

Colchester HomeCare Ltd

Colchester HomeCare Ltd North Essex Branch

Inspection report

Office 4A Little Green Offices
Colchester Road, Elmstead
Colchester
CO7 7EE

Date of inspection visit:
11 July 2023

Date of publication:
25 July 2023

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

Colchester HomeCare Ltd North Essex Branch is a home care agency providing personal care to people in their own homes. The service provides support to people with physical disabilities, mental health conditions, older people and those living with dementia. At the time of our inspection there were 6 people using the service.

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

People received safe care and support. The provider ensured potential risks were assessed, monitored, and mitigated. Staff understood their safeguarding responsibilities. Recruitment practice confirmed staff were suitable for the role. Medicines were given safely and as prescribed. Staff employed good infection prevention and control practice.

Staff received an induction, training, and supervision. Competency assessments were completed to ensure effective practice in the field; however, this was not documented in sufficient detail. We have made a recommendation on documenting competency assessments in line with national best practice guidance. The service completed assessments when people joined the service. People were supported to eat enough to maintain a balanced diet.

Staff were caring, kind and compassionate, and showed genuine interest and warmth when supporting people. Care plans documented people's protected characteristics. People's privacy, dignity and independence was respected. The provider organised care to meet people's needs and preferences, and in a way which respected their values and beliefs.

The service was responsive and flexible, adapting to people's changing needs. Staff understood people's communication needs, so information was shared in an accessible way. The provider responded openly to complaints, using the information to drive improvement. Staff supported people with end-of-life care, to ensure a dignified death.

The registered manager ensured good oversight of the service through daily involvement and review of electronic systems. There were clear plans and ambitions in place to develop and embed further systems and processes for quality assurance. There had been investment in the service, including the use of an external consultant and hiring a care manager and administrator to support growth. The service worked in partnership with people, those important to them, and other relevant health and social care professionals.

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.

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

Rating at last inspection

This service was registered with us on 6 May 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation on documenting staff competency assessments in line with national best practice guidance.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was 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 ●

Colchester HomeCare Ltd North Essex Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 1 inspector and 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who was also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be

sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 July 2023 and ended on 18 July 2023. We visited the location's office on 11 July 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 8 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people's relatives to seek their views on the care and support provided. We spoke with 3 staff members including the registered manager, the care manager and 1 care worker. We also sent out written surveys and received and reviewed responses from 5 further care workers. We reviewed 4 people's care plans and risk assessments, including medication records where relevant. We looked at 2 staff recruitment files. A variety of policies, procedures and other documents relating to the management and oversight of the service were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Safe systems were in place to ensure people received their medication as prescribed. Care plans recorded the level of support people needed. One staff member said, "I always double check and read the information before administering any medication."
- Medication administration records (MARs) were held on an electronic system which was monitored live. The registered manager told us, "If medication has not been taken, we get an alert come through and I can quickly check with the care worker what's happening."
- We identified 1 person who had PRN ('as required') pain relief medicine but there was no protocol in place to guide staff. The registered manager acted straight away to put this in place in response to our feedback.

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

- Risks to people were identified and monitored in a range of areas, including for falls, pressure ulcers and malnutrition and dehydration. Assessments took place on how to support people to move safely, including any equipment required.
- One staff member told us, "There was a client we were seeing who had pressure ulcers before we attended to them. Within a few weeks, all the pressure ulcers were gone and [person] was very impressed and thanked the team for our good services."
- We received feedback people felt safe with staff and well supported. One person's relative said, "Absolutely safe 101%, you can't beat the staff, the care is second to none."
- There was a learning culture, where any issues or concerns were quickly identified and responded to, reducing the risk of reoccurrence.

Staffing and recruitment

- The provider ensured staff were recruited safely. This included checking references, employment history and with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff suitably deployed to ensure people were safe. Staff logged in and out of care visits using an electronic app, which was monitored by the management team in 'real time'.
- One person's relative told us, "[Person] has to have a routine, or they get upset. I asked for a rota and [Colchester HomeCare] send one every Monday to tell [person] who is coming and when. They record on their app when they arrive and when they leave. Once 1 of the care workers forgot to log in and the manager rang to make sure they had arrived, so they obviously check up to make sure people are getting their care. That's really good."

Systems and processes to safeguard people from the risk of abuse

- Whilst there had been no safeguarding incidents at the time of inspection, staff were aware of their safeguarding responsibilities and how to identify potential abuse. Systems and processes in place at the service supported this approach.
- One staff member told us, "I will know through the person's countenance, for instance, if a particular person I work with who is always cheerful and likes to engage with me suddenly drops back, I will ask the person calmly what is wrong and give them loads of reassurance."
- Staff confirmed they knew how to report concerns, and any issues raised would be dealt with. One staff member told us, "I am very confident [management] would act on any concerns."

Preventing and controlling infection

- Effective measures were in place to reduce the risk to people of acquiring infections.
- Staff had access to personal protective equipment (PPE) to ensure good infection prevention and control practice. One staff member told us, "[Colchester HomeCare] provide all PPE."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction and training, including completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us, "[Care manager] does all the competencies and signs staff off on moving and handling, and medicines. They all do the Care Certificate before they have client contact and go through questions and scenarios, and then start shadowing shifts. We follow up after first shifts to see and reflect on people's experience."
- Supervisions took place for staff to discuss their aims, ambitions, and development needs. The care manager told us this meant, "Getting to know staff holistically, getting to know them as individuals" and, "We want to place them according to their strengths."
- One staff member said, "I do feel supported and valued. I usually have meetings with my line manager where we discuss progress and support." Another staff member said, "The training was excellent."
- Whilst staff competency was routinely assessed in the field, this was not recorded in sufficient detail. The registered manager told us this would be updated to reflect practice straight away.

We recommend the provider consults national best practice guidance on recording staff competency assessments.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed for people joining the service, to ensure their care and support needs could be met. Specialist training was sourced for the staff team where this was identified during the assessment process.
- Care plans were in place to guide staff and updated as required. One staff member told us, "I know how to support people's needs by reading care plans, recent care notes and more explanation from my manager. My manager always discusses care plan changes through email, phone and [electronic app] tasks, which is updated."
- People received consistent care from staff who knew them well, including the registered manager. One person's relative told us, "Sometimes [registered manager] does a shift, I think they do it to check on things. What is also very good is [my person] mainly gets the same staff, which is great."

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

- The service worked well with other health and social care professionals, such as district nurses, GPs, the hospice and occupational therapists. This ensured good outcomes for people.
- People were supported with advocacy and to access information which could support their health and wellbeing. The registered manager told us, "It is just being that voice and showing people where to go, people need to have a voice."

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

- People were supported to eat and drink enough to maintain a balanced diet, and their dietary needs and preferences included in care plans.
- Food and fluid intake was recorded where the service was responsible for providing support. One person's daily care notes recorded, "[Person] ate cornflakes, jam and buttered toast, with a mix of little slices of mangoes, pineapple and banana."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and worked within the principles of the MCA.
- The importance of consent, choice, and control underpinned people's care records. One person's care plan said, "I am able to tell you my wishes and needs and can make choices about various aspects of my care every single day."
- For people who might not be able to consent to all aspects of their care and support, the service completed decision-specific mental capacity assessments with the involvement of people's legal representatives. This ensured any action taken was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received consistently good quality care and treatment, supporting their wellbeing. Everyone we spoke with during the inspection process gave positive feedback about the service.
- Staff were described as caring, compassionate, and responsive to people's needs. One person's relative told us, "[Care workers] are very dedicated quality people."
- Information on people's life history, culture, religion, ethnicity, and sexual orientation was recorded in their care plans. This meant staff were aware of people's protected characteristics.
- Staff worked well as a team, creating a positive, warm, and caring culture. One staff member said, "Colchester HomeCare has the best team that I love working with."
- Daily care notes showed staff were aware of people's interests and hobbies, taking a genuine interest in people's lives. One person's care notes said, "Staff assisted [person] outside, the gate opened, and we walked around the front garden appreciating the goodness of the new flowers blooming."

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

- People were actively involved in all day-to-day decisions, and their choices respected and facilitated.
- One person's relative said, "[Care workers] help my [person] choose their clothes for the next morning and put them out ready." Another person's relative said, "[Person] often refuses to have a shower and the care workers try and encourage them, but offer it another day if [person] has refused."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected by staff, with support offered in a responsive way if their support needs fluctuated. For example, a person's relative told us, "Medication is a joint effort between [person] and the care worker." This meant the person retained as much control over their own medicines as possible.
- The provider organised care in a way which promoted dignity and respect, and took account of people's preferences, wishes and values.
- One person's relative said, "We asked for female care workers and we have always had them." Another person's relative told us, "[Colchester HomeCare] have organised [person's] care so they get exactly what they need."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People and, those important to them, were involved in the planning of personalised care.
- One person's relative told us, "We had a long meeting with [registered manager] when my [person] first came out of hospital, and we planned the care together. [Registered manager] is a real professional and knows exactly what is needed in the care regime."
- Staff told us they were able to share information with the management team if they noticed people's needs changing, so this could be reviewed. One staff member said, "With a client at the moment I raised few issues and [management] acted promptly."
- Risk assessments and care plans were updated responsively. One person's relative said, "My [person's] care is variable because their needs change frequently. It's good that I can check the app to see what [care workers] have done for [person]. We have tweaked [person's] care a couple of times when their needs change and that has been good."
- Care visits were organised responsively and flexibly, according to people's needs and preferences. One person's relative told us, "Occasionally I ask [care workers] to come early and they will come at 7pm instead of 10pm." Another person's relative said, "When we go away on holiday, [Colchester HomeCare] change the times of the visits, which is great."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff were aware of people's communication needs. One person's care plan said, 'Sometimes when my symptoms are bad, I can get confused and can easily lose track of conversation and may struggle to word find. Please be patient on those times, allow me more time to talk and finish my sentence, gently remind me what we are talking about and prompt to help me regain my line of thought.'
- People told us information was shared in a way people could understand. One person's relative said, "My [person] is very deaf and [staff] know which ear to talk into so [my person] can hear them. Not many people do that."

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

- People were able to plan their days in accordance with their own wishes and preferences, due to timely and reliable care and support.
- Care records set out people's interests, hobbies, and people important to them. One person's care plan said, "[Person] has a lovely community of supportive friends from their [past employment] days, their church and people in the village. [Person] never spends a day without a visitor popping round for a chat."

Improving care quality in response to complaints or concerns

- People told us concerns were dealt with promptly and effectively to their satisfaction. One person's relative told us, "[Registered manager] liaised with me and handled it very well. It was all resolved, and everyone was happy with the outcome." Another person's relative said, "We have no complaints at all, but I have [registered manager's] number if I need it."
- People received an apology and a written response to complaints, which were used to improve the quality of care.
- For example, a response from the provider to 1 complaint said, "I would like to thank you for bringing these matters to my attention. I fully welcome comments from people who use our services and aim to use these to improve our services and learn from them."

End of life care and support

- One end of life care plan clearly set out a person's wishes on where they would like to be cared for, who they would like to be involved, pain management and religious beliefs.
- Staff received training in end-of-life care and bereavement, enabling them to support people to have a dignified death. One staff member told us, "I'm happy I was able to detect [person's discomfort] and call the hospice, which helped make [person's] last hours more comfortable and peaceful."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager used their professional background in social work, alongside the care manager who was a registered nurse, to inform the provision of safe, good quality care.
- As the service was still small, the registered manager maintained good oversight through their day-to-day involvement in all areas of the service. However, plans were in place for the continued development of quality assurance processes. The registered manager told us, "We are planning for growth, so we have systems in place."
- Meetings took place amongst the management team to discuss governance of the service and aims and ambitions. The registered manager confirmed wider staff meetings would be scheduled shortly, as the permanent staff team had grown since registering with the CQC.
- There had been investment in the setting up of the organisation, such as employing an external consultant to support with the development of safe recruitment systems.
- There had been no notifiable events at the time of inspection. However, the registered manager understood their regulatory responsibility to submit statutory notifications to the CQC when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and positive culture, where staff felt valued and able to share ideas and suggestions. One staff member said, "I'm happy doing my job, I'm really happy doing it." Another staff member said, "[Colleagues] are the best and most honest team I have ever had."
- The registered manager told us, "If [staff members] have any queries they have my phone number, they will just phone. I have an open-door policy, and the reason being I want to know my team and I want to know my clients."
- Leaders engaged with people, their relatives, and relevant professionals to ensure views were heard and acted upon. One person's relative told us, "[Registered manager] is open and responsive, they are always in touch in a proactive way, and we have also had a review meeting recently." Another person's relative said, "[Registered manager] visits regularly to make sure everything is okay."
- The registered manager told us they were also in the process of developing surveys to seek people's written feedback on the service provided.

Working in partnership with others

- The registered manager kept up to date with information and training available from the local authority, to support continuous development.
- The service worked well in partnership with other agencies to support the provision of joined-up care.