

Chint Limited

Entire Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 6 June 2017 and was announced. This was the first inspection of this service following its registration with us in April 2016

Entire Care is registered to provide personal care to people in their own homes. At the time of our inspection the service supported three people and employed four care staff. Only one person received personal care support.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager had left the service in May 2017. The provider was recruiting for another manager and the vacancy had been advertised. In the interim, two directors were managing the service, one of which was the nominated individual (provider's representative) for the service.

Staff knew how to keep people they supported safe and there were processes to minimise risks to people and staff safety. These included procedures to manage identified risks with people's care and for managing people's medicines. Care staff understood how to protect people from the risk of abuse and how to report any concerns. The suitability and character of staff was checked during the recruitment process to make sure they were suitable to work with people who used the service.

Staff followed the principles of the Mental Capacity Act (MCA) they respected people's decisions about the care they received and gained people's consent before providing care.

There were enough staff to support people. People told us staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

Care plans and risk assessments contained relevant information for staff to help them provide the care people required. Copies of care plans were available in people's homes for staff to refer to.

No complaints had been raised with the service. People and relatives knew how to raise concerns or make a complaint if needed.

Staff felt supported by the directors, and were able to contact them at any time. There were systems to monitor and review the quality of service people received. This was through regular communication with people, their relatives and staff.

People received visits to review their care and to find out their experience of the service. Records completed

by care staff during visits were checked when they were returned to the office to make sure people received the care they required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were procedures to protect people from risk of harm and staff understood their responsibilities to protect people from the risk of abuse. There were enough staff to provide the support people required. The provider checked the suitability of staff before they were able to work in people's homes. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

Care staff completed training to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and gained people's consent before care was provided.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who they considered kind and caring. Care staff respected people's privacy and dignity. People received care and support from care staff they knew and who understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. People had no concerns about the service but knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well led.

People were satisfied with the service they received. Care staff received the support they required to carry out their work safely

and effectively. The provider had systems and processes to monitor the quality of the service provided to people.

Entire Care

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 6 June 2017 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care staff. The inspection was carried out by one inspector.

The provider had completed a provider information return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR during our inspection and found the PIR was an accurate assessment of how the service operated.

We reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

Before the office visit we spoke by telephone with the person who received personal care support and the relative of another person who used the service.

During our visit we spoke with two care staff, the provider's nominated individual (who was also a director of the company) and a director. We refer to the nominated individual and the director as 'the directors' in the report. We reviewed two people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance procedures.

Is the service safe?

Our findings

The person who received personal care told us they felt safe with the staff that visited them. They told us, "Oh yes I feel very safe. I know them all well now." A relative of another person who used the service told us, "My [family member] is safe with the staff. They keep [name] company while I go shopping. I know I can trust them (staff)."

Care staff understood their responsibilities to keep people safe and protect them from harm. Care staff had completed training in protection of vulnerable adults (POVA) and knew how to recognise abuse and their responsibility to report this to the office and local authority. The directors understood their responsibilities in regard of safeguarding people who used the service but neither had a background of working in care and had limited knowledge about the safeguarding referral procedure to the local authority. We recommended that the directors completed POVA training and familiarised themselves with the local authority safeguarding policy and procedure to make sure people continue to be safeguarded.

Risks were assessed and actions to minimise risks of harm or injury to people were recorded. Care staff were able to tell us about the risks to people. For example, they explained how one person used a frame to help them walk. This corresponded with the information recorded in the person's care file.

Recruitment procedures made sure, as far as possible, that care staff were of good character to work with people who used the service. All staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed the required employment checks were completed before staff started work.

Care was provided at the agreed times. One person told us, "They [staff] come at the time we arranged and stay till everything is completed. They never miss a call." A relative told us "They [staff] are always here on time and stay the full amount of time." The directors told us, "We only have three clients and we do have enough staff." They went on to say they also ran an employment agency that provided care staff to care services so they always had staff they could call on. Staff working for Entire Care also worked for their other company.

We looked at how medicines were managed by the service. One person required support with medicines and information about how care staff supported them with medicines was clearly recorded in their care plan.

Staff had been trained to administer medicines safely. However, there were no checks on care workers competency to make sure they put their training into practice and administered medicines safely. We discussed this with the directors who assured us a medicine competency assessment would be implemented.

Care staff recorded in people's records that medicines had been given and signed a medicine

administration record (MAR) sheet to confirm this. Completed MARs were returned to the office every month for auditing. These procedures helped to make sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked the people we spoke with if they thought care workers had received the training they needed to provide the care required. People said care staff knew how to provide the care and support they needed. The person receiving the service said, "Care workers seem to know what they are doing, I have no concerns about them at all." The relative told us, "Care workers know about dementia, they work well with [name]."

Care staff told us they had completed training to enable them to carry out their roles and this was updated to keep their skills up to date. One staff member told us, "I have completed all my mandatory training; they [directors] are good at making sure this is updated regularly." They went on to explain their training had included moving and handling people, including the use of equipment to move people safely, medication administration, basic first aid and infection control training.

The directors told us there had been no new care staff employed for Entire Care. Staff who worked for Entire Care were experienced care workers who also worked for the directors care recruitment agency. Staff told us they had completed an induction when they first started working for the provider and that this helped them to understand their role and how to support people safely and effectively. The directors said they would be introducing the 'Care Certificate' principles for new staff in their induction programme. The Care Certificate sets the standard for the key skills, knowledge, and behaviours expected from staff within a care environment.

The provider had a system to check staff had received the necessary training for their role, and to regularly refresh staff training to update their knowledge and skills. There was a record of training staff had completed and an individual training record on staff files. Records confirmed staff had completed training to meet people's needs. The provider also supported staff to attain a qualification in social care and staff we spoke with had completed National Vocational Training (NVQ) level 2 and 3.

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. We asked care staff what the MCA meant, they understood the principles of the Act and told us, "It's about consent and people's right to make their own decisions." Another said, "It's about capacity to make decisions, where people do not have capacity decisions have to be made in the person's best interest." Staff we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked the person who received care if staff asked for their consent before they provided care, they told us, "Yes they do". The person receiving personal care had capacity to make all their own decisions.

The directors understood the principles of the Act but had limited knowledge of how to refer people to the

local authority to be assessed if needed. They confirmed they would update their knowledge in this area. The care planning process included a capacity assessment which the directors said would be completed if needed.

No one using the service was dependent on staff to prepare food and drink, however people said if support was requested staff would help them with this.

People using the service managed their own healthcare or had relatives that supported them with this. Care staff said they would phone a GP if the person was unwell but said family would usually do this.

Is the service caring?

Our findings

People were happy with the care staff that visited them and described them as "Very polite and caring" and, "Like friends".

People told us care staff made sure their privacy and dignity was respected. The person who received care said, "They do maintain my privacy and are respectful of the house and of me."

Care staff gave examples of how they maintained privacy and dignity. One staff member said, "I will close the door and I ensure I get people's consent for everything and tell them what I am doing step by step."

People told us they were supported to maintain their independence. Staff said they had enough time during calls to encourage people to do things to for themselves, to maintain their independence. A staff member said, "I will encourage [name] to have a little walk with their frame so they keep mobile."

Staff told us they had enough time allocated to calls so they did not need to rush. One staff member commented, "We have plenty of time to do what we need to and to sit and talk with people."

A relative told us they were "fully involved" in making decisions about the care provided. They went on to say "Nothing is done without our agreement; there is a copy of the support plan in the home, and everything is up to date."

Staff thought the provider was caring and valued staff. A staff member told us, "I think they value me and what I do." The directors told us they valued their care staff and showed this by ensuring staff were satisfied with their rota and by paying them above the minimum wage. They told us they also paid staff for the time it took to travel to people's homes as well as the time taken to complete care calls.

Staff understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. Care records at the office were kept safe and secure.

Is the service responsive?

Our findings

People told us they had an assessment completed and were provided with a care plan when the service started to make sure the service could meet their needs. The person who received care and the relative we spoke with said they had contributed to the assessment and care planning process, and their preferences and choices had been included in the care plan.

A copy of the person's care plan was kept at the office and contained details about the person's care needs and how the person wanted to receive their care. Care staff said there was enough information in care plans to inform them what to do on each call. Staff completed a check list in people's homes to confirm the required care and support had been provided. People we spoke with said care staff completed everything that was recorded in their care plan.

We looked at two people's care records. Care plans provided care staff with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. People told us their plans were reviewed to make sure their needs continued to be met. Records showed that reviews had been carried out monthly to make sure the service continued to meet people's needs.

Care staff we spoke with had a good understanding of people's care and support needs. We were told, "I visit the same people every day so you get to know what they need and how they like this done." Another said, "We have time to read care plans and I visit the same people so you get to know people really well."

People were aware of how to make a complaint but had not needed to. A relative told us, "I have complaints information if I need it but I am happy with everything. The person who received care told us, "I have nothing to complain about."

The service had not received any complaints about the service provided.

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our inspection. The registered manager had left in May 2017 and the provider was recruiting to the manager vacancy. In the interim the two directors were in day to day control of the service. We found the director's knowledge of some care processes, for example referring safeguarding concerns to the local authority, and MCA referrals required improvement. The service was only supporting one person with a regulated service and this had no impact on people's safety. We recommended the director's completed training and familiarised themselves with the referral procedures. The directors had access to policies and procedures for guidance if needed and had identified they needed more training and knowledge in some areas of social care and had started a Health and Social Care level five qualification in 'Leadership and Management'.

Prior to leaving Entire Care the registered manager had completed the Provider Information Return (PIR) which are required by Regulations. We were able to review the information in the PIR during our inspection and found the information reflected how the service operated.

Care staff understood their roles and responsibilities and what was expected of them. Care staff told us they felt well supported by the directors. Care staff said the registered manager had carried out supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff knew who to report concerns to and were aware of the provider's whistle blowing procedure. One care worker told us, "If I had any concerns about anything I would contact the office and let them know." Care staff were confident action would be taken if they reported any concerns or poor practice to the directors.

The provider had an out of hour's on-call system to support staff when the office was closed. One staff member told us, "I have used the on call when I needed help or advice, it works well. If you leave a message they phone you back straight away." This reassured staff there was always someone available if they needed support.

People told us they were able to contact the office "at any time" and that they were asked for their feedback on the service in care reviews. Comments included, "We know how to contact the office if needed," and, "We have the mobile number if I need to contact them [staff in the office] about anything." Staff told us, "You can call into the office anytime. They make you feel welcome and always pass on information about changes to clients call times."

People told us they were happy with the service they received. Comments from people included, "I am pleased with the service, it's been good so far," and a relative told us, "I have no concerns about the service, its working well."

Care staff said they enjoyed working for Entire Care and that it was managed well. None of the care staff we spoke with could think of anything that could be improved. Comments included, "I'm happy with how it works; everything seems to be working well." Another said, "I love my job. I love it because they are very

understanding about people and staff."

The provider had systems to check the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through monthly care plan reviews. Records completed by care staff were returned to the office monthly for checking, to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.