

Caring Crew Limited

Caring Crew - Peterborough Office

Inspection report

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05 December 2019

09 December 2019

11 December 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caring Crew - Peterborough Office is a domiciliary care agency providing personal care to 49 people. This service is provided to a range of age groups and disabilities including people with mental health needs and people living with dementia.

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.

Sufficient staff with the right skills, supported people to be safe. Staff implemented their knowledge of safeguarding systems well. Staff were recruited safely. Risks were identified and managed well. One person told us, "[Staff] lift me in the hoist and sling. They always do it safely and there are always two staff." Medicines were administered and managed safely. Lessons' learned were shared across the staff team to improve care practise.

People's assessed needs were met by staff whose training and support had given them the required skills. The provider worked well with others involved in people's care. People ate and drank enough. Staff enabled people to access health care and support services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

Staff provided people with kind, compassionate and thoughtful care. People's privacy and dignity was upheld. People who needed support from an advocate were given this. People had a say in developing their care and how it was provided.

People's care was person-centred and staff enabled people to take part in pastimes, hobbies and activities people were interested in. People's complaints were responded to in line with the provider's policies and to the person's satisfaction. Systems and procedures were in place to support people with end of life care and in a dignified way.

The registered manager was aware of their responsibilities and provided stable and consistent leadership to staff. Staff were supported in their role. People, their relatives and staff had a say in how the service was run. Quality assurance, audits were effective in identifying and driving improvements. The provider worked well with others to provide people with joined up care.

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

This is the first inspection of the service under its current registration.

Why we inspected

This was a planned inspection based on when this provider was first registered with us in December 2018.

You can read the report from our latest comprehensive inspection, by selecting the 'all reports' link for Caring Crew - Peterborough Office on our website at www.cqc.org.uk

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.

Caring Crew - Peterborough Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was undertaken 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. 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

This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to a home visit or telephone call from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 4 December 2019 and ended on 11 December 2019. We visited the office location on 9 December 2019.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people and six relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with six staff including care coordinators, senior care workers and care staff.

We reviewed a range of records. This included three people's care records and multiple medication 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff undertook regular training on safeguarding procedures. They implemented their knowledge around safeguarding people. This was for identifying and reporting allegations of abuse and to whom. One staff told us, "I would not hesitate to report other staff or any concerns including unexplained bruising, or a person being upset or withdrawn."
- People were made aware of what harm to report and when, such as scams or bogus tradespeople. One relative said, "If I was ever worried about my [family member's] safety I would ring the office. I have never had any concerns, ever."
- Systems were in place to support people in a way which prevented discrimination such as for visual impairments or physical disability. One relative had praised staff for their vigilance in following the correct procedure involving the local safeguarding authority.

Assessing risk, safety monitoring and management

- Risks were identified and managed well. For example, supporting people to move, people's home environment and skin integrity.
- Risks assessments provided detail in most care records. However, in some of these it was not clear how to safely support people being moved in a hoist. Staff knew in detail how to do this. The registered manager told us they would update these records straight away. One person who needed support with being hoisted said, "I feel safe with both care staff. They are ever so gentle."
- Staff understood people's behaviours and used appropriate techniques to promote safe and dignified care. For example, by using familiar family names and providing distraction techniques.

Staffing and recruitment

- The provider's recruitment process helped ensure that only suitable staff were employed. Robust checks including for previous employment references were in place. One staff member said, "I had to have a DBS (Disclosure and Barring Service) check for any criminal records. It came back clear before I started work."
- There were enough staff with the right skills and they were deployed to keep people safe. One person said, "Most of the time [staff] are on time. Any delays are due to traffic or an emergency at the previous care visit." Several people and relatives commented that there had been variations in the timing of their care visits. To address this the provider was introducing a better care visit monitoring system to provide real time data.
- Records showed that for the last 30 days, there were explanations for any care visit which was more, or less, than 30 minutes later than planned. One relative told us, "The [care visit] timing has been better lately." Another said, "We used to get many different staff, but in that last two weeks it has improved. Staff now stay for the full [care visit] duration." This was a sentiment shared by most relatives we spoke with. The registered

manager told us that there was room for improvement and that the new call monitoring system would enable them to be proactive to any potential care visit timings.

Using medicines safely

- Medicines' administration records (MAR) were not always completed by staff. The registered manager's audits had identified this and actions including reminding and retraining staff to follow the provider's policies.
- People were administered their medicines as prescribed. This was from trained and competent staff.
- Medicines were managed safely. One staff member told us, "I was observed how I gave people their medicines by the [registered] manager a few times and then I had to do a test. I have to regularly update my training."
- Regular reviews of people's prescribed medicines were completed. One relative told us, "[Staff] tell me when they have given medicines. They always record this and wash their hands before and afterwards."

Preventing and controlling infection

- Staff received training and information about infection prevention and control processes. This included specialist guidance for certain types of infections.
- Staff upheld good standards of hygiene such as, for food and hand washing techniques and wearing a mask when needed. One person said, "[staff] always wash their hands and wear protective gloves and aprons. They put them in the bin before leaving." A relative had complimented staff for improving the family member's personal hygiene due to staff's help.

Learning lessons when things go wrong

- Where accidents and incidents had occurred such as staff administering the wrong dose of medicine, actions taken were effective. Additional monitoring and retraining of staff helped ensure people's safety.
- The registered manager explained how some staff were no longer allowed to administer medicines or they had had to re-do their medicines competency training and be observed when they administered medicines.
- One person had reported concerns about how staff supported them to move with equipment. Staff had been retrained, care plans and risk assessments were updated. Learning was shared across the staff team including at staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed; staff received appropriate training. The provider used guidance from relevant organisations including those associated with health conditions. One relative told us, "The difference the staff have made is amazing. [Family member] came home from hospital [not very well] but they seem to be thriving."
- The registered manager matched staff to the people they cared for and supported. People's outcomes showed us staff met their needs well. One person said, "I sometimes had to tell new staff what to do in the early days, but in the past few weeks new staff have learned, it has been fine since."
- Staff knew people's needs well and were able to describe accurately how to meet these. One staff member told us how they helped a person to be moved safely. Another told us how they supported people to use equipment which had been provided, such as a hospital bed.

Staff support: induction, training, skills and experience

- A planned programme for staff training was in place and staff kept up to date with refresher training. People and relatives told us that staff understood their training and implemented this well.
- Staff received appropriate support according to their role including regular supervision and e-learning. This also included completing the Care Certificate, a nationally recognised qualification in care standards. One staff member said, "The training at Caring Crew is very thorough. You get face to face learning in the office and shadowing experienced staff until you are confident."
- Additionally, staff's care practise was observed to make sure they provided care to the standard expected by the provider.

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

- Staff knew people's favourite foods and drinks and supported them to eat and drink enough. One person told us how staff made them a cup of coffee in the morning but a soft drink to have later in the day.
- Staff knew what people's likes and dislikes were including low sugar diets and soft or mashed food. A relative said, "Staff make meals if I am out. They know how to get my [family member] to eat. They make it easier to choose by saying things like, how about a nice shepherd's pie for tea?"

Staff working with other agencies to provide consistent, effective, timely care

- The provider and its staff team worked well with others involved in people's care including health professionals and social workers. One relative said how there had been good joined up working in securing the care and support from the service.
- The registered manager was aware of the various avenues open to them if they ever needed outside

support including the safeguarding authority.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's health conditions and enabled them to access healthcare support. This included emergency situations such as if staff arrived to find a person had collapsed. A relative said, "[Staff] are doing something right as they are keeping my [family member] out of hospital."
- Staff were provided with information about how to support people with health conditions including a stroke or physical impairment. One person said, "[Staff] told me there was a problem with my equipment which was causing me discomfort." Staff had reported this and a referral had been made for a replacement. The registered manager ensured that referrals were made for people who needed additional support including occupational therapy if people needed any new equipment.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Under authorisation from the Court of Protection including power of attorney, these were being lawfully implemented.

- Staff had a good understanding of the principles of the MCA and how to promote choice and decision making such as for clothing, food and buying groceries. A relative said, "[Staff] are all quite good but one in particular is very skilled at encouraging choices." A staff member told us, "If the person can't make a decision I would offer a few choices such as showing some bread or packet of cereal, hold up a few of their favourite clothes or suggest, let's go and see what is in the fridge."
- Some people needed to have decisions made that were in their best interest. For example, with relatives having a lawful power of attorney to make decisions around a person's health or finances. Input to decisions was also taken into account from health professionals, social workers, family members, staff and the person as far as they were able.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 received care that was compassionate, kind and thoughtful. One person told us, "[Staff] make sure I have my arms tucked in when hoisting me. They are gentle and give me reassurance whilst not rushing."
- People received care that took account of any adjustments including for visual impairment, physical disability or religion. Of the many recent compliments sent to the provider a sample of these included how staff had helped a person to, "eat better and get back on their feet." Staff were described as "going above and beyond" as they "had developed a special bond". And, "Every [staff] we have had has always looked after our [family member] equally well." Staff were very professional and one relative, due to staff's diligence, had seen how much more positive their family member's outlook was after a difficult time in their life.

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

- People and relatives told us that they were involved in deciding how their care was provided. This included having a choice about the gender of care staff and the time people wanted to have care and support. One relative told us, "It was really nice of [the provider] to help us as both [family members] need more help now."
- The registered manager spoke with people and their relatives to find the best care solutions for their needs. For instance, staff who shared the person's interests and any reasonable adjustments such as, larger print.
- Information was provided to people and relatives about advocacy. The advocacy process supported and enabled people to express their views and concerns, access information and services as well as promoting their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's dignity, privacy and respect. A consistent and positive theme was how complimentary people were about how well staff did this. One person said, "[Staff] knock, introduce themselves, check if it's okay to come in to my house. They always keep me covered. It is easier for me if they chat and take my mind off what they have to do."
- One relative had complimented staff for, "Being so polite" and "Making a huge difference". The relative had often heard laughter and singing and seen how respectful staff had been of their relative. Staff had ensured the person's independence such as, putting things away and helping them to get dressed.
- Staff paid attention to the finer points of people's lives such as recording their favourite sport on TV to watch later or fastening their top coat button. One relative had complimented staff for their diligence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 had a say in how their needs were met. The provider helped ensure people's care was delivered according to people's circumstances. One relative told us, "Staff had turned up quite late once due to traffic. Alternative staff were deployed where they could more reliably attend to [family member's] needs."
- Staff supported one person to go to their home country to attend a special event. This had been successfully achieved with 24-hour support and determination. The relative told the registered manager, "There were times I thought this would not happen. You have made our wish come true." We found that staff with special skills and who had a bond with the person had enabled the person to travel safely and with dignity. The person was for a few days back in their element speaking fluently in their country's language. Pictures of the event helped the person bring back treasured memories.
- Staff had encouraged another person to get out of bed for the first time in four months. Staff made the person's day getting them up safely and carefully to be able to see the view. The person told staff, "You made my day". A relative praised staff by saying, "[Family member] was over the moon and couldn't be happier with their favourite lunch of eggs, chips and mushrooms and having a beautifully made and laundered bed."

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.

- People's communications skills were identified. Staff were adept at understanding each person's needs. For instance, using face to face conversations, putting items in an easily found position and speaking slowly and clearly. One relative praised staff for, "Being like a ray of sunshine" and giving their family member the time they needed to speak.
- Staff knew the people they cared for and supported well. One relative described how good staff were at helping their family member understand when to have a shower, how to clean their teeth and when to eat. We found staff used various strategies including careful choice of words and body language, particularly for people who lived with dementia.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and cared for and this reduced the risk of social isolation. One relative told us, "[Staff] don't just provide personal; care, they have as many laughs as they have given my [family member]"

washes. It means a lot to have such good company."

- Staff enabled people to enjoy their favourite pastimes, hobbies and interests. One person said, "I like to chat and have a laugh. I like the [staff] who share the news and we talk about my children and their children." One relative had complimented staff for the way they had engaged with their family member's culture.
- People and their relatives influenced the staff who shared common interests such as sport, gardening and shopping. One relative described staff as having developed a very good relationship and common interest as they had given the person a new lease of life, something they had not thought possible.

Improving care quality in response to complaints or concerns

- People's, relatives' and advocates' complaints were responded to. This was to the complainant's satisfaction. The registered manager met with people in person to help understand exactly what the concerns might be. This helped prevent a recurrence.
- Concerns were acted on before they became a complaint and compliments were used to help identify what worked well. For instance, helping improve people's fluid intake, personal hygiene, demeanour and wellbeing. One compliment praised the staff team for, "Making a difference, being flexible with changes to care, giving reassurance, and understanding when people needed a different approach to their care."
- Many compliments praised staff for doing little things which meant a lot to people, such as tidying up, singing a favourite song, and always being cheerful.

End of life care and support

- Although at the time of our inspection no person was in receipt of end of life care, there were trained staff, robust policies and procedures in place.
- One staff member was a champion for this subject and they shared their skills with the staff team. The staff member told us they had undertaken an advanced level of end of life care training and knew when to alert palliative care teams, how to deal with bereavement, medicines for anxiety and pain relief. This was as well as each person's end of life care wishes including religious traditions. For example, spending their final days at home with family or to not be resuscitated.
- The provider had been complimented for the way they had supported people at an important time of their lives. One stated, "[Staff] have shown such empathy and understanding. We couldn't have managed without them. They enabled our family member to be at home for their final days."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager was aware of their responsibilities in reporting most incidents to us. However, we found there had been two occasions where we had not been told about incidents regarding people's safety. The registered manager had however, taken the necessary actions to keep people safe, including reporting incidents to the local safeguarding authority, amending procedures and making staff aware of their responsibilities. The registered manager immediately sent this information to us and said this was a genuine oversight and they would change their procedures, so in future we would always be notified.
- Good practice was identified and embedded to improve the quality of service such as, dementia care. One staff member had identified a specific approach to people's care and this had been rolled out across the person's care team. This had led to a significant reduction in unacceptable behaviours but given the person a new lease of life. A relative praised the provider's teamwork in achieving what was thought impossible.
- The provider was introducing a new electronic care visit monitoring system. This would provide real time information for monitoring staff's performance and care provision. This would also improve responses to incidents being much quicker.
- Most people and relatives knew the registered manager by name and told us they had never needed to contact them. One relative said, "I met with the [registered] manager and they were receptive and showed genuine interest in my concern. Things have improved a lot in the past few weeks."

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

- Staff received the support they needed to promote good quality care and to be open and honest. This helped ensure the staff team provided consistently good care across the service. For example, by having unannounced spot checks and receiving feedback on what they did well and if improvement was needed.
- Staff were happy and committed to providing high quality care and support. Staff told us they were able to provide good quality care and support to people based on their individual needs. This was due to the registered manager's approachable nature and being very supportive by listening, as well as taking effective actions. One staff said the registered manager was, "The best they had ever worked for."
- The registered manager was supported by office-based care coordinators, senior care workers and care staff. Staff were supported in their role to ensure they upheld the provider's values in delivering good quality care. This was achieved using various means such as, shadowing experienced staff, management and staff team meetings, regular supervisions and observations of staff's care practises.

Continuous learning and improving care

- There was an effective programme of quality assurance, audits and oversight in place including governance support from the nominated individual and senior management team.
- People and staff had a say in how the service was run including during spot checks of staff's performance, at care reviews and with a planned quality assurance survey questionnaire. This helped promote individuality and engagement with people whilst increasing the opportunities to identify improvements.
- Other audits included those for medicines administration including 'as and when' protocols. The registered manager had identified issues and had acted swiftly. This was in relation to care approaches and medicines' administration records. One relative told us, "The [registered] manager visited and explained what staff should do. Since these spot checks there had been no further recurrences."

Working in partnership with others

- The registered manager and staff team had a good relationship with others involved in people's care such as social workers, care commissioners and health professionals. The registered manager told us, "We work together in ensuring people have the right equipment, adjustments to their homes such as hand rails or shower chairs, physiotherapy, access to a GP or community nurses."
- One social worker in their feedback had stated how joined up working had helped a person to maintain good nutrition. The social worker told the provider, "The skills and expertise of the staff and management support ensured that [person] has remained in their family home with good quality care."