Catto International Limited

Catto Homecare

Inspection report

5 Hamesmoor Way
Mytchett
Camberley
Surrey
GU16 6JG

Tel: 01276500522
Website: www.cattohomecare.co.uk

Date of inspection visit:
11 December 2018

Date of publication:
18 January 2019

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

What life is like for people using this service:
People who received care from Catto Homecare told us they felt safe and supported by staff who visited them. Staff were punctual and consistent at carrying out visits with people in a person-centred manner. One person told us, "I'm very satisfied. They are very caring, very professional." A second person said, "They do as I ask every day. They turn up on time."

People told us that they were visited consistently by the same staff who were well trained and experienced. Where needed, staff were quick to support people to have access to health care professionals such as occupational therapists or, when necessary, emergency services.
People and relatives described staff as caring and kind towards them. Staff were approachable and friendly with people they cared for and knew them well.

Care plans were created with people and relatives to ensure they were person centred and tailored to peoples' needs and routines.

The service was well managed by a supportive and progressive management team. People, staff and relatives were involved in helping the service improve.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection:
Good (20 June 2016)

About the service:
Catto Homecare is a domiciliary care agency that was providing personal care to 15 people aged 65 and over at the time of the inspection.

Why we inspected:
This was a scheduled inspection based on the previous rating. We inspect all services rated as 'Good' every 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive. At the last inspection we found that medicines were not being audited and people's mental capacity was not being assessed. We also found that some quality assurance checks were not effective or robust.

At this inspection we found that medicines were being audited and people's mental capacity was being assessed when necessary. We also found that quality assurance checks were effective at driving improvement and ensuring high standards.

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**

Catto Homecare

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Catto Homecare is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. 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 visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 11 December 2018 and ended on 18 December 2018.

What we did:
We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we visited the office location on 3 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We reviewed four people's care records,

three staff files around staff recruitment, training and supervision. Records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also reviewed. After the inspection we completed telephone interviews with two people and four relatives.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. All of the Legal requirements were met.

Systems and processes

● Systems were being followed to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. There had not been any safeguarding alerts or incidents since the last inspection.

● People were protected from the risk abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I saw or heard of abuse I would report it to social services."

● People told us they felt safe using the service. One person said, "They [staff] make us feel safe. I'm able to watch them work. I am confident with them."

Assessing risk, safety monitoring and management

● Comprehensive risk assessments had been completed for every person using the service which considered personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks.

● One person's risk assessment had identified trip hazards such as rugs, mats and carpets in the persons home and had considered the risk this posed to people and staff whilst carrying out care. Some rugs had been moved in order to reduce the risk to people.

● There were contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing levels

● People were cared for by suitable and sufficient numbers of staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

● There were sufficient staff numbers to complete the home visits undertaken by the service. The service had not missed a visit since the last inspection in 2016 and people told us that staff were rarely late. One person said, "They have never missed a visit. They are rarely late. They usually notify us if they will be a little late or if there is a change."

Using medicines safely

● Peoples' medicines were bring administered safely by staff. All medicine administration records (MARs) we

saw had been filled out correctly and with no gaps or errors. People's allergies and recommended amounts for 'when needed' medicines were clearly set out in people's care plans.
● The registered manager audited all MARs that came to the office. This helped to ensure that any discrepancies were identified and rectified quickly.

Preventing and controlling infection
● People were protected from the risk of infection because staff knew to wear gloves and aprons at visits. One member of staff told us, "I wear gloves and aprons when needed and always replace them when I need to." People we spoke with also confirmed that staff were good at keeping their houses clean and washing their hands.

Learning lessons when things go wrong
● There had been no accidents or incidents since the last inspection. The registered manager was aware of the need to learn lessons from incidents/accidents and would analyse information to consider any trends should they occur.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. 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

- Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. People we spoke to confirmed that senior staff and management had met with them at the start of their visits to carry out assessments.
- Each care plan contained a pre-admission assessment which considered people's needs and the support required. The pre-admission assessment looked at religion/culture, personal care, appointment times, food/drink, undressing, medicines, mobility, daily life style/activities, awareness, career history, staff uniform and behaviour. The final care plans had drawn from information found in the initial assessment. For example, where one person was able to brush their own teeth, staff were instructed to leave a ready tooth brush out for them to do this themselves.

Staff skills, knowledge and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal.
- Staff had received training in areas such as moving and handling, medicines, wound care, mental capacity, safeguarding, food hygiene and first aid. This was via online and face to face training. One person told us, "They (Staff) are skilled and experienced. They train new carers well."
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided.
- Staff were supported by regular supervisions and annual appraisals which looked at sick days, health, training requirements, results of spot checks, difficulties, reliability/punctuality, aims/objectives and comments received.

Supporting people to eat and drink enough with choice in a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet. For instance, one person's care plan reminded staff to be mindful that they had diabetes and so could not drink too much of their favourite drink.
- People and relatives told us that staff were good at listening to people's requests and preparing what they wanted to eat or drink. One relative told us, "They prepare meals for her three times a day. She enjoys all of the food they prepare. Every meal is different."

Staff providing consistent, effective, timely care

- Staff enabled consistent care by writing detailed records of care visits in each person's care plan folder at

their home. This enabled other staff members to understand developments and changes in people's care.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one using the service who lacked capacity at the time of the inspection yet there was documentation in place to consider peoples' capacity when care plans were reviewed.
- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member said, "The MCA is about whether someone is capable of making decisions or not. I know that you always assume people have capacity."
- One person told us, "They are good at asking my consent."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People were treated with kindness, respect and compassion by staff. One relative said, "When I ask them to do something they just do it. We are all good friends.". Another relative said, "I had an incident where my mum was very unwell. I was on holiday at the time. They contacted me immediately and waited with my mum for a doctor to arrive." A third relative said, "They treat my mum like she is their mum. They have such a good rapport with her."

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

● People were supported to express their views consistently by staff and the registered manager. For example, one person loved to watch football everyday and this was clear in their care plan so that staff knew to position them in front of their television. Every person we spoke to was able to describe how they had met with senior managers and care staff at the start of their care package to arrange their care plan and routine.

● One person told us, "They created the care plan with us. We talked to them about what we wanted to do. They have it written out for us and typed up."

Respecting and promoting people's privacy, dignity and independence

● Peoples' privacy and dignity was considered and upheld by staff. Relatives told us how staff closed people's curtains before providing personal care and spoke with people in a friendly manner throughout the visits. One relative told us, "They close the curtains when they carry out care and they use towels to cover him up." One staff member told us, "I cover people when I am carrying out personal care. I also shut the doors in their homes and cover them with towels."

● One relative told us, "The carers are friendly. They chat away to my husband. Some of them have been with us for years now."

● Peoples independence was respected and promoted. One relative told us, "They (Staff) do exercises with him to help his paralysed side."

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection in June 2016, we rated this Key Question as 'Good'. At this inspection we found that the same level of responsiveness had continued. People's needs were met through good organisation and delivery.

Personalised care

● People received personalised care that was responsive to their needs. Care plans were personalised and detailed daily routines specific to each person. Staff were able to explain the support people needed and what was important to the person. For example, in one person's care plan it was detailed that they struggled to communicate their preferences. In order to enable communication with staff, the care plan contained the meanings of the person's hand gestures, facial expressions and sounds. The daily notes confirmed that staff were using these to communicate with the person.

● One relative told us, "They (staff) are good at being flexible and changing his care plan when it needs to be changed. When we needed a change to his use of the hoist they updated the care plan and got another carer to complete the visits." Care plans had been reviewed regularly throughout the last year.

Improving care quality in response to complaints or concerns

● There had been no complaints since the last inspection. The people we spoke to explained that they would be confident in bringing a complaint to the registered manager if they had any. Every care plan contained a clear complaint process which was kept in each person's house.

End of life care and support

● There was an end of life policy and care plan form in place at this service to provide end of life care for people so that they could have a comfortable, dignified and pain free death. At the time of the inspection there was no one receiving end of life care. The registered manager was able to refer to two examples where the service had provided end of life care. We saw that relatives had complimented the service on its successful care for people at the end of their lives.

● Each person had a form sent to them which enabled them to set out exactly how they wanted to be cared for at the end of their lives. Some people had not wanted to fill out the form but others had responded to the questions so that person centred care could be provided at the end of their lives.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in June 2016, we rated this Key Question as 'Requires Improvement'. This was because the registered manager had failed to notify CQC of incidents and/or accidents that had occurred. At this inspection we found that the service had improved and the registered manager had correctly notified CQC of any notifiable incidents. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were supported by a well-managed service which promoted person centred care. The registered manager was pro-active in assisting staff with care and knowing people's needs personally. Staff worked as a team, were happy in their work and were supported by fair and approachable management. An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns they had with them.
- One staff member told us, "Over the last two years I have gotten to know the manager well. She's always quick to step in if there is a problem. On various occasions she has needed to carry out care for us at the last minute." A second staff member told us, "She's fair as a manager. She's very open. When I had a family emergency the manager covered my shift for me. She is very caring and thoughtful."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The governance framework included spot checks on staff visits, medicine audits, daily notes audits and questionnaires sent out to people using the service. These were effective at ensuring that people were receiving a high standard of care. There were no errors that needed to be corrected at the time of this inspection and this was largely due to the small nature of the agency.
- The registered manager was aware of their responsibilities with regard to reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

Engaging and involving people using the service, the public and staff

- People, relatives and staff were asked for their views about the agency via satisfaction surveys. Senior managers met with people frequently to complete spot checks or obtain feedback about the service. Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member said, "I am asked for suggestions and ideas. Either by phone, email or when we have staff meetings."
- One staff member told us, "The team meetings are good."

Continuous learning and improving care

● The registered manager had a credible strategy for improvements at the service. The manager was consistent at researching each person's specific health conditions so that staff could be trained to care for them in a person-centred manner. For instance, when the service took on a person with diabetes, the manager arranged for an experienced nurse to train the staff team in how to specifically carry out care for people with diabetes.
● One relative said, "I give feedback. I told the manager, when you change mums bed please change the additional sheet. As a result of my feedback they started doing this and they included it in the care plan."
● One staff member told us, "The medication charts now have clear codes for when medicines are not needed. I suggested this to the manager and she implemented it as a result of my suggestion."

Working in partnership with others
● The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local community occupational therapist which enabled quick and efficient visits to supply people with necessary equipment. The registered manager also had good links and regular correspondence with a community physiotherapist, community matron and another local care agency who could provide care and support when necessary.