

Casbrook Home Care Ltd

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Inspection report

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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: Casbrook Home Care is a domiciliary care service providing personal care and support to people living in their own homes. The office is located in Romsey, Hampshire and the service currently provides care and support to people living in Romsey and the surrounding area. At the time of our inspection Casbrook Home Care provided care and support to 77 people living in the community.

People's experience of using this service:

People received safe care. Specific risks to people's safety were assessed and strategies were put in place to reduce the risks.

There were sufficient staff employed to meet peoples' collective needs. There were robust recruitment procedures in place to ensure only suitable staff were employed.

Where the provider took on the responsibility, people's medicines were safely managed.

Staff followed appropriate infection control procedures to help to reduce the risk and spread of infection.

Staff received training that enabled them to have the skills and knowledge to provide effective care.

Staff received good ongoing support from the registered manager and deputy.

People were supported to maintain good nutrition and hydration.

The service worked in line with The Mental Capacity Act.

People were treated with kindness, compassion and respect.

People and their relatives were involved in the care planning and reviews of their care.

People's needs were assessed, and the care provided met their needs.

The system of electronic record keeping meant the service was transparent and ensured any changes to people's assessed needs were understood and responded to quickly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Systems were in place to continuously monitor the quality of the service.

The service was well managed, the registered manager and staff took a pride in the service and sought to continually improve.

Rating at last inspection:

The service was last inspected in October 2016 and we rated the agency as providing good care.

Why we inspected:

This was a planned comprehensive inspection based on the rating from the previous inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Casbrook Home Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector.

Service and service type:

Casbrook Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using the service received the regulated activity 'personal care'. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service provider was also registered as the manager. They were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

The inspection started on 2 May 2019 by visiting the office location to meet with the registered manager and to review records. We visited again on 8 May 2019. Following our visits we contacted professionals who work with the service, staff and people using the service to gather their views about the quality of care and support provided.

During our inspection we spoke with the registered manager. We spoke with, or received written feedback from five other staff. We spoke with seven people or their relatives. We checked the care records for ten people using the service, and examined other records relating to the management of the service. These included two staff recruitment files, staff training records, policies and procedures and quality monitoring information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risks of harm, abuse and discrimination.
- People said the agency provided safe care.
- Staff completed safeguarding training which was updated regularly. Staff said they were confident about their role and responsibilities regarding recognising and reporting abuse One staff said I'm confident I could recognise abuse if I witnessed it, also aware there are non physical forms of abuse to be aware of".

Assessing risk, safety monitoring and management:

- People's care records included risk assessments which had been conducted in relation to their support needs.
- The assessments covered all identified risks and what action staff should take to minimise the risks and they were regularly reviewed.
- Any environmental risk was also assessed and there was detailed information for care staff about how to keep the premises safe. People confirmed care workers ensured their home was secure when they had completed their visits.
- People were supported out of hours via a dedicated contact number which was available in the event of an emergency.
- There was a contingency plan in place for foreseeable emergencies, for example, in the event of bad weather. The registered manager said they employed a lot of local care workers who could visit people on foot. He said "There is no-one we couldn't get to."

Staffing and recruitment:

- The provider had completed the necessary employment checks before staff started working at the service. These included, obtaining references and checks through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.
- People told us care staff generally attended at the agreed time and stayed for the time needed to support them with their care needs without rushing. Staff also confirmed they had enough time to complete their visits.
- Records showed that there had been no missed visits.
- The registered manager said visits were planned in a small geographical area and said they tried to match

care staff to people using the service which helped to ensure people received support from a consistent team.

Using medicines safely:

- The service had recently adopted an electronic system for managing medicines which ensured staff had up to date information about peoples' medicine regimes.
- Staff had received medicines management training.
- Most people managed their own medicines with the help of family members. Relatives confirmed they worked with staff to ensure people's medicines were managed safely.

Preventing and controlling infection:

- Staff received infection control training and there was an infection control policy.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food.

Learning lessons when things go wrong:

- Staff told us if any accidents and incidents occurred they were confident the registered manager would take appropriate action to address the issue.

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.

Good: 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 had their needs assessed to establish how these could be met by the service. These were recorded electronically and people's care needs were reviewed regularly to ensure the assessments remained up to date.
- Staff knew people's individual preferences, likes and dislikes and preferred routines.
- The feedback received from relatives was very positive. For example, "We have been with Casbrook for quite a while and we are very pleased with them" and "They are very good- very professional"

Staff support: induction, training, skills and experience:

- All staff completed a thorough induction training and further training to ensure they could carry out their responsibilities effectively. One staff member said, "The training is useful and must be re-done every year to make sure I stay up to date"
- Staff told us they felt supported by the registered manager and senior staff. One staff member said, "The office is also open all week so there's plenty of opportunity to discuss things in person. On top of this there is an on call phone system in place which I can contact at any time. This is good as it means even when I'm out on a solo shift there's someone senior I can reach if necessary".
- Training provided was online although training which had a practical element, such as moving and handling was provided in the office by the registered manager and deputy who were trained to provide moving and handling training to others. Staff were also given practical training in how to administer eye drops and ear drops.
- Staff had their competencies assessed, and new staff worked as one of a pair with experienced staff to help them to gain skills and experience to fulfil their role.

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

- Where required people were supported appropriately to eat and drink a nutritionally balanced diet to maintain their health and wellbeing.
- People's dietary needs were assessed as part of this initial assessment of needs and staff knew who to contact for any specialist support if needed.

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

- The registered manager and staff worked in partnership with other health and social care professionals to maintain people's health.
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating health.
- Records showed staff took action to help people to maintain their health. For example, staff had contacted district nurses to alert them about a missed visit from the district nurses.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was working within the principles of the MCA.
- Staff had received MCA training and understood the importance of supporting people to make choices and maintain their independence.
- People confirmed staff asked for their consent before they supported them with personal care and records seen confirmed this.

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.

Good: 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 spoke highly of the care staff. Representative comments were "The carer girls are good. Surprisingly good" and "All carers are excellent. I have never had a bad one. They are courteous and respect privacy"
- Staff spoke respectfully and warmly about the people they supported and as they generally had a regular group of people they supported, they knew them well. One staff said "I have worked with the company for 4+ years and have a regular morning round which have had some of the same service users throughout that time."
- The registered manager and deputy knew people well. They welcomed people to visit the office if they were able to and if this was their wish. They responded quickly and efficiently to telephone calls when people had queries.

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

- People were supported to express their views and be involved, as far as possible, in making decisions about how they wanted their care and support to be provided. A relative said "They have listened to us and taken into account what (the persons' needs are)" This person required two care workers to support them. Their relative said "We asked for one known carer each visit and they provide that.. It is a relief to us as they know what to look out for"
- All information regarding each visit was shared and available when appropriate to relatives. This enabled relatives who did not live locally to assure themselves visits had taken place as agreed and to see if there had been any issues regarding the care delivered.
- Telephone calls and home visits were carried out to obtain feedback from people on the quality of service they received. The comments received from people were positive.
- The assessment of needs took into account people's preferred communication methods and staff worked consistently to ensure they communicated with people as effectively as possible. For example one person used a communication board and staff who supported this person used this as well to help to ensure they were acting in accordance with the person's wishes.
- Care and support could be provided in a flexible way. One person had the timings of their care visits altered on occasion to enable them to attend religious services.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us their privacy and dignity were respected. One person said "They are kind and respectful . I have got to know them and they have got to know how I like things done They don't take over unnecessarily."
- Staff were able to describe how they provided support to people and promote their dignity. One staff said "Care is given with privacy and dignity, without rushing people, letting them make their own choices, and making sure curtains and doors are closed during personal care and giving the client privacy while they use the toilet etc."
- The registered manger ensured people's confidentiality was respected. All staff signed up to a confidentiality agreement. Electronic records were password protected and all information stored was only shared with people who needed to know, for example the staff supporting the person.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received personalised support specific to their needs and preferences. Staff knew people's personal history and interests and most visits were completed by staff who knew the person well.
- There was a system of electronic records in place. These provided care staff with all the up to date information they need to provide appropriate care to people they supported. There were contact numbers, information about people's health and care needs, their history and what was important to them. They also contained risk assessments with guidance to staff about how to minimise any risk identified.
- The system recorded the timing and duration of the care visit and which staff had provided the care. At the end of each visit staff recorded on the same system whether they had delivered the care required to meet people's assessed needs. Any concern during the visit, for example if people had not taken their prescribed medication, was flagged up and reviewed by the deputy or the registered manager.
- The electronic recording system and the quick response of staff in the office meant that action to maintain people's health and wellbeing could be taken very promptly- for example one person had a possible pressure ulcer. With the person's permission, the care staff were able to photograph this and the office staff then arranged quickly for a medical visit. Another person was prescribed a short course of antibiotics and this was relayed to care staff electronically so they were aware of the changes.
- The system was very transparent. People could access all the information held about them as could relatives, with the person's concerned consent. Relatives said it was very reassuring to be able to access records and so they could see a visit had taken place and could read how successfully the care had been delivered.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. People's communication needs were identified so information about the service could be provided in a way people could understand.

Improving care quality in response to complaints or concerns:

- A complaints policy was in place, which had been regularly reviewed. The registered manager said no complaints had been received at the service.
- The registered manager told us, and staff and records confirmed, that checks were made at quality care visits to ensure people continued to be satisfied with the care and support they received.

End of life care and support:

- At the time of the inspection no people were receiving end of life support. The registered manager said they planned to arrange for all staff to receive end of life training in the event this level of care was needed.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One person said "They try very hard to get things right."
- People knew who the registered manager was and who they could talk to if they had any concerns.
- The registered manager and deputy spoke knowledgeably about the people they supported, demonstrated a pride in their service and a commitment to continually improving. For example during the inspection we discussed whether staff had received training in assisting people with Parkinsons disease. This was relevant because a few people receiving the service had this condition. Very promptly the registered manager sourced appropriate training and some staff had already completed this in between the two inspection visits.
- There were clear aims and objectives to provide a high quality reliable service which provided highly personalised care. To ensure they met the needs of current service users the registered manager ensured they did not accept new referrals unless they had the capacity to meet the person's assessed needs fully.
- An involved professional said "They have always been a reliable service"
- Staff reported they were happy working for the agency. There was a low staff turnover which helped to ensure people could receive their support from a regular group of care staff they knew well.

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

- The registered manager was also the registered provider and had owned and managed the business for a number of years.
- The registered manager had a clear understanding of their role and regulatory responsibilities.
- Quality assurance systems were in place. The quality and completeness of electronic care records were reviewed on an ongoing basis.

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

- People told us, and records showed the registered manager sought their views about the service during routine care reviews and unannounced spot checks. The feedback from people using the service was

extremely positive.

- Staff morale was good.
- The Registered manager and deputy worked hard to ensure staff were well supported. One staff said "The rota is logistically well done meaning my calls are mostly within minutes of each other" They also had a bonus scheme and a raffle for staff to help boost morale.

Continuous learning and improving care. Working in partnership with others:

- The registered manager regularly reviewed all aspects of the service to identify areas for improvement.
- They met with other managers of care and support services in the area to share knowledge and to discuss new initiatives.
- The registered manager had learned from serious incidents which had occurred in other services. For example they had ensured they had completed a risk assessment for all people using emollient creams as these had been identified as a potential fire risk.
- The service worked in partnership with other care providers to support care provision. For example, GP's, district nursing staff and dieticians. A relative said "They (staff) take on board anything that district nurses advise. They are good"