positive. Staff meetings are held monthly via Zoom however Minutes are not formally recorded at this time. Spot checks and Supervision notes record any actions or training required to remedy performance.

F08 There is clear evidence that the provider shares appropriate details of complaints and the outcomes with the Local Authority.

Good



What We Found

- The provider has evidenced contact with the Operations team and Monitoring Officer when concerns have been identified. Appropriate investigations are completed and lessons learnt were shared with the MO.

Quality of Management

Standard Rating

Records

Good



F09 Personal records of service users are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good



What We Found

- Service user records were up to date, detailed and included personal preferences, current care needs, background information and Next of Kin/GP/Pharmacy details. Information is stored on Care Planner system for care staff to access on their phones.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good



What We Found

- The Care Manager evidenced action plans created as a result of Quality Assurance feedback including actions completed with individual staff where refresher training was required and timekeeping improved. The provider has arranged for HCPA to conduct a mock Inspection of their service in order to highlight any improvements needed.