

Consa Ltd

Consa Ltd

Inspection report

Visiting Angels Nottingham, First Floor, Commercial
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22 November 2023
30 November 2023

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21 December 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

Consa Ltd, trading as Visiting Angels Nottingham is a service providing personal care to people living in their own homes. It provides long term, short term, and 24-hour care to people within the community. At the time of our inspection, the service supported 13 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were protected from the risk of abuse, harm and neglect. Staff were knowledgeable about how to identify safeguarding concerns and knew how to report them.

People's needs were assessed before the package of care commenced. Staff received an induction and training for their roles which included shadow shifts of other staff members. People were supported with their eating and drinking needs if this was required.

Processes were in place to support people with their medicines if required. Infection control measures were in place including staff use of personal protective equipment (PPE).

People received support from a small team of consistent staff who had the skills and experience required to care for people effectively. People told us they knew which staff would be attending, they were informed if staff were running late.

People and staff felt the management team were approachable, open and transparent. People said they had confidence in staff to perform the health task associated with their complex needs and knew when to seek advice and support from other medical professionals.

The registered manager liaised with health and social care professionals to maintain people's health. People's capacity to make their own decisions was assessed. 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 1 November 2021 and this is the first inspection.

Why we inspected

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

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 ●

Consa 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector.

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 not a registered manager in post. A new manager had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2023 and ended on 30 November 2023. We visited the location's office on 30 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. We received feedback from 5 members of staff including the manager, care supervisor, and care staff. We reviewed a range of records. This included 4 people's care records including their medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, policies and procedures and training records were 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, harm and neglect.
- The provider had effective systems and policies in place. Staff had received training to recognise abuse and protect people from the risk of abuse. They understood the whistleblowing procedure and how to report any concerns.
- One person using the service said, "I feel very safe with staff, they know me very well and know how to keep me safe."

Assessing risk, safety monitoring and management

- The provider had processes in place to assess and mitigate risks. Risks assessments were person centred and monitored and reviewed on a regular basis.
- Staff were trained and capable in identifying increasing risks and actions were taken in a timely manner. For example, we saw referrals to professional such as GP and district nurses when staff identified changes in people conditions such as catheter care.
- Staff told us they were able to raise concerns about risk to the manager and their feedback was always acted upon. One staff member said, "Risk assessments are always reviewed and our concerns about risk are addressed."

Staffing and recruitment

- People were supported by a consistent team of staff members who had the right mix of skills to make sure that the care delivered was safe, and they could respond to unforeseen events.
- People told us they were informed in advance which staff members would be attending and they were contacted if staff were running late. One person said, "They [provider] always call and let me know if staff are poorly or running late."
- Staff were recruited safely, and robust checks were in place. Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Where people were supported with their medicines this was done appropriately and safely.
- Staff had completed medicine training. They completed medicine records which were audited weekly by the manager which identified any issues. This ensured people received their medicines safely and as prescribed.

- For medicines which were administered 'as needed', further details were added to care plans. This ensured staff had clear instructions to ensure the safe and appropriate administration of these medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred since the provider started to deliver packages of care. They were aware of processes to follow, and staff were knowledgeable about how to report incidents.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed by the manager before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- A person using the service said, "I have access to my care plan, and the manager calls regularly to check my needs haven't changed."
- We reviewed 4 care plans and saw evidence of the promotion of protective characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles.
- Staff received an induction which included shadowing another staff member to learn about people's care needs and safe care delivery. They then supported an experienced staff member on calls which required two staff or completed further shadowing and introductions before visiting people on their own.
- One person told us, "Every time a new staff member starts, I have what is called the meet and greet introduction. They then shadow a regular staff member before they come on their own."

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

- Where people require support with their nutrition this was done safely and effectively.
- Care plans were person centred and included peoples likes and dislikes regarding their preferences around fluid and nutrition.

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

- People received effective timely care and were referred to other health care professionals by staff when needed.
- There were health assessments such as oral health assessments in place and monitoring charts. These included guidance for staff on when to seek advice or offer additional support.
- The manager told us that people's needs were fully assessed before they started receiving a package of care. This included visiting people in hospital to full assess their needs and ensure a care package could be delivered in time and safely.

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.

- At the time of our inspection no one was deprived of their liberty.
- Staff were knowledgeable about the MCA and were able to identify people's changing needs.
- A person using the service said, "They always ask my consent before they start doing anything."

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 were treated with kindness, dignity and respect.
- Staff told us they had time to spend with people to ensure they met their emotional and social needs which encouraged trusting relationships to develop.
- One person using the service said, "Staff are all very helpful and caring to me. They never just barge on in and start, they always ask me for my permission first and don't just assume."

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

- People were supported to express their views and were involved in all aspect of care planning.
- Care plans were detailed and described how people liked their care to be delivered and details of activities they liked to take part in. This showed person-centred care was being delivered consistent with peoples wishes.
- One person said, "I can fault them [provider] they call me every week to get feedback and check everything is how I want it."

Respecting and promoting people's privacy, dignity and independence

- Staff provided care which was respectful of people's privacy and dignity. Feedback from people and their relatives confirmed this.
- The provider promoted care delivery that allowed people to be as independent as possible. Care plans contained guidance on how staff could support and encourage people to maintain and use their skills. This helped to ensure people were respected in their own homes and treated with dignity.
- We saw feedback from one person whom staff had supported with personal care following an operation, "Having a shower was bliss, I feel very positive, it's given me an upbeat state of mind, helps me to know I can be independent again."

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 received personalised care which aligned to people's needs and preferences.
- People told us they received an advanced scheduled of staff so they knew who would be arriving to support them.
- Care plans were reviewed monthly and people told us they were involved in their care plans and had access to them within their homes.

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.

- People's communication needs were considered as part of the assessment and care planning process.
- At the time of inspection, the provider was not supporting anyone who required information in an accessible way, however the management team were knowledgeable about how they could support this if required, such as large print and easy read formats.

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 supported to undertake activities and maintain relationships that were important to them.
- Staff supported people to access the community, we saw people had attended social events and sporting activities with staff.
- A staff member told us, "We support people with their goals no matter how small, if it's important to them, it's important to us."

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place and people told us they knew how to raise their concerns.
- One person told us they had raised a concern with the provider and said, "We talked it through with management and it has now been resolved to my satisfaction."

End of life care and support

- At the time of inspection no one was in receipt of end of life care however all staff had received training to ensure people could be supported appropriately if they approached this stage of care.

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred approach to the planning and review of people's care. This was demonstrated by staff's knowledge and understanding of the people they were supporting.
- Staff spoke positively about the culture of the service. One staff member said, "We do things differently, our calls are tailored to people and our manager supports us to design and adapt calls to peoples changing needs."
- People and relatives spoke positively about the management of the service. A person said, "Management are extremely good. I would definitely recommend this agency. They always answer the phone promptly and will call me back if needed."

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- People told us they were confident in the registered manager's ability to rectify issues if they arose. People said the registered manager was open and approachable and the management team contacted them frequently to obtain feedback.
- The provider had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible. They had identified areas of improvement for the service.
- For example, the provider was introducing monthly calls with staff and people using the service to review and gain feedback for improvement areas.

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

- The manager and staff were clear about their roles and responsibilities. There was a clear process that staff followed if something went wrong. The service operated an on-call system which meant staff and people could seek advice outside of the office's opening hours.
- The manager had a quality assurance system in place which ensured all aspects of the service were regularly audited. Where issues were identified, action plans were put in place. For example, where medication errors had been identified this had been promptly followed up, with appropriate actions taken.
- The provider explained they were introducing a quarterly new letter and a 'policy of the month' to ensure staff knowledge was embedded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People from diverse backgrounds, with specialised and complex care needs, were encouraged and supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.
- Care plan detailed peoples communication needs and guided staff on how best to support individuals in a personalised way so they could be involved in their care planning and giving feedback. For example, feedback was obtained face to face or over the telephone depending on people's requirements.
- Information and learning were shared with staff through meetings, memo's and the manager explained they were investing in an electronic care management system. Staff told us communication was good and they felt updated and informed about changes.
- The service worked in partnership with other professionals such as occupational therapists and district nurses to support people to access healthcare when they needed it which had improved people's outcomes.