Call4Care Services Limited

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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

This announced inspection took place on 2 and 4 January 2019. Call4Care Services Limited was first registered with the Care Quality Commission (CQC) on 5 January 2018; this was the first comprehensive inspection of the service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of inspection, one person was receiving twenty-four-hour personal care support in their own home.

Not everyone using Call4Care Services may receive regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post, they were also the provider. 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.

People were supported in a safe way. Staff understood the signs of abuse and the procedures they should follow to report abuse. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the registered manager. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required. Staffing levels were planned individually for each person, which ensured continuity of care. Staffing rotas showed that staffing was consistent.

There were safe systems in place for the administration of medicines and people received their medicines as prescribed. Staff supported people in a way which prevented the spread of infection. Staff used the appropriate personal protective equipment to perform their roles safely.

Staff attended induction training where they completed a basic level of mandatory training. We have made a recommendation about training provision.

Staff were well supported by the registered manager, and had regular one to one supervisions.

Where needed staff supported people to have access to suitable food and drink. Staff supported people with health appointments when necessary. Health professionals were involved with people's care as and when required.

People were involved in planning their own care as much as possible, and were able to contribute to the way in which they were supported. Care planning was personalised and considered people's likes and dislikes, so that staff understood their needs fully. People were in control of their care and listened to by staff.

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

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People's care was provided in a respectful and dignified manner.

The service had a complaints procedure in place. This ensured people and their relatives were able to provide feedback about their care to help the service make improvements where required.

Quality monitoring systems and processes were in place and audits were taking place within the service to identify where improvements could be made.

The service worked in partnership with other agencies to ensure people received the care they required. Communication was open and honest, and improvements were highlighted and worked upon as 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 systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

Sufficient numbers of staff were deployed to meet people's needs.

People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Systems were implemented to ensure that people's capacity to consent to their care and support was assessed.

People's needs were assessed before the registered manager agreed to provide their support.

Staff received a basic level of mandatory training that enabled them to provide people's care appropriately.

People were supported to maintain their health and well-being. If people needed assistance with their meals and drinks staff provided this.

Is the service caring?

Good

The service was caring.

The staff were kind and caring and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

Information provided by the service was available to people in accessible formats.

A complaints policy was in place and information available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led

There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service.

Audits were completed regularly at the service to review the quality of care provided.

Call4Care Services Limited

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 2 and 4 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to meet with us. We visited the office location on the 2 January and made telephone calls to a person's relative and staff on the 4 January.

The inspection team consisted of one inspector.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We contacted health and social care commissioners who place and monitor the care of people in receipt of domiciliary support. We also contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

We spoke with the relative of one person using the service. We also spoke with the registered manager and two care staff. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at one person's care records and two staff recruitment records.

Good

Is the service safe?

Our findings

People's relatives said people were cared for safely. They told us that they had confidence in the staff that supported their loved one. One person's relative said, "We're very happy, they're brilliant, yes [family member] is very safe with them."

We talked with the staff about safeguarding people from abuse. Staff understood how to recognise the different signs and symptoms of abuse. They told us they had received training in safeguarding and training records reflected a basic level of training in safeguarding had been provided. One member of staff said, "I would report to the manager and I know they would deal with it." All staff were confident that concerns would be followed up promptly by the registered manager and told us that they would not hesitate to report any concerns.

Safe recruitment procedures were followed. We looked at staff files which showed that all staff employed had a criminal record check, and had provided references and identification documentation before starting work.

Enough staff were deployed to meet people's needs and staff were specifically allocated to people based on the support they required. People's relatives and staff told us that there were enough staff to provide people's care and support. Rotas we looked at showed us that staffing was consistent, and people were given care and support by staff who knew them well.

People had risk assessments in place, so staff knew how to support them safely. Risk assessments were specific to the person's needs and covered areas such as medicines, mobility, falls, skin care and nutrition. Where risks were present, risk management plans had been put in place to reduce and manage the risk; these control measures took account of people's choices and independence. For example, staff were provided with clear guidance on how to support one person whose mobility was fluctuating due to ill health.

People's relatives said they were satisfied with how staff supported people with their medicines, providing the assistance people needed. One person's relative said, "[Family member] gets all their medication and if they don't want to take something the staff report and record it."

Staff had been provided with training on the safe handling, recording and administration of medicines. A member of staff told us, "I had training in medication and the manager watched me doing them as well." Records showed that staff competency to administer medicines was regularly checked by the registered manager and people received their medicines as prescribed.

All staff understood their responsibilities to record any accidents and incidents that may occur. No accidents or incidents had occurred but there were systems in place to ensure that these were recorded and communicated to staff to encourage learning. Through regular meetings and staff supervision, any concerns were shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

People were protected by the prevention and control of infection. Staff told us that they washed their hands and wore disposable gloves and aprons when providing personal care. Staff were trained in infection control and followed the service's infection control policy and procedures.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they received support from the service to help ensure it was suitable for them. One person's relative, told us, "They have been very professional, they came out and spoke to us, gave us the paperwork and explained what they would do." Records showed that peoples' needs were thoroughly assessed, including their cultural and religious requirements and preferences, so staff were aware of these as soon as they began using the service.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person's relative said, "Their [staff] skill and knowledge level is good, we've explained how [family member] wants to be cared for and they've understood it." A member of staff told us, "I've done moving and handling training, medicines, COSHH (Control of Substances Hazardous to Health) and safeguarding, quite a lot of training."

We saw that although a basic level of training had been provided, some key areas such as safeguarding, health and safety, infection control, food hygiene and fire safety had been covered in one day of mandatory training. The registered manager agreed that covering all these subjects in one day limited the depth in which subjects could be covered and the amount of information staff could absorb. We recommend that the provider considers how they can improve their training provision to ensure best practice. Other training, such as manual handling and medicines training was provided separately, and staff competency was tested to ensure they had a suitable level of knowledge and skill.

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they were introduced to the person they would be supporting and worked alongside an experienced staff member until they were confident to work unsupervised. We saw records that demonstrated staff had undertaken the Care Certificate. The Care Certificate, covers the fundamental standards expected of staff working in care settings.

Staff told us they received regular supervision and were happy with the level of support available to them. One staff member said, "I have had supervision with [registered manager], I can talk to her." Records showed staff received regular formal supervision where they had the opportunity to discuss their job role and any support or training needs.

Staff supported people with their meals. People had nutritional care plans in place, which set out their likes and dislikes and any cultural, religious or other dietary factors. For example, one person had a long-term health condition that affected their diet. Staff were aware of the individual's nutritional needs and understood how to support the person appropriately.

The service worked and communicated with other agencies and staff to enable consistent and person-centred care. People had input from other professionals as needed to monitor and contribute to their on-going support. We saw that on person had received support from an occupational therapist. There was detailed written and photographic information in the person's care plan to guide staff in providing their

support.

People had access to the health care support they needed, and staff had a good understanding of people's health needs. One person's relative told us, "Whenever the staff are concerned that [family member] is unwell they let me know that they think they need the doctor." Care plans included detailed information about people's health needs and what staff should do to support them.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had a good understanding of the principles of the MCA and when a community DoLS application was required. People's capacity to consent to their care had been considered, people's relatives told us that staff always sought people's consent before providing any care or support.

Good

Is the service caring?

Our findings

People's relatives told us staff treated them with kindness and compassion. One person's relative said, "They [staff] are caring, this company actually cares about the people and their relatives."

Staff spoke of people they supported in a caring and compassionate way. They were able to demonstrate their knowledge of people and tell us what was important to people, their likes and dislikes and the support they required. Staff told us that they thought about people's social and emotional needs and understood it was important to get to know people well. They told us that they were able to get to people very well, because of the way the rotas were planned and the amount of time they spent with people.

People were involved in all decisions related to their care and were supported to make their own choices. For example, people had total control and choice in relation to their daily routines and activities. One member of staff told us, "[Person's name] can make their own decisions, they choose what they want to do and when they want to do it." We saw that staff were allocated to support people on an individual basis and daily routines were centred around the person's preferences and needs.

Staff understood the need to respect people's cultural needs and support them to follow their beliefs and customs. People were able to choose whether they wanted male or female staff to provide their personal care.

People had access to their care plans and notes. People's relatives said that they and their family member had been encouraged to contribute to planning their care. The registered manager regularly reviewed people's care with them to ensure their needs and choices were met.

The service was able to source information for people should they wish to use an advocate and advocacy information could be made available to people. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to make their needs and choices known.

Staff were sensitive to people's needs and respected and promoted people's privacy and dignity. One member of staff said, "[Person's name] likes to be left alone sometimes to watch TV, they sometimes like to chat but they like their own company." Staff understood the importance of providing people with dignified care and support and respecting their right to confidentiality. One member of staff said, "[Person's name] can be open with me and say what they want. I give them privacy, for example, I would never talk to my friends about them."

Good

Is the service responsive?

Our findings

People and relatives said they were satisfied with the care and support provided, which was personalised and met their needs. One person's relative said, "They've kept up the quality, they do more than they have to do."

Care plans provided guidance for staff when working with people. They were focussed on the individual and contained detailed information about their likes and dislikes and how they communicated with others. The things that affected people's quality of life were clearly identified so staff could support them to make decisions about what they wanted to do. For example, one person's care plan contained detailed information about how their health condition affected their communication and mobility. Care plans also detailed outcomes that people wanted to achieve or skills that they needed support to maintain; for example, maintaining control in managing their daily activities.

Care plans recorded all areas of people's needs such as social and emotional needs, physical health needs and personal care needs. Each section contained guidance for staff on how people liked their care to be given.

Care plans contained the information staff needed to help ensure people's equality, diversity and human rights (EDHR) needs. Staff demonstrated a clear understanding of people's social and cultural diversity. Staff were knowledgeable about people's beliefs, preferences, their use of language and other communication needs.

People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans contained information about their communication needs and the support they required. The registered manager explained they would make information available in a variety of formats should people require this.

People and relatives told us they felt able to make a complaint if necessary and said they would speak to senior staff if they had any concerns. One person's relative told us they had no complaints about the service and said, "When I have said or suggested anything they [staff] have sorted it out straight away." No complaints had been made about the service, however a process was in place to ensure that complaints were logged, investigated and followed up appropriately by the registered manager.

At the time of the inspection, no people using the service were receiving end of life care. The provider had an end of life policy in place and understood the importance of providing good end of life care to people. Staff had received training in death, dying and bereavement and the registered manager confirmed that support would be given to people who wished to make advance decisions about the end of their life.

Good

Is the service well-led?

Our findings

The service had a clear vision and strategy to provide individualised care for people. The registered manager described how the service aimed to work with people, to support them to live life as they wanted to. The registered manager and staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs.

People and relatives were regularly asked for their opinion of the service they received. This was discussed during their care reviews and they were asked to complete surveys. One person's relative said, "The manager is wonderful, she comes out to us all the time. We've had a couple of surveys to fill in. They also talk to us and ask our opinion about any plans for the future, for example they asked us what we thought about staff uniforms." We saw copies of surveys that had been completed by people and they contained positive feedback.

The culture of the service was welcoming, open and positive. This was encouraged and supported by the registered manager. Staff told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "[Registered manager] is always there for me." And "This is a good company, any problems I just call [registered manager] and tell her, she is supportive and visits [person's name] often to check everything is ok."

The ethos of the service was open and inclusive. Staff were fully aware of their roles and responsibilities and the lines of accountability within the service. All staff said they were well supported could contribute and felt listened to. Staff felt communication was good and they were provided with relevant updates and were able to share their views. We saw that regular team meetings were held which covered a range of subjects, including safeguarding, infection control, communication and privacy and dignity.

Quality assurance systems were in place. Audits were carried out by the registered manager across all areas of the service including, client support observations, medicines, infection control and manual handling. Audits were focussed on the experiences of people receiving support from the service. We saw that any areas for improvement were clearly identified and acted upon by the registered manager. For example, it had been identified that medicines management would be improved by using printed medicines administration records (MAR) charts and arrangements had been made for these to be used from 1 February 2019.

The registered manager was working in partnership with other services and professionals for the benefit of the people who used the service. Discussions with staff and review of records showed that representatives from a variety of health and social care professions were actively involved in supporting people. For example, social workers, occupational therapy staff and specialist nurses.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction programme. This meant staff were kept fully up to date with current legislation and guidance.

The registered manager was aware of the requirement to submit notifications to the Care Quality Commission (CQC) of any accidents, serious incidents and safeguarding allegations. A notification is information about important events that the service is required to send us by law. Records showed that the provider had submitted notifications to CQC when required.