

Copper Beech Homecare Ltd

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Inspection report

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08 September 2020
14 September 2020
18 September 2020

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02 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The service is a domiciliary care agency which provides personal care to people living in their own homes throughout Northumberland. At the time of this inspection there were 52 people using the service.

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

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

People felt safe with the staff who visited them. People's care needs were risk assessed and risk reduction measures were in place. Accidents and incidents were investigated, recorded and acted upon to prevent a repeat occurrence.

Staff were fully aware of safeguarding procedures. Systems were in place to protect people from the risk of abuse. Medicines were managed well and there were good infection control measures in place.

Staff recruitment was safe, and the registered manager was actively recruiting more staff. Appropriate training was provided. Staff were supervised and spot checked to ensure competency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider and registered manager promoted a person-centred culture. There were good working relationships between staff, relatives and external professionals to ensure people got any extra support they needed to achieve their goals.

The registered manager and provider had met their regulatory requirements. Improvements had been made to the service and staff continued to learn and develop. The registered manager monitored the quality and safety of the service through checks of the records. The provider had oversight of this.

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 requires improvement (published 19 October 2019) where we identified three breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Copper Beech Homecare Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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 Care Act 2014.

Inspection team

The inspection was carried out 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 up to 24 hours per day. It predominantly provides a service to older adults.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. Having consideration of the coronavirus pandemic, we made suitable arrangements with the registered manager before we attended a site visit.

Inspection activity started on 8 September 2020 and ended on 18 September 2020. We visited the office location on 14 September 2020.

What we did before the inspection

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

our inspection.

We used the information the provider sent us in the annual provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager and remotely reviewed a variety of records relating to the management of the service, including policies and procedures. At the site visit we looked at five people's care records. We looked at four staff files in relation to their recruitment, training and supervision.

We contacted people, relatives, external professionals and staff for their feedback about the service. We spoke with two people and four relatives by telephone. We received feedback from seven staff and one external professional via email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last two inspections the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12, entitled Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's individual needs were risk assessed. Staff followed the safety measures in place to reduce these risks. The registered manager was working on more in-depth risk assessments in relation to people's specific health conditions.
- The registered manager investigated accidents and incidents. They reassessed risks and acted to avoid any reoccurrence.
- Learning from accidents and incidents was shared with the staff to raise awareness and promote safer working practices.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager followed the systems in place to investigate and report any concerns to external agencies.
- Staff understood safeguarding processes and their duty of care towards people. One care worker said, "I would feel confident if I ever had to raise any safeguarding concerns."
- People and relatives felt safe with the staff who visited them. One person said, "I have no concerns about safety, they are good carers, we have good banter and it sets up my day."

Staffing and recruitment

- There was enough staff to deliver the service and meet people's needs. Most people received a consistent service from familiar staff. We received mixed comments from people and relatives. One person said, "It's a mixture of the same faces." A relative said, "We have familiar faces." Another relative said, "There is no consistency."
- The recruitment process was safe. Robust checks were carried out to ensure new staff were suitable for the role.
- A recruitment campaign was ongoing to grow the service and reduce staff workload. An external professional said, "They (Copper Beech) seemed to have coped with covid really well and have started recruiting again."

Using medicines safely

- Medicines were safely managed. Care staff were aware of the medicine policy and followed the procedures to ensure medicines were safely administered and properly recorded.
- The registered manager carried out regular checks of medicine records and provider had oversight of this. Any medicine errors were investigated and reported as required.

Preventing and controlling infection

- Staff took precautionary action to protect people from the risks of infection and cross contamination.
- Staff were trained in infection control and prevention and had increased their knowledge in relation to the coronavirus pandemic.
- The provider ensured staff were equipped with Personal Protective Equipment (PPE). Everyone we spoke with confirmed the staff wore PPE and adhered to guidance.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last two inspections the provider had failed to ensure staff were always properly inducted, trained or supervised to ensure they were skilled and competent. This was a breach of regulation 18, entitled Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager was assured of staff suitability and competence. Training was provided, and staff supported people effectively. Staff had the appropriate skills and knowledge to deliver good care. One carer worker said, "All training is refreshed regularly, I feel suitably trained for my role."
- New staff underwent an induction process including shadowing experienced staff and completing a probationary period.
- Staff received ongoing support through spot checks and supervision sessions. This enabled the registered manager to monitor staff competence and identify any learning needs or development areas. Annual appraisals were also carried out.
- People thought staff were well trained. Most relatives agreed. However, one relative said, "I'm not happy with the online training during lockdown, some carers don't feel confident to shower (family member)." The registered manager was in the process of arranging face-to-face refresher training with a new training provider.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working

within the principles of the MCA.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise. This ensured people's legal rights were upheld. Where concerns were raised, staff sought advice and guidance from the appropriate external professionals.
- Most people consented themselves to the care they received. They were fully involved in decisions about their care. Where people lacked capacity, best interest decisions had been made in accordance with legislation and people's wishes.

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

- People's needs were fully assessed. This included physical, mental and social care needs.
- Care plans described people's needs and their choices about how they would like their care to be delivered, such as preferred call times and following their established routines.
- The support people received reflected their current needs and was in line with nationally recognised standards and the law.

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

- There were good links with health and social care professionals to help improve people's health and well-being. A joint approach to people's care plans had led to successful outcomes.
- Staff reacted quickly to refer people for intervention from external professionals when their needs changed.
- People had achieved positive outcomes through support from staff, which enabled them to lead healthier lives. One relative said, "They (care staff) have been a good help with advice and to get a GP to visit." A care worker told us, "One lady was admitted to hospital following me raising concerns regarding her health."

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

- Staff monitored people's nutritional and hydration needs, and action was taken as required.
- Staff followed care plans drafted by external professionals where people were at risk of malnutrition or dehydration. This included recording and monitoring food and drinks.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last two inspections the provider had failed to ensure the service was appropriately governed. This was a breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A good quality assurance process was in place. Effective audits and checks on the quality and safety of the service were carried out by the registered manager and provider representatives. Issues were identified and addressed.
- The registered manager had an ongoing action plan to monitor service improvement.
- Record keeping had improved. Records were more detailed, accurate and up to date.
- The registered manager and staff understood their role and responsibilities. The provider had complied with all regulatory requirements.

Continuous learning and improving care

- The registered manager gave us examples of continuous improvements to the service. This demonstrated their learning since being appointed into the role and what action they had taken to improve the care provided to people. An external professional said, "(Registered manager) is on a manager's excellence course and is very enthusiastic in learning and developing."
- Most people and staff said the service continued to improve. One person said, "It has been so much better in the last 12 months." A care worker said, "Due to covid, as a company there have been challenges but we are learning new ways and adapting to the changes to ensure everyone is supported staff and clients alike."

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

- The provider and registered manager understood their obligations in relation to duty of candour. There had been no incidents which required them to act on that duty.
- The provider was open and transparent with regards to the findings of the last inspection. They worked with the Commission and the local authority to address our concerns.

- The registered manager was open to new ideas, suggestions and learning during this inspection to further improve the service.

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

- The registered manager demonstrated values such as kindness, empathy and dedication. They were motivated to provide a person-centred service which helped people achieve goals. This was supported by the provider.
- Staff had a good understanding of how delivering high-quality care helped people to experience positive outcomes.
- Most people and relatives said they would recommend Copper Beech and spoke highly of the staff.

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

- The registered manager and office staff had engaged with people, relatives and care staff throughout the coronavirus pandemic. They felt assured the service was safe and people were being well cared for. One relative said, "Every couple of weeks someone rang us to check we were OK."
- Staff were kept well informed of changes and best practice guidance in relation to the pandemic. Staff had plenty of opportunities to share their concerns and make suggestions.
- Most staff felt valued in their role and said the office staff were approachable. One care worker said, "Management have been kind and accommodating to me."
- Staff worked in partnership with external professionals and engaged well with them to provide a better service. They referred people directly to other services and worked in collaboration with external professionals to improve people's health, safety and well-being. An external professional said, "I felt the staff were welcoming and tried to improve and take on board what I asked."