

# Care 121 Services Ltd

## Head office

### Inspection report

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06 December 2019

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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

Head Office is a domiciliary care service. The service is registered to provide care and support for older people and younger adults who may live with dementia or physical impairments.

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

At our previous inspection we found areas of improvement were required. This was in relation quality assurance systems and overall governance. At this inspection we found that improvements had been made. Additional governance systems had been introduced to help improve the quality of care and support provided.

People told us they felt safe and well cared for by staff. People were kept safe from harm as staff knew how to identify and report when people may be at risk of abuse. Risks to people's safety and welfare were identified and actions taken to provide safe care that kept them safe. People's medicines were safely managed and administered when required. Staff followed good practice guidelines to prevent the spread of infection.

Staff received training, supervision and support relevant to their role. Further development of training was ongoing. Where people required assistance with their nutritional needs staff supported them well. Systems were in place to ensure information to support people was shared and discussed appropriately with health professionals, where necessary. Consent to care was sought and staff understood people's rights to make their own decisions.

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.

People told us they felt the staff were caring, kind and sensitive to their needs. People's privacy and dignity was respected, and staff protected and promoted people's confidentiality.

People's needs were assessed before they began to use the service and care plans were developed from this information. Care plans overall, contained information for staff to support people according to their needs. People and their relatives said they would be confident to raise concerns with the management team.

The provider had further developed governance systems which enabled them to have improved oversight of all aspects of the service. People, their relatives and staff members spoke highly of the registered manager

and told us that they were always available and supportive. People were involved in the service development and staff felt able to raise their own views and opinions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 27 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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 ●

# Head office

## 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

One inspector carried out this inspection.

#### Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because the service operates across different locations and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 November 2019 and ended on 06 December 2019. We visited the office location on 06 December 2019.

#### 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. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with two members of staff, the registered manager, a senior manager and the provider. We looked at records relating to people's care and a variety of records relating to the management of the service, including audits, compliments and complaints and training records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training information and further quality assurance records. We spoke with one health professional.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us that they felt safe. One person said, "I feel safe and I am more than happy with the service."
- Systems were in place and effectively operated to protect people from abuse and avoidable harm. Staff received safeguarding training and were confident about reporting their concerns. However, there had been no safeguarding concerns raised since the previous inspection. One staff member said, "Safeguarding means we are protecting our clients, keeping them safe and reporting anything that is not quite right."
- Accidents and incidents were recorded and reported to management, and appropriate actions taken as a result.
- Staff told us they discussed incidents in meetings to further develop their practice and share lessons learned. For example, staff told us about one person whose deteriorating health meant they had become more challenging for staff. Following incidents reported, staff and management were able to review the care and make changes to improve the safety for both the person and staff.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were identified, assessed and responded to. Guidance was in place to support staff to provide effective care.
- Staff used the information from risk assessments and proactively kept people safe and provide good care. Where people required specialist equipment, such as pressure relieving equipment staff ensured this was used. One staff member told us, "We suspected a pressure area developing with [Person]. We contacted the GP straight away and [Registered manager] got the district nurse out straight away. I body mapped it, and the care plan was immediately changed. It healed within less than a month."
- Risk assessments were carried out within people's homes to ensure it was safe to provide care. Staff were aware of how to support people to leave their home in the event of an emergency such as evacuation due to fire.

Staffing and recruitment

- People and staff told us there were enough staff to safely meet people's needs. One person said, "I rely on the staff and they never let me down." A staff member said, "There is not a problem with staffing, we get where we need to be on time and if we are late then it is covered, and the person is informed."
- People told us staff were able to spend longer with them if needed and were not rushed. Staff told us if people were poorly or required additional support then they could report this to the office. Additional staff were then able to pick up the later call to enable staff to spend enough time with that person. One staff member said, "For the last couple of weeks [Person] has really deteriorated so we have had to spend longer with them. It isn't a problem, if we need help or it will take a lot longer someone from the office will go and help."

- The provider continued to ensure a robust recruitment process was followed to ensure that staff were suitable to work with people.

#### Using medicines safely

- People received their medicines as the prescriber intended.
- Staff received training and their competency to administer people's medicines was regularly reviewed by senior staff.
- Senior staff and the registered manager audited medicine records to check medicines were given in line with the prescriber's instructions. Where medicines were required to be given at a specific time, such as medicines for Parkinson's symptoms or pain relief this was carried out.

#### Preventing and controlling infection

- The service had systems in place to ensure that staff practices prevented and controlled infection. Staff told us that they had received infection control training before being able to work with people.
- Staff told us they had access to and used personal protective equipment such as disposable gloves, aprons and hand cleaner.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs before they started using the service. They worked with health professionals when necessary to assess and plan people's care. A social care professional told us, "The staff clearly carry out a thorough assessment of the needs of people. They follow good practice and provide care that clearly meets people's needs."
- People's care plans were then developed from these assessments which provided clear guidance to staff on how to meet those needs. Care was reviewed as people's needs changed which helped to ensure that people's needs were appropriately assessed, and care appropriately provided.
- Prompts were written into people's care plans to guide staff to support people with their personal care.

Staff support: induction, training, skills and experience

- Staff continued to receive training appropriate to their role that enabled them to provide effective care. Staff were being provided with additional training in areas such as falls prevention, dementia and safeguarding. These staff were being trained as champions in these roles to act as mentors to others. Further 'Champions' were being planned in other key areas.
- Staff received supervision and said they felt well supported by management. One staff member said, "If I feel like I need a bit more training or support, then they will book it. Managers listen and support us. I find supervision is good, we have an observation of our practice and then a meeting to discuss how we are doing, it is good."
- New staff received comprehensive training, shadowing and induction when starting employment.

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

- People who required support for eating and drinking received this. Staff supported people to eat and drink enough and were aware of any specific guidance in place. For example, where professionals had assessed risks of choking or where people required particular supplements.
- Where staff prepared people's meals, they were aware of people's likes, dislikes and allergies. Staff were aware of people's specific cultural needs in relation to meal preparation, and supported people to make healthy choices. One person said, "Sometimes I need a bit of help getting lunch made, but they are very good and whip me up something that fills me up."

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

- People told us that if they wanted staff to refer them to a health professional this would be carried out swiftly. One person said, "They [staff] worry so much. They have called the doctor round before and I have

no doubts they will do again if they are worried."

- Staff followed external health professionals advise. This helped to ensure that people received effective care that maintained their health and wellbeing. For example, guidance from the district nurse to safely manage a person's skin at risk of pressure damage.
- Staff, management, people and their relatives worked closely monitoring people and reporting their concerns. This enabled the staff team to monitor people closely, and alert staff to when a person needed urgent assistance from health professionals.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff knew how the MCA and DoLS applied to their work. Staff and the registered manager told us that no-one using the service was deprived of their liberty.
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices.
- The registered manager told us that when decisions were made in the best interests of people, the Local Authority and family were involved in the decision-making process. This included decisions about whether requiring support with medicines or if someone needed bed rails to stop them falling out of bed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the staff and the care they received. One person told us, "I am delighted with them, cannot fault them at all." A second person said, "I am very happy. Staff will come in time and I am always happy to see them. I am so very well cared for by all of them."
- People received consistent care and support from a small team of staff. This ensured people received care from a team who knew them well and supported them in a manner they liked. People's feedback demonstrated they felt well cared for and well treated in an equal manner that reflected their diverse needs.
- Staff treated people in a manner that respected their equality and diversity. People confirmed this. One staff member said, "It's seeing everyone as the same. I see the person and how to care for them in a way they want. I would hope when my time comes and I need someone to care for me they would treat me the same."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff had enough time to support people properly and, in the way, they want. A person said, "I have arthritis in my hands and they are even helping me with my food. They know I want the help and don't want to burden them, but it's just not a problem to them."
- Staff told us that they have enough time to be able to speak to people and listen to what is important to them. This enabled staff to build a picture of how that person liked to be cared for and what was important to them.
- People said they were involved in the choices and decisions made in their care plan. Care plans were written with the person and based on their views. People signed their care plan to indicate they agreed with what had been written. This ensured that staff had the guidance in place to know they were supporting people in the way they want to be supported.
- People said that staff were respectful and treated them in a dignified manner. One person said, "They are very nice and respectful and keep me feeling dignified, even when giving me a wash I am happy."
- People said staff encouraged them to be as independent and active as possible. Staff told us how they supported people with small tasks that enabled them to maintain their independence. These tasks included things such as preparing a meal, washing and bathing and getting dressed. One staff member said, "[Person] has deteriorated but we still encourage them to wash, we step away and give them the freedom to ask for help if they want it." Staff told us that dignity and promoting independence was one of the core values of the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported people in a way that met their individual needs and preferences. One person told us, "I am very happy with the way they look after me. It's my way and they know and follow that."
- People's care plans provided staff with clear guidance about the support people needed. These were written in a person centred way that instructed staff how to carry out each task specific to a person's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in other formats could be provided if people required this. People at the time of the inspection were able to communicate their needs with staff so did not require this. However, information could be provided in T easy-read format or other languages.
- Staff were aware of those people who had difficulty hearing and clearly told us how they ensured people understood them when they spoke.

Supporting people to develop and maintain relationships to avoid social isolation

- People told us staff were friendly, caring and helped them to avoid isolation. One person said, "I look forward to them coming, it's nice to have a natter with someone, they want to know what I have been doing and seem genuinely interested in me."
- Staff helped to support people to maintain relationships that mattered to them, such as family, community and other social links. Staff spent time with people looking at books, watching television, talking and reminiscing to keep people in touch with things important to them.

Improving care quality in response to complaints or concerns

- People knew how to complain and said they were confident the registered manager would listen to them. Only one documented complaint had been received. This had been thoroughly investigated and responded to, the outcome explained to the person and details of how to appeal the decision provided.
- Staff were aware of when the complaint had been raised and told us this had been discussed to see if there were lessons that could be learned. Staff said that concerns and 'Grumbles' were also discussed to improve the quality of care provided.

## End of life care and support

- Staff were not supporting anyone with end of life care at the time of our inspection.
- We saw staff began discussions with people about their end of life wishes at the earliest opportunity to ensure the care they provided was appropriate and met their wishes.
- The registered manager had booked staff onto end of life training that was due to commence shortly. Although people did not require this support, the registered manager was aware people would likely require this level of care and wanted staff to be prepared.

# 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 the last inspection the provider had not fully developed effective quality assurance and auditing systems or processes. They had not maintained accurate, complete and detailed records in respect of each person using the service. A registered manager was not in post.

- Since the last inspection the registered manager had further established governance systems which enabled them to have improved oversight of quality and safety of care provided. This included reviewing care plans to contain personalised information.
- The registered manager had developed systems to identify shortfalls and learn lessons from any mistakes, complaints or areas of concern. This was not embedded within day to day management of the service, but plans were in place to develop lessons learned further.
- Management and staff understood their roles and responsibilities and knew where to go for support or guidance if they needed to.

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

- People, relatives and staff said the registered manager was committed to providing a high standard of care to the people they supported and their relatives.
- People and staff spoke highly of the management team and told us that they were always available and supportive. One staff member said, "I've worked in care over twenty years and I feel this company gets it right. It's very, very person-centred care and the company is driven by that. It's hard to put into words, I've done bash and crash 15-minute calls. It's not like that here. What they [people] need they get and that comes from the top down."

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 understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- We saw where incidents had occurred, the registered manager took accountability and discussed and reviewed this with the person and their relatives. The sought to understand what had occurred and how they could review practise. The registered manager was open, transparent and ensured the acknowledged these with an apology first and foremost.

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

- People were involved in the service development and their views were sought to enable a safe and effective service that met people's needs to be provided.
- People, relatives and staff were encouraged to share their views and to make suggestions through the feedback surveys. Feedback was seen that demonstrated people were happy with the care provided to them.
- The registered manager told us that as part of their service development they would be sharing a service development plan with people, relatives and staff. This would enable them to remain accountable for improvements, whilst also seeking feedback about the running of the service in a transparent manner.
- Team meeting minutes showed that communication between staff and the management team was open and staff could raise their own concerns. Staff told us they felt comfortable about raising their own ideas or challenging management in a positive manner. One staff member said, "We can challenge managers. We can ask for things to be done such as the rota. If say for example we get a new client, doesn't fit in with the travel, getting across town can take time, so it will be right okay we need to re-plan the calls and they do."

Continuous learning and improving care

- The provider used information gathered from quality monitoring and feedback to improve the quality of care people received. One staff member said, "Morale is very good, we are driven and not afraid to say something is wrong. We are always assured that something is being done."
- The registered manager and the provider used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.