

ADASS EAST Community Services (OP) v23.2 for Drama Room



GOOD

Involvement and Information

Respecting and Involving People Accessing the Service

Standard Rating



Connected Lives - The provider supports individuals with maintaining relationships with people in their circle of support. Care plans detail other professionals supporting the individual to ensure continuity of care. They are supporting one individual with exercise as part of her reablement and to improve health & wellbeing. The provider is willing to support individuals to expand on connected lives, but they are limited with the commissioned hours.

A01 The care plan should be individually tailored, person centred, include appropriate information on the person's preferences and views and clearly evidence 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.



What We Found

The provider uses an electronic system Care Planner to compile care plans.

The care plans are very detailed and prompt the person to ask a range of questions. They include questions about health conditions, current & historic and the environment where care will be delivered.

Care plans viewed were person centred, detailed, encourage independence. Information on the person's current & historic health conditions are recorded. There is key information about the persons circle of support, and personal preferences etc to enable staff to build a relationship with the person they are supporting. Medication, mobility, nutritional information are all clearly documented. Evidence that mental capacity is also considered, MCA is the first assessment completed in the care plan and sets the "tone" of the care plan.

Care plans and assessment documents also include information on hearing/vision, skincare, personal care and communication, they clearly detail how the provider can support the individual with each set of needs. The provider also collects information around nighttime routines, and how health diagnosis can affect the person.

Care visit tasks are detailed in the care plan ensuring awareness of tasks to be completed on that visit.

A02 There is evidence that people 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 start of service forms).



What We Found

The provider collates all necessary information at assessment alongside the HCC connected lives assessment, this information is used to compile the care plan. The provider reports that a copy of the care plan is held within the home and report if other formats were required this request would be addressed by them.

Training matrix shows all staff have completed Accessible Information Standard training.

B01 People 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. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.



What We Found

Monitoring Officer spoke to 4 individuals or their next of kin out of a total of 6 clients listed. All of the individuals or their next of kin confirmed 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. Individuals are generally treated with kindness, compassion and empathy. Care workers are seen to support individuals choices and preferences in regards to the way their care and support is delivered. One person reported that she sees a lot of different careworkers as she receives double up care and the careworkers she does not see regularly are not as consistent in supporting with her preferences, choices or routines.

B02 People 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.

Good
★★★★★

What We Found

Of those spoken with they all had a folder in the home which is a quick point of reference. All individuals or their next of kin reported they are always placed at the centre of their care and that they had been part of their initial assessment and compiling their care and support plan. Two people spoken with reported that the staff have gone above and beyond while supporting them.

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B03 People 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

The individuals or their next of kin said that feedback was either given at the reviews or they could speak to their regular care workers or phone the office and they would action any changes immediately.

One person reported that she had complained early on in her care and felt that she was listened to, and changes made as a result of her feedback.

Another individual feedback that careworkers who she does not see regularly do not always communicate with her clearly, and she cannot always hear what they are saying, she has reported this to the office.

B04 People 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

Three of the four individuals reported that they are supported to maintain relationships with family members who they share a home with as required.

One NOK reported that staff members are part of the circle of support for her son and are often making suggestions about how he can access the community to achieve his goals and how they can support him.

B05 People 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.

Good
★★★★★

What We Found

Three of the four people spoken with reported that they do not require support from the provider to access community activities, they access these independently as required.

One NOK reported that careworkers support her son to access community activities to live a fulfilling life.

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

Good
★★★★★

What We Found

The staff interviewed understood dignity and respect. They demonstrated with examples, of how they ensure they treat people with respect and how they maintain the persons dignity while supporting them.

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.

Excellent
★★★★★

What We Found

Care plans and assessments viewed evidenced that mental capacity has been taken into account throughout. The first page of the care and support plan is a capacity assessment that details capacity status of the individual. This sets the "tone" for the reader of the care plan. Where it is assessed that the individual lacks capacity the care and support plan detail the name and relationship of the person who is sharing the information in the best interest of the person. If the person has an identified and registered Power of Attorney for health & welfare, there is a separate section within the care and support plan to be signed by this individual.

Consent forms evidenced as part of the care & support plan. The consent form is broken down into sections and the individual has the choice to what they consent to. These include discussions with key professionals, activities listed in care plan and regular care plan reviews. This format of gaining consent was identified as good practice by MO.

The provider does not currently support anyone with a formal best interest decision in place, however, is aware of the process in which to make referrals in the future should they need to.

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

All individuals spoken with confirmed that staff always seek consent from them.

They report that consent is sought for all tasks to be completed and speak with family members where required. Staff take time to chat with them and ask about their wellbeing.

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

Staff members spoken with demonstrated knowledge of how they obtain consent from individuals and gave examples of how this knowledge transfers into their roles daily. e.g. How they gain consent in their day-to-day work and how they support a person who has capacity or not. They also confirmed they knew how to access policies and procedures.

Training matrix evidenced Staff members had attended Mental Capacity Act and Deprivation of Liberty Safeguards training.

Personalised Care and Support

Standard Rating

Care and Welfare of People Accessing the Service

Good
★★★★★

A04 Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

Good
★★★★★

What We Found

Care plans evidenced were signed by the person being supported or their representative.

The provider reports that people have the choice of how they sign their completed care & support plan. This can be a paper copy that is signed and scanned into care planner and electronically via docuSign.

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 person accessing the service has been given appropriate information about key working system. (SL)

Not Assessed

What We Found

There is no formal keyworker system in place.

A06 There is evidence that people have been given information about how to make contact with the care provider.

Good
★★★★★

What We Found

The provider reports that information about the service is issued to individuals which includes contact details, Complaint policy. Evidence of content of folder issued seen.

The provider also identifies a keyworker as part of the care plan process so that individuals have a named contact within the service.

People who the service supports spoken with confirmed they have all necessary details for contacting the service and that they would speak with regular careworkers if required.

A07 The care assessment has been conducted in a way to reflect the person'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

Links with family, friends and communities are clearly documented within care plans. The care plans in place detail how and what the provider can do to support the individuals to maintain these relationships and attend activities.

A08 There is evidence that the person's needs, together with any risks to their mental and physical 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 people remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

Risks are assessed and detailed and throughout the care plans, these risks are graded as low, medium, high & very high. There are clear actions around how risks identified can be mitigated and what the desired outcome is. Risk assessments are reviewed regularly alongside care plans or as changes occur. Activities documented on risk assessments include mobility, hot weather, skin integrity, moving & handling, internal environment, medication, kitchen & food preparation.

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 person safe.

Good
★★★★★

What We Found

Care plans are reviewed two weeks after commencement of care or as changes occur.

Care plans evidenced have a planned date for review which were both in the future.

Risk assessments are also reviewed to ensure they are current, existing control measures are still valid and they correspond to the care plan activities.

Two service users spoken with reported they could not recall having a review, the provider will investigate, and action as required.

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

Good
★★★★★

What We Found

Care notes are being completed electronically via the Care Planner system. Care notes are legible, detailed and show evidence of person-centred care. There is also a visit task list compiled on the system detailing all activities/tasks to be completed.

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

Good
★★★★★

What We Found

Goals and outcomes are documented in each section of care plans and a clear plan of action is agreed as to how staff can support the person to achieve these goals.

On evidence seen in care plans these goals and outcomes can be small but achievable goals e.g. to manage my personal hygiene with some support. The provider evidences how they promote independence in care notes and tasks completed.

B07 People 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

Individuals and / or their next of kin were involved with planning and reviewing the care plans. Two people reported having recent reviews and one reported that there are monthly meetings held to review her sons' package of care.

Individuals felt that they are encouraged to be independent in the part of the tasks they can complete themselves by careworkers.

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

Requires Improvement
★ ★ ★ ★ ★

What We Found

The individuals or their next of kin reported having regular careworkers most of the time.

One person reported that his preference of careworkers had been listened to and actioned by the provider. One person said they had several different care workers who are not familiar with her care needs and that this has caused issues with the care delivery.

B09 Feedback from people accessing the service confirms that care staff interaction and care delivery demonstrates that the person remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.

Good
★ ★ ★ ★ ★

What We Found

All individuals or their next of kin agreed that they remain safe, and their needs are adequately met, their welfare is protected, and that delivery of care is effective, enabling and maximises the Individual's independence and quality of life. They enjoy the company that the visits provide, and they are encouraged to do as much as they can for themselves and supported with other tasks they can no longer do.

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

Not Assessed

What We Found

Provider does not use keyworker system.

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

Nutrition and hydration are detailed in care plans viewed. These evidenced choice and preferences of those supported and gave detailed plans of what support required at what time and day.

Where required, allergies & dietary information were also documented.

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

Not Assessed

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.

Good
★ ★ ★ ★ ★

What We Found

The provider is not currently responsible for any nutritional needs, therefore there were no links to evidence between the provider and any specialist nutritional services. The provider does however actively link with GP's and pharmacies and is aware of how to raise any referrals in the future.

B10 If it forms part of the care plan, people 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.

Good
★ ★ ★ ★ ★

What We Found

All of those spoken to, or their next of kin, reported that careworkers are not responsible for providing meals or to support them to make nutritional choices. Some have family members who are doing the shopping or cooking for them.

One NOK reported that although this isn't in the remit of the care for her son, they are always encouraging him to make healthy choices.

B12 Discussion with the person accessing the service & observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Good
★★★★★

What We Found

All individuals reported that staff always leave work areas clean and tidy. One person reported that there were issues in the past where the kitchen was left dirty and after speaking with the staff this has not happened again.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good
★★★★★

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

Good
★★★★★

What We Found

The provider does not currently share any care responsibilities with other providers.

Evidence viewed showed that the provider actively links with the Local Authority, GP's and pharmacies. No specialist referrals have yet been made but they are aware of how to raise any referrals in the future.

Files for the people they support held consent forms signed by the person and detailed consent for the provider to discuss the person with key professionals, contacting GP.

The provider is actively engaged with HCPA for training and mailing lists.

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

Good
★★★★★

What We Found

Two of the people spoken with reported that they did not require support from careworkers in this area. Two other individuals reported they had been supported to access other services which include: leisure services, GP and repair services for moving and handling equipment that had broken.

Safeguarding and Safety

Standard Rating

Safeguarding People who access the Service from Abuse

Good
★★★★★

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 individual (only to be assessed where in place and appropriate).

Good
★★★★★

What We Found

Within care plans viewed, there was evidence that mental capacity is considered, the provider completes a capacity assessment as part of care plan and where it is identified the individual lacks capacity it details the person/professional and relationship of the person sharing the information.

The care & support plans include supporting risk assessments. Risk assessments are detailed, graded as minimal, low, medium, high or extreme and showed existing control measures to reduce risks.

B20 People confirm that they feel safe and observations of care practice confirm this to be the case. Any person 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 of the people confirm that they feel safe and observations by next of kin have confirmed this to be the case.

One person reported that the careworkers work preventatively to monitor her skin integrity and always discuss deterioration and actions to be taken. She is very appreciative of this as doesn't want to be admitted to hospital as she feels this will have a negative impact on her wellbeing.

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 whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good
★★★★★

What We Found

Staff spoken with discussed their knowledge of types of abuse they look for in their roles while supporting people and demonstrated with examples of signs of abuse they look for e.g. bruises, marks, lack of money, withdrawn mood. They demonstrated knowledge and understanding of the process of reporting concerns of potential abuse. Staff confirmed that the process is to report to manager and that a manager is always available in working hours and out of hours. They also confirmed that they feel confident with following the process.

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

Good
★★★★★

What We Found

Staff interviewed confirmed they had attended safeguarding training and were able to answer questions regarding safeguarding which showed they had good understanding and how it transfers into their working role.

Training matrix submitted as pre visit evidence shows staff have attended Mental Capacity Act and Deprivation of Liberty Safeguards training, and Safeguarding of Vulnerable Adults.

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

Good
★★★★★

What We Found

Evidence found the Safeguarding policy in place and document control shows in date and had recently been reviewed 12/06/24.

Discussion with management team evidenced a robust understanding of the safeguarding policy & process and was aware of the Hertfordshire process to follow when reporting incidents of safeguarding, including how these would be recorded. HCC contact details are included in the safeguarding policy.

There had been no safeguarding concerns/enquiries logged with HCC for this provider.

If safeguarding incidents are logged in case notes on Care Planner these can be exported via a report function built into the system.

Staff spoken to have a clear understanding of how to report & record incidents of safeguarding.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

B14 Discussion with People confirms that staff follow good practice in relation to cleanliness & infection control

Good
★★★★★

What We Found

All of the people said staff all wash their hands and were reported to wear appropriate PPE where they are providing personal care. They keep the individuals' homes clean and tidy.

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

Staff confirmed they have received training in Infection Control. Explained what PPE they wear and how to use and dispose of PPE. Staff confirmed they have access to PPE supplies via the office.

B15 Discussion with people accessing the service confirms staff handle medicines safely, securely and appropriately.

Good

**What We Found**

Two people take their own medications or are prompted by family. Two people are supported by careworkers and report that this is administered safely and in line with their preferences.

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

Good

**What We Found**

All of the people spoken with or their next of kin confirmed that as part of assessment and care planning their medication administration and preferences were discussed and they were included in decision making.

Two people administered their own medication, or family prepared it for them to take. One person reported that they do not require regular medication but when on short term courses of antibiotics, the careworkers have supported them with administration.

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**

Staff confirmed that had received mandatory medication training, confirmed they understood the training and demonstrated with examples of their experiences of medication administration. They also confirmed they are required to attend refresher training on medication administration. One staff member reported that she has just received notification that her refresher training is now due.

The provider uses a system called Care Planner to manage medication administration and staff reported they feel confident in using the system and the system also alerts management if medication times are delayed or missed.

Training certificates held on staff files showed mandatory training had been attended. Training matrix evidence that all staff training for safe administration of medication is in date. Management team confirmed that additional medication training is delivered to staff who require further training or are not competent in the task.

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

Good

**What We Found**

Care plans detail level of support, storage and administration requirements for the individual in the medication plan section and is supported by a medication risk assessment. It also details if other health professionals are involved with the person.

Medication policy in date and document control shows policy recently reviewed 25/07/24.

Medication policy contains PRN protocol to be completed if individuals are prescribed PRN medication.

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

Good

**What We Found**

The provider uses an electronic system called Care Planner to support administration of medication. The system will alert management when administration has not been checked as complete on the system. This enables them to monitor delays and reduce incidents of missed medication.

Audit matrix shows completed and planned dates for medication audits up to the end of 2024. Medication audits are completed monthly and evidenced for May, June & July 2024. Audits review risk assessments, eMARs, identify if there are medication errors, staff training status and PRN protocols. Notes of findings are made, and actions identified where appropriate.

Medication audits are completed by care coordinators. A full explanation of the process was given as evidence on day of visit. Electronic audits are continuous and occur weekly. Medication queries are managed daily via the Care Planner system.

A16 Care & support plans document that people 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

Care and support plans evidenced that medication was appropriately documented where it was being administered and at what level, in the medication section of the care plan. The care plan shows people have been involved in planning the administration of medication and agree with decisions made.

Two people spoken with are supported by careworkers with medication and report that this is administered safely and in line with their preferences.

All of the people spoken with or their next of kin confirmed that as part of assessment and care planning their medication administration and preferences were discussed and they were included in decision making.

Two people administered their own medication, or family prepared it for them to take. One person reported that they do not require regular medication but when on short term courses of antibiotics, the careworkers have supported them with administration.

No evidence of medication being administered covertly.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

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 inspection was completed at the main office in Watford - Drama Room, The Old Free School, George Street, Watford; WD18 0BX. Office premises are situated in a multi office building and accessed by a secure intercom entry.

ID checks were completed by the provider. they checked my ID badge and asked me to log in the visitors' book.

Weekly building fire alarm checked while on site.

The provider does not keep paper records, all data is stored on a password encrypted system. Manager confirmed that systems have been penetration (pen) tested by ISM earlier this year and tests were all passed.

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

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

Staff interviewed confirmed that they had received training on how to use equipment. They report that this was thorough and had opportunities to use the equipment during the practical part of the course.

They gave examples of the equipment they had used: hoists & rotator stands. They explained in detail the process the process of using equipment, how it is maintained including charging hoist batteries, checking slings for wear and tear, checking maximum acceptable weight range and checking service dates. They reported they would not use equipment if service was out of date and would report to family or manager to arrange service. They also confirmed they had received spot checks and that they are required to attend refresher training annually.

Certificates of staff attendance at training were observed in staff files and competency discussed as part of supervision.

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 interviewed confirmed equipment is stored safely and securely on site.

They gave examples of the equipment they had used: hoists & rotator stands. They explained in detail the process of using equipment, how it is maintained including

charging hoist batteries, checking slings for wear and tear, checking maximum acceptable weight range and checking service dates. They reported they would not use equipment if service was out of date and would report to family or manager to arrange service.

Suitability of Staffing

Requirements Relating to Staff Recruitment

Standard Rating

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

All files are electronic, and staff files evidenced were in good order the provider held copies of application forms with full history, Interview notes, two professional references, right to work in the UK evidence which had been signed by the provider. Copies of passport, home address and GP details evidenced on files. Where employment gaps are identified in the application process the Quality & Compliance Manager investigates them before the application process progresses. The provider completes a "gap form" which is held on file.

Evidence seen of providers staff file audit, actions identified and updated when complete.

All staff receive a 12-week probation.

The provider employs 30 staff 4 staff are certificate of sponsorship staff. These staff were students in the UK who had completed masters degrees and where then employed as certificate of sponsorship staff by the provider.

The provider is registered with UK Immigration & Visa's to recruit skilled care staff from overseas. Evidence of registration seen.

All staff except one had a valid DBS certificate. The member of staff who did not had had a period away from the service and had recently returned. This staff member had been rostered for two calls per week on a double up round. The provider had not completed a risk assessment detailing the safeguards put in place. Discussions with the provider evidenced that it was not a service need for this worker to be out in the field and the calls could be allocated to another worker. Monitoring Officer advised not to rota this staff member for shifts until DBS had been completed and verified especially as the staff member had had a period away from the service.

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

Provider does not utilise agency staff.

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

Not Assessed

What We Found

Provider does not utilise agency staff.

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

Evidence viewed on staff files showed that staff have been provided with a contract of employment including roles and responsibilities. Contracts were signed. Roles and responsibilities are detailed in job descriptions and held on staff files.

Role is also discussed in supervision as ongoing agenda item.

Staff reported that they also discuss their roles and responsibilities as part of their supervisions and spot checks.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Good



B17 Through observation and discussion with people accessing the service, they confirm that there are sufficient staff delivering care 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 people who may have a variety of needs.

Requires Improvement



What We Found

People reported that there were no missed calls and only a few late calls and the provider generally phone them to let them know if running significantly late. They appear to have sufficient staff most of the time and only one of the people spoken to complained about the number of careworkers in their care visits (double up). The care workers take the time to sit and talk with individuals and are "clued up" on safety and policy and procedure. One person felt that verbal communication could be improved, she reports she feels that some staff "mumble" and she can't hear what they are saying. She reported that when she challenged this with the careworker they became argumentative. She stated that this is staff who she does not see regularly.

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

Staff spoken with reported that there are sufficient staff on duty with the right knowledge, experience, qualifications, and skills to provide effective care and support. If additional calls are added to their rota at times of absence, the office always consult with them, and sufficient travel time is incorporated into rota.

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.

Good



What We Found

Rotas are accessible via the Care Planner system. Rotas evidenced that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

The ECM report submitted as pre visit evidence showed some anomalies of excess time and the provider reported they had completed investigations into these anomalies which included reviewing case notes for the dates identified and discussions with careworkers. The care coordinators had logged reasons on the ECM audit reports.

The service audit schedule shows completed and planned call monitoring audits up to the end of 2024. Evidence of call monitoring audits for May & June 2024 seen. These audits include number of calls, number of medication calls, missed and late calls and % of completed calls. Comments are added by the manager completing the audit and actions identified.

Training matrix evidenced that staff had received core and additional training.

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

Business continuity policy evidenced. Document control shows it is in date and updates recently made in June 2024. It details examples where business continuity plan may be implemented e.g. loss of staff, adverse weather with actions to follow to ensure continuity of safe care delivery.

Staff report that they always cover periods of absence planned & unplanned, and that the office staff consult with them before adding calls to their rota.

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

Staff confirmed an appropriate induction was completed and that mandatory training was delivered both face to face and online. Staff confirmed their induction included spot checks (which are ongoing), shadowing with experienced staff and competency questioning and checks.

Certificates held on staff files also confirmed this.

Detailed records of competency checks, and spot checks evidenced on files.

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

Staff spoken with confirmed that they receive appropriate and regular supervisions and spot checks that are in line with the contract requirement.

They also informed me of some of the topics they had discussed in supervision, and they felt they could discuss things openly.

Documents held on staff files also confirmed this, frequency of supervision was good, and content included: care delivery and personal development.

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

Good
★★★★★

What We Found

Staff confirmed they received training refreshers and updates if necessary, when changes occur.

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

Not Assessed

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

Staff interviewed were aware of the whistleblowing policy.

They felt comfortable to speak with management about concerns and reported that they have done this, they felt management were always available to report concerns. One staff member reported that the office is always open and transparent when she had reported issues.

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.

Good
★★★★★

What We Found

Staff files evidenced that staff undertake a company induction and complete training aligned to the care certificate.

The provider delivers a mix of training such as e-learning and face to face training. Mandatory topics such as moving and handling and medication are delivered face to face.

Training matrix reviewed - matrix was up to date and RAG rated.

Spot checks, shadowing and competencies are signed off by management.

Staff spoken with confirmed they have completed a full period of induction which included face to face training, online learning, shadowing and competency sign off.

The provider is engaged with HCPA and has achieved silver level membership.

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

Supervision matrix evidenced.

Record of supervisions held on file were evidenced. The frequency of supervision was good, occurs quarterly.

Staff interviewed confirmed they received regular supervision and that they discuss any issues in their supervisions, team meetings.

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

Training matrix evidenced. Matrix is RAG rated showing completed, expiring soon, expired and planned training. The courses attended are in line with Care Certificate. There were 2 courses for one person that had expired, and the provider explained that this staff member has had a period of absence, and these courses will be completed ASAP.

Staff have attended core and additional training. The additional training is condition specific and includes Urinary Catheter Care, Pressure Sores, Skin Integrity, End of Life and Oliver McGowan Training 1.

Training attendance certificates evidenced on staff files.

Staff spoken with confirmed they receive refresher training annually on moving and handling and medication. They also report that the refresher training can be more frequent if required or issues have been observed on spot check visits.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good
★★★★★

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.

Good
★★★★★

What We Found

Staff interviewed are aware of the policies and procedures in place to enable people, including staff to raise concerns about risks to people and poor performance. Staff spoken with felt comfortable in being able to approach managers, regarding any concerns or issues and reported manager/supervisor is always available, open and transparent. They felt confident that management would always get back to them and address any issues and update them with feedback or discussion in supervision. They report they would also check care planner for any updates or developments.

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 completes a number of audits across the service and has an audit schedule in place with completed and planned dates up to the end of 2024. These include medication, electronic monitoring, care plans, staff files and training statuses. Managers demonstrated in-depth knowledge and understanding of audit processes and need to complete these to monitor quality of the service.

Complaints policy evidenced, document control shows the policy is in date and was reviewed in May 2024. Complaints are reviewed monthly by the provider as part of the organisation review meetings. Complaints, compliments and incidents reviewed, as pre visit evidence complaints & compliments log. Content of complaint, response and actions are documented on the log. The analysis of complaints trends, outcomes and learning from incidents are discussed and recorded at management meetings, actions identified but not allocated an owner or date for completion.

Evidence of SMART action planning was detailed in other meeting minutes seen.

When compliments are received for a named careworker these comments are passed on to the person and recorded on Care Planner.

The annual Quality Assurance report was evidenced, the provider has detailed key findings of surveys, areas for improvement, challenges and opportunities for the service from June 2023 to June 2024.

The provider distributes a satisfaction survey annually to service users and staff. Example of returned surveys evidenced as part of pre visit evidence. Overall customer satisfaction rated the provider as excellent and 85% of staff reported being "Satisfied" or "Very Satisfied" with their work environment. The provider reported that they set action plans following feedback.

Evidence seen of service improvement plan implemented after CQC inspection, which is SMART, this action plan is now signed off by CQC.

The provider collates actions from a number of meetings and audits, they should look to develop an overarching service action plan with SMART objectives to enable them to collate actions and track progress of actions for improvement in one place. This action has been included in standard 16.

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

The provider has mechanisms in place to enable people to raise concerns about risks and poor performance. Staff spoken with confirmed they feel comfortable in raising concerns to management and report that management would update them on issues raised.

Service users spoken with confirm that they feel they would be supported if they had cause to raise complaints or concerns. Any individuals/NOK who have raised concerns in the past felt they were supported throughout.

Whistleblowing policy evidenced and regularly reviewed, document control shows policy in date and recently reviewed. The policy does include HCC contact details. The policy is made available to staff.

Complaints policy evidenced and document control shows it is in date and reviewed. The policy does include HCC contact details. Safeguarding policy evidenced and document control shows it was reviewed in April 2024. The policy does include HCC contact details.

Quality of Management

Using Information and Dealing with Complaints

Standard Rating

Good



B18 People 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

All individuals or their next of kin said they had the necessary contact numbers in their care folders if they need to complain or they would either speak to their regular care workers if they had any queries or concerns.

People were also aware that they could contact HCC to complain if they wanted to or felt that their complaint wasn't being managed appropriately by the provider.

B19 People 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

All of the people spoken with had no current complaints but said they felt they would be supported by the care provider if they needed to complain.

Some that had raised issues in the past felt they were kept informed of the outcome in a timely manner and that the service learnt from the incident concerned and acted promptly to resolve the issue raised.

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.

Good



What We Found

Staff reported they have regular team meetings monthly.

Staff confirm management are approachable and they are able to raise ideas and recommendations to them individually and through supervision. Staff confirmed that they would feel confident in raising relevant topics and recommending changes to care delivery in staff meetings or supervisions. In addition to this they felt they could also raise topics on spot checks with managers.

Staff spoken with felt that management were open, transparent and supportive when they raise issues, concerns or topics for discussion.

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 people 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

Complaints policy evidenced, it is in date and document control shows it was reviewed in May 2024. The policy includes HCC contact details.

Complaints were evidenced on the complaints log. The complaints are managed as soon as they are received by the service manager. Responses and closure of complaints are within acceptable timelines. No recent complaints were received, and this aligned to HCC data.

Complaints are also logged on Care Planner in the client's case notes and these can be exported using a report function in the system.

A copy of complaints policy and forms are held in client folder in the person's home.

Complaint numbers and themes documented in the annual Quality Assurance report, areas for improvement are identified throughout the report. These areas for improvement are an example where the provider could transfer to service action plan to monitor progress/lessons learnt.

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

Good
★★★★★

What We Found

Evidence seen shows the provider is seeking feedback via annual surveys. The provider also reports that feedback can be given directly to the office staff.

Team meetings are held monthly, and staff report that they feel they can give feedback and suggestions in this forum. Evidence of staff meeting minutes seen.

Evidence in supervision notes detail discussions about case load and service between staff member and manager.

All individuals and/or NOK spoken with confirm that they are encouraged to provide feedback and their feedback is listened to and acted upon where appropriate.

The provider completes an annual survey for staff and service users. This information feeds into the annual quality assurance report and is discussed in management meetings. Any areas for improvement identified from the survey are an example where the provider could transfer to service action plan to monitor progress/lessons learnt.

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 reports that they inform the LA Commissioning Team if complaints are received via monthly KPI submission and named social worker if one is allocated.

Quality of Management

Records

Standard Rating
Requires Improvement
★★★☆☆

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

Good
★★★★★

What We Found

All of service user information is held electronically on Care Planner, a tour of the system was given. Files were well structured, and care notes detailed and up to date. In addition to care plans, MARs and risk assessments the system allows additional documents to be uploaded to the service users electronic file e.g. DNR, so all information is stored together and allows easy access by staff. Any paper records associated with the service user are scanned into the system.

Staff files evidenced where in good order and divided into key sections. They contained accurate personal information about the staff member and supervision and training records. These files were stored electronically.

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.

Requires Improvement
★★★☆☆

What We Found

Records evidence that a range of appropriate and effective audits have been analysed and actions collated which feed into the annual quality assurance report.

There are multiple actions identified after meetings, but these are not always logged with SMART objectives. There was evidence of some SMART objectives being implemented by the provider, but this was not consistent across all meetings/audits.

The provider should look to develop a service improvement/action plan with SMART objectives to enable them to track progress of actions for improvement. They may also want to research using HCPA impartial feedback service.

Audits for MAR charts and care notes are carried out by the provider monthly on the Care Planner system. A detailed description of MAR audit process was shared at time of visit. The management team are knowledgeable about auditing process and understand the reasons for them.

The provider reports care notes are proactively monitored and audited daily via the Care Planner system. Any care notes that show issues, are proactively followed up and resolved by management. Actions developed from audits are evidenced.

Evidence of audits completed seen.