

Care XY Limited

Care XY

Inspection report

Grove House, Suite 2
Grove Terrace
Walsall
West Midlands
WS1 2NE

Tel: 01215440175
Website: www.carexy.co.uk

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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

Care XY is a domiciliary care service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting 133 people with personal care.

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

Safeguarding procedures were utilised to minimise people being at risk of abuse. People, relatives and staff confirmed the support provided promoted safety to people. Many people received support from regular staff. However, some people received support from a number of different staff. Staff had received medicine training and their competence was assessed to ensure they were following safe medicine practices. Infection control training had been delivered to staff. Staff confirmed the Personal Protective Equipment [PPE] they wore. Relatives told us that staff wore PPE when entering their family member's home.

Staff were aware of the needs of individuals and were able to support people well. Staff supported some people with their meals and drinks and to access healthcare support where this was needed. People were supported by staff to have maximum choice and control of their lives. Staff knew they must not restrict people. Policies and systems used supported this practice.

Staff had good knowledge about the people they supported. People's independence was promoted, and their dignity was upheld.

A needs assessment was undertaken to understand people's situations, needs and wishes. People and their relatives were encouraged to be involved in the review of their care and support.

Systems were used for people and their relatives to give feedback about the care and support they or their family member received. Feedback methods included, care reviews, the spot checks of staff performance, telephone and video calls. Staff told us they enjoyed working at the service and they were supported and appreciated by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 04/07/2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the safe key question. We look at this in all inspections even if no concerns or risks have been identified.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Care XY

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 December 2021 and ended on 16 December 2021. This involved speaking with people, their relatives and staff. We visited the office location on 13 December 2021.

What we did before inspection

We reviewed information we had received about the service. The provider was 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 also contacted the local authority to get their view of the service provided. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six members of staff including the registered manager, care assessors and co-ordinators and care staff. We spoke with two people who used the service, four relatives about their experience of the care provided and two social care professionals. We also read four recent compliments from named relatives. We reviewed a range of records this included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 we found this key question remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us the signs of abuse they look out for. A staff member said, "If I was concerned about a person, I would report it straight away. In the abuse training we [staff] were told any concerns of abuse we had to report it. Even if it was a friend who was doing the abuse, we [staff], must report it." People and relatives told us they did not have any concerns. Where issues had been identified the provider worked with the local authority safeguarding team to look into and deal with them in a transparent way.

Assessing risk, safety monitoring and management

- Risk assessments were undertaken to determine people's risks. Care plans instructed staff how to keep people safe. A person told us, "The girls [staff] make sure I am safe when I have a shower." Staff told us about people's risks and how they supported them to prevent falls and injuries. A staff member said, "A person had fallen and had been on the floor for three hours. I covered them with a blanket and dialled 999. We [staff] encourage people to have a pendant or other alarm to enable them to summon help to prevent situations like this."
- Staff monitored people to determine at an early stage if their needs had changed. A relative told us, "The staff contact me if they feel [family member] has changed in any way and I ring the doctor." Staff told us and records confirmed they contacted health and/or social care professionals on people's behalf if they were unwell or their needs changed.
- All people received a full assessment of need prior to the support package commencing this included an assessment of their home to identify any hazards and concerns. This promoted safety for the person and the staff.
- Systems were in place for any accidents and incidents to be reviewed by the manager. A staff member told us, "Any accidents or incidents we [staff] have to document and the manager know."

Staffing and recruitment

- Most people and relatives confirmed they had consistent staff and/or staff team to provide their care. However, some people and relatives told us at times they had different staff and they were not happy with this. One relative said, "They [family member] do not like different staff, it unsettles them. It has been sorted now though." The registered manager told us at times there had been staffing issues, mainly due to COVID-19 but things were improving.
- Systems were used to minimise the risk of late or missed calls. These included robust monitoring. People told us staff usually turned up on time and stayed the agreed duration for the care call.
- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included a full Disclosure and Barring Service [DBS] check and obtaining a work history and references.

Using medicines safely

- Staff knew appropriate medicine management was important to keep people safe. Staff confirmed they had received medicines training and their competency was assessed to ensure they followed safe medicine practice.
- A person said, "They [staff] never forget to help me with my tablets." A relative told us, "The correct number of tablets are removed each day from the tablet box so that suggests the staff are giving the tablets correctly."

Preventing and controlling infection

- The provider had an infection and control policy in place and staff followed this
- Staff had received training in infection control and spot checks highlighted they wore the correct Personal Protective Equipment [PPE].
- We saw stocks of PPE were available in the office for staff to collect when needed.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns. They told us the management team would listen to them and felt any concerns would be acted on and dealt with appropriately.

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 we found this key question remained good. 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

- Information about people's needs had been provided by the person themselves and/or their family and/or a social worker. Where possible people and relatives were involved in developing care plans. A person said, "My records are here [in their house] the staff talk to me about them and write in them." A relative informed us, "I am involved in reviews of their care and support and agree with decisions."
- People's preferences, likes, and dislikes, past life histories and background information had been determined and were captured in the care plans for staff to get a good overview of each person.

Staff support: induction, training, skills and experience

- A person told us, "I think the staff seem well trained." A staff member told us, "We [staff] have lots of training. I have just had medication, first aid and hoist training again. We [staff] have refresher training every year. Some training is practical like the hoist training and that is what is needed."
- Induction training was in place to support new staff into their role. This included a mixture of on-line training and some face to face training. Staff also shadowed more experienced staff. One staff member confirmed, "The induction training gave me a knowledge of what I had to do."
- New staff completed the care certificate and documents were available to confirm they had completed or were completing the course. The care certificate comprises of nationally recognised standards that care staff must work with to provide appropriate safe support.
- A staff member told us, "I am confident in doing my work. There is always a senior or manager on call if I do need advice."

Supporting people to eat and drink enough to maintain a balanced diet: staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- A relative told us, "The staff make them [person] their breakfast. They ask what they want to eat." A person said, "The staff always make sure I have a fresh jug of water by me. I am pleased about that." Staff were aware of people's diet and drink needs, likes and dislikes as these were included in care plan.
- A person told us, "If needed the staff will get the doctor for me." People were supported by staff who were aware of their healthcare needs. A relative said, "If the staff are worried about their [family member] they call me." A staff member told us, "A few weeks ago I spent a long time communicating with health and social care colleagues to ensure [person] got the health care input they required."

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

- People's capacity had been assessed and determined. People told us they were encouraged to make decisions about their care and support.
- Some relatives had power of attorney or lasting power of attorney to enable them to make decisions on their family member's behalf.
- People told us staff asked their permission before they did anything. A person said, "Staff say can I help you do this and that."

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 we found this key question remained good. 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 and their relatives told us the staff were kind and helpful. A person told us, "Staff are kind and caring."
- Staff told us they enjoyed their work and had developed a good rapport with the people they supported. A staff member told us, "To me it's not just a job. People can be lonely and isolated. I try my best to make their life better. A chat and holding a hand make's people smile which makes me feel good."
- Staff were aware of people's religious and cultural needs. During assessment of need processes people were asked about their religious and cultural needs and these were documented in their care plans. A staff member told us, "One person like to pray five times a day. They [person] are unable to get down on their prayer mat so I help to support them on the chair to pray."

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

- A person told us, "I am fussy and like to stick to my routines. I tell the girls [staff] and they do things in the way I like."
- People told us, and documents confirmed they [people] had some input into producing their care plans by telling management and staff how they wanted their care provided.
- Staff we spoke with had a good understanding of people's needs and how people were enabled to make choices about their care routines.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "The staff are polite and respectful. They knock my door and say hello before they come in." Another person said, "I like to keep doing what I can for myself and the staff allow this." A staff member confirmed, "Even if people can wash their own face it makes them happy to do this."
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw staff had signed the provider's confidentiality policy to confirm they understood what they should do. Staff confirmed they complied with the provider's confidentiality policies at all times.

Is the service responsive?

Our findings

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

At the last inspection of this key question was rated as good. At this inspection we found this key question remained good. 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's records highlighted their individual preferences and wishes to instruct staff how to look after them.
- A person told us, "The staff know how I like to be looked after." People received care that was person centred. Staff knew people's preferences in terms of their routines. A person said, "I like a cup of tea and my tablets, to get washed and dressed and then have my breakfast in that order. That is what the staff do." A relative confirmed. "Staff provide a nice happy routine in the mornings. Things go smoothly."

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.

- A person told us, "Although the staff are very good they have at times talked to each other in their own language and that I don't understand." This was fed back to the registered manager who told us issues of this nature had never been raised in spot checks and other methods before. The registered manager gave us assurance this would be raised in the next staff meeting and provided us an agenda to confirm this.
- The way in which people communicated was highlighted in their care plans. A staff member told us, "We [staff] face people when we speak with them and speak clearly."
- The registered manager told us information could be provided in different formats such as large print and a number of different languages if required. As an example they showed us a service user guide document that had been produced in pictures and words to aid understanding

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a need to.
- People and relatives told us they felt able to raise any concerns. One relative told us, "I ring the office if I need to confirm something. I have not ever made a complaint."

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

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 good. At this inspection we found this key question remained 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

- Systems were used to monitor the quality of the service provided. These included audits and spot checks to identify shortfalls in service delivery. A person told us, "A manager from the office checks the staff to make sure they do things properly. I think they [staff] look after me properly."
- The registered manager was aware of present risks to the service in relation to COVID-19 issues and staffing, at times staff absence was higher than average. They said, "We are constantly recruiting staff." To minimise risks all office staff had also received mandatory training to enable them to carry out care calls if needed.
- We saw the last inspection rating was on the provider's website and the provider notified us of events concerning for example, safeguarding. This confirmed regulatory requirements had been met.

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

- A relative told us, "I filled in a form to say I am happy with the service provided." Systems were used for people, their relatives and staff to give their views on the service provided. A person told us they contacted the office at any time if they needed to raise an issue.
- Recent completed survey forms were being analysed. It was noted that satisfaction rates were good.
- Staff were encouraged to raise any concerns or worries they may have about the care provided, including whistleblowing. Staff confirmed they would use this process if they needed to and were confident any issues would be investigated.

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

- People and staff were positive about the registered manager. A person said, "The manager is lovely and helpful." A staff member told us, "The manager is very approachable, supportive and helpful."
- The registered manager and staff were dedicated to providing a good, personalised service to people. The registered manager said, "We have worked hard, we have a good reputation and provide a good service."
- People and relatives told us the service provided met their needs and wishes. A staff member told us, "People are all different. They have different needs and wishes. We [staff] remember that at all times."
- Staff told us the registered manager took action to promote the well-being of staff. One staff member told us, "I stay here because the registered manager is good. Other companies I have worked for don't really care

about the staff. It is different here. Staff meetings are regular. At times meetings have been held in the car park to ensuring social distancing. Nothing can beat face to face meetings."

- Staff had access to a senior member of staff via office opening hours and the on-call out of office telephone system.
- The registered manager was aware of and acted in line with the duty of candour requirements. They said, "The company is open and transparent. If there is a need to say sorry, we do."

Working in partnership with others; continuous learning and improving care

- A social care professional told us the provider worked in partnership with them. They told us they undertook joint reviews of people's support packages and always contacted them [the social care professional] if there was a concern or people's needs changed.
- Staff confirmed they had acted quickly when there was a concern for people's health or well-being. For example, getting in contact with health and/or social care professionals for additional equipment to enhance a person's life.
- The registered manager listened to our inspection feedback and organised a staff meeting to discuss everything that had been raised.