

Compleat Care (UK) Limited

Homecare Helpline

Inspection report

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Sleaford
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Homecare Helpline is a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Sleaford, Stamford, Grantham and surrounding villages. At the time of the inspection, there were 43 people using the service.

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

There was an effective safeguarding system in place and staff had good knowledge about how to keep people safe. People using the service and their relatives told us they felt comfortable raising concerns.

The registered manager and the care team went above and beyond to ensure people's safety in emergency situations. Care staff had excellent knowledge about the people they supported and understood how to provide safe and effective care.

Safe and effective recruitment processes were in place to ensure suitable staff were employed. Staff were trained and had good knowledge on safe administrations of medicines. Care plans and medicine records were clear, and administrations were thoroughly recorded. People were protected against the risks of infectious diseases including COVID-19.

The atmosphere at the registered office location was pleasant and relaxed. People using the service and their relatives told us care staff were always friendly and polite.

All staff had clearly defined roles and worked as a supportive team. Robust and effective quality assurance processes were in place to ensure a high standard of care and support. Assessments were completed with people new to the service and care was tailored to meet people's individual needs. Incident logs were completed to ensure any unforeseen circumstances or changes in day to day operations were well recorded and informed practice.

The registered manager and the care team worked in partnership with other health and social care professionals. Information shared by external health and social care professionals was used to inform people's care. Feedback from external professionals about the service was very positive.

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

Rating at last inspection

The last rating for this service was good (published 7 March 2019).

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this

decision and to identify learning about the DMA process.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Homecare Helpline

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 one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 28 February 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 four people who used the service and two relatives, to learn about their experiences of the service provided. We spoke with three care staff, the rota co-ordinator and the registered manager. We also spoke with two health and social care professionals who knew the service.

We reviewed a selection of care records for three people including medicine administration records, care plans, risk assessments, daily notes and incident forms. We reviewed three staff files and records relating to training, recruitment, performance management and support.

We reviewed a selection of records relating to the management and quality monitoring of the service. These included complaint management, accident and incident monitoring, quality audits, meeting minutes and provider oversight. We also reviewed a selection of policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risks of abuse. There was an effective safeguarding system in place to ensure people were safeguarded from abuse. Care staff were trained in safeguarding and had good knowledge on how to identify and escalate concerns.
- People using the service and their relatives told us they felt comfortable raising concerns with care staff and management.
- The registered manager proactively engaged with care staff to ensure they were provided with opportunity to raise and discuss concerns.

Assessing risk, safety monitoring and management

- Risks associated with individuals care needs were assessed and managed appropriately. For example, risk assessments were in place for people who required support to mobilise.
- The registered manager and the care team went above and beyond to ensure people's safety in emergency situations. For example, additional care visits were arranged in the event of medical emergencies, to ensure people's needs were met. Care staff were reactive to unforeseen circumstances and demonstrated a desire to help others and promote safety.
- Feedback from health and social care professionals in relation to risk management was positive. One professional told us, "They make risk-based decisions and take action to ensure the safety of people using the service."
- The registered manager recognised the risks of loneliness and structured care to ensure the development of positive relationships that promote people's wellbeing. One person told us, "It's nice when the care staff arrive, they make me feel positive, they make me feel life is worth living, they are my friends."
- Care staff had excellent knowledge about the people they supported and understood how to provide safe and effective care that met people's needs.

Staffing and recruitment

- Safe and effective recruitment processes were in place to ensure suitable staff were employed. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer.
- The registered manager told us they ensured good quality care by managing the number of care hours

provided by the capacity of the work force. This meant there were enough staff employed to ensure safe care. We observed this to be the case during our inspection.

Using medicines safely; Learning lessons when things go wrong

- Staff received training and had good knowledge on safe administrations of medicines. The registered manager and team leaders completed regular observations and assessed the competency of staff administering people's medicines. One person using the service told us, "The staff help me with my medication. They know what they are doing."
- Care plans and risk assessments detailed people's personal preferences and routines in relation to the administration of medicines. Where appropriate, people were encouraged and supported to maintain their independence with their medicines.
- Medicine records were clear, and administrations thoroughly recorded. When medicines recording errors had occurred, these were identified, and remedial action taken.

Preventing and controlling infection

- Staff had good knowledge regarding the use of personal protective equipment (PPE), and people using the service told us staff used it consistently.
- There was a robust policy in place to ensure effective infection prevention and control practices were maintained.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 and empowering culture throughout the service. Care staff were well supported through regular staff performance observations and support supervisions. One staff member told us, "The service is managed really well. Sarah is a good boss, she's approachable and helpful."
- The atmosphere at the registered office was pleasant and relaxed. The registered manager and the office staff were calm, polite and helpful. One person told us, "They're always helpful when I ring the office. I can recommend the service."
- Care staff told us they enjoyed working at the service and spoke positively about their relationships with colleagues. One staff member told us, "They are a brilliant company; we work as a team."
- Care staff established positive and meaningful relationships with the people they supported. One person using the service told us, "My care staff are always very friendly and polite; they share a little banter. I'm always pleased to see the care staff when they arrive."
- The registered manager and the care team were proactive at working in partnership with people using the service to identify and work towards their personal goals. Care and support was person centred and outcome focused. For example, they supported one person to reduce their drug and alcohol dependency.

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

- Staff who worked in the office had clearly defined roles and worked as a supportive team. Care staff and people using the service felt comfortable contacting the office and raising concerns. One staff member told us, "They are always helpful at sorting things out and they communicate well with the team." One person using the service told us "They're always helpful when I ring the office."
- Care staff had a good understanding of their duty of care and day-to-day responsibilities. Team leaders understood and completed their additional responsibilities to ensure the service operated effectively.
- Robust and effective quality assurance processes were in place to ensure a high standard of care and support was delivered. These included medicines audits and monthly care record checks.
- Quality assurance processes involved team leaders, the registered manager and the company director, ensuring effective oversight at multiple levels within the organisation.
- The registered manager had good knowledge of their legal responsibilities in relation to duty of candour

and was open and honest during the inspection.

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

- The registered manager and the care team considered people's cultural needs. For example, they supported people to remain in contact with family members who lived in different countries.
- Assessments were completed with people new to the service, that considered their equality characteristics, individual needs and personal wishes.
- Care was tailored to meet people's individual needs. For example, continuity of care was maintained to meet a person's mental health needs. One external professional told us, "Continuity is key with this person and the provider facilitates this. They send the same carer who knows the person well and meets their needs."

Continuous learning and improving care

- The registered manager and the company director attended weekly meetings to review quality monitoring data such as; care visit times, safeguarding information and an analysis of medication audits. These meetings were highly effective at providing oversight of care and promoting continuous improvement.
- Incident logs were completed at every available opportunity to ensure any unforeseen circumstances or changes in day to day operations were well recorded. This information was used to analyse and improve care practices.

Working in partnership with others

- The registered manager and the care team worked in partnership with other health and social care professionals to ensure people's needs were fully assessed and met. For example, they worked alongside social workers and mental health professionals to ensure a person's complex needs were understood and supported.
- Information shared by external health and social care professionals was used to inform people's care. Care plans were informative and reflected information shared from health professionals.
- Feedback from external professionals was positive. One professional told us, "The provider is very responsive to concerns." Another professional told us, "If I ask them for something, they deliver it."