

Care XY Limited

Care XY

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

About the service

Care XY is a domiciliary care agency that provides personal care within people's own homes for younger and older adults with a variety of needs, including people living with dementia, learning disabilities or autistic spectrum disorder, mental health conditions or a physical disability. At the time of our inspection the agency was supporting 90 people.

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

People and relatives told us they felt safe with care staff and staff were able to demonstrate a good awareness of each person's safety and how to minimise identified risks. People and care staff told us they were able to attend people's care calls within a timely way and stop for the duration of their planned care call.

People were supported by care staff that were caring. People received care and support based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences and used this to develop a good relationship with the people they visited.

People were supported by care staff who had the skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health/social care providers when needed to support people's needs.

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

People's care plans reflected people's needs and preferences and the staff were able to explain recent changes to people's care. People told us they were involved in assessments of their care needs and care plans were reviewed by management as and when needed.

People knew how to complain and that any concerns would be listened and responded to by the provider. The manager saw complaints as useful feedback from which to develop and improve the service.

People, relatives, staff and professionals gave us an overall positive picture about the quality of care people received, and said they were able to share their views comfortably with staff or the office.

People and relatives told us the manager and staff were approachable, organised, listened and responded

to them and acted on feedback when they shared this with them.

Quality monitoring systems included audits, spot checks on staff practice and regular checks on people's satisfaction with the service they received, by surveys, phone calls or visits from the service's management. Whilst the service was meeting people's expectations the registered manager was keen to consider and was actively looking for ways to improve the service.

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 30 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care XY on our website at www.cqc.org.uk.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our responsive findings below

Good ●

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 team consisted of one inspector and an Expert by Experience who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to people to ask about their experience with the service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission during the time of our inspection. Registered persons 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 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 and we also needed to be sure people consented to us contacting them for their views.

Inspection activity started on 5 June 2019 and ended on 10 June 2019. We visited the office location on 6 June 2019.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with six people and seven relatives of people who used the service. We spoke with one care professional. We spoke with, five support workers, the deputy manager, registered manager and an administrator. We used this information to form part of our judgment. We looked at five people's care records to see how their care was planned and delivered, this including their medication records. Other records looked at included recruitment files to check suitable staff members were recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

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 this key question has remained as Good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "I do feel safe, yes". A relative told us their loved one, "Does feel safe. It's the same girls and they have two at a time in the morning and evening; they use equipment to transfer from bed to chair and chair to bed. They use it properly, I know how it works".
- The staff we spoke with were able to describe the risks present to people they visited and were knowledgeable about how to minimise these risks, these as detailed in people's risk assessments.
- Risk assessments were well documented and covered any risks identified within people's assessments. A relative described their loved one's risk assessment as, "Dynamic" with this said by them to mean they were reviewed and changed in response to the needs of the person.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm as staff understood what different types of abuse could be and steps they should take to safeguard people.
- The provider had safeguarding systems in place These were understood by staff and followed when potential abuse had been identified.

Staffing and recruitment

- People received care calls at the times expected with few exceptions and they were never rushed by staff who stayed for the agreed length of the call or on occasion longer if needed.
- People's comments included, "They [staff] are on time and they're lovely", "The times are fine, yes, mornings before eight are brilliant, sometimes held up. I ask them to let me know if they're late, they're only a quarter hour late", and "They [staff] are on time, although sometimes if there's traffic or another person has had a problem they're a bit late - but it's not too bad. I've had no missed calls."
- Staff had been recruited safely. All pre-employment checks had been carried out including checks on right to work and Disclosure and Barring Service (DBS) checks. The DBS provides information on any criminal convictions or a staff members inclusion in barring list for working with vulnerable groups.

Using medicines safely

- Where people had assistance from staff with their medicines these were managed safely.
- One person told us, "The medication they [staff] do give it quite admirably". A relative of a person who had covert medicines said there were, "Protocols for all medicines which are covert but this has all been through Doctors (specialist) so I know it's ok and no issues with how it's given".
- Staff involved in handling medicines had received training and competency checks around medicines. Staff were knowledgeable about people's requirements and preferences in respect of how they should take their medicines.

- The provider ensured there was auditing of systems for the management of people's medicines.

Preventing and controlling infection

- People told us they received care in a way that protected them from infection. A relative told us, "They [staff] wear gloves and aprons when they wash them and transfer them onto the commode".
- Where there was a risk of infection we saw this was explored in individual risk assessments, for example in respect of the person's home environment.
- Staff were knowledgeable about how to promote good infection control and told us there was easy access to protective gloves and overalls.

Learning lessons when things go wrong

- The registered manager told us of a safeguarding alert that had been delayed on one occasion, this raised as a concern with them by the local authority. They told us they had learnt from the advice given and now ensured systems were in place to ensure safeguarding alerts were reported without delay.
- The registered manager completed audits on any incidents to check if there were any trends and what could be learnt from these.

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 this key question has remained as 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

- An initial assessment was completed with people to ensure their care was planned and reflected individual needs, preferences and protected characteristics protected by law, for example disability, gender or race.
- People where possible were offered preferred call times within any service constraints, although where they offered re-enablement (at short notice on occasions) commissioners did not always request specific visit times. One relative said, "Assessments and funding have interfaced with health and social workers, it's the right support".
- Staff had enough information to provide care which reflected people's choices and needs. Staff were knowledgeable about people's needs. Staff comments included, "Managers go in to do assessments and make regular visits to people, especially if they have been in hospital" and, "When we first visit people we have a care plan and assessment".

Staff support: induction, training, skills and experience

- People told us staff were skilled at their jobs which evidenced they were well trained. One person said, "They tell me they have training, apparently, and it looks as if they do. At first, they're very timid, but they make sure they do everything on the ball". Relatives also said the staff seemed well trained based on how they cared for their loved ones.
- Staff told us they received training to ensure they had the knowledge and skills to care for those people they supported. This included training in understanding specific health care needs such as catheter and re-enablement care. Staff comments included, "I have had plenty of training" and, "There are no gaps with training. In the training I can ask questions and get answers".
- Staff told us they were well supported. One member of staff told us, "I can ring [the office] any time and have supervision every three months, its ok for me and helpful".
- Staff were supported through their induction period by management and other staff and completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- Some people told us they were supported by staff with food and drink and this support was sufficient to ensure they received their preferred diet and drinks. One person told us, "They put a drink next to me, make a cup of tea and leave a glass of water, to save me getting up. Another person told us not all staff were as good at cooking as other staff, although recognised in the time available (as allocated by commissioners) did not allow much time for cooking.
- Staff were aware of people who may be at risk of poor nutrition and knew how to monitor these risks to

ensure people had enough nourishment. When there were concerns as to a person's food or drink intake the staff recorded this, so it could be monitored.

- Staff knew which people needed support with a regular diet, for example people living with diabetes. They knew what signs to look out for that would indicate the person's blood sugars were too high or low, and what action to take as a result.

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

- The provider worked with other healthcare professionals to ensure positive outcomes for people.
- A relative told us, as their loved one was transition to another service, that the registered manager, "Has helped me find and introduced me to [other services name]. They had co- worked with the other service over three to four months. They co- worked and shared information, sat down with family staff brought in new carers slowly and some staff followed to other companies to maintain consistency".

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

- People told us they had access to healthcare services and professionals according to their needs and staff would support them with access where this was their wish.
- Staff were aware of the steps to take if people needed immediate assistance from healthcare professionals, or how to escalate matters if they felt a person was not well. A relative told us, "Doctors I ring, but [staff] they do advise me, and there was a problem with a skin erosion that they told me about, and I contacted the doctor - so they are very good that way".

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.

- The provider was working within the principles of the MCA. A relative told us, "Consent they always do ask for - they're polite".
- One person had a lack of capacity to make some decisions and the registered manager told us they had contacted the social worker to review best interest decisions within a multidisciplinary meeting. The relative, who had the legal authority to make decisions on behalf of the person told us staff intervention was proportionate and, "Restrictions have been pulled back to a minimum. Carers are always on the ball".

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 this key question has remained as 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 relatives were positive about how staff provided personal care. People's comments included, "I get on with the carers - I like to be interested in their religion and we show an interest in each other" and, "They [staff] are kind". A relative said staff, "They're kind. They chat to them. Staff have got used to them, so I don't have to explain everything".
- The registered manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.
- The registered manager told us senior staff carried out spot checks to ensure people were treated well. A relative told us, "They (office staff) seem fine - they've been round a couple of times to visit".

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

- People and relatives told us there was good communication with staff and they were able to make decisions about how their support was provided.
- The manager or senior staff met with people on a regular basis to review their needs. Staff told us managers responded quickly when they fed back a person's needs had changed, and they may need more support. The registered manager told us if people needed support to express their views they would look at sourcing an advocate. An advocate is an independent professional who promotes a person's views and best interests.
- People's comments included, "[Staff] always still ask what I want" and, "They do as I ask - they ask as soon as they get in, what I want".

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them with respect whilst promoting their dignity, privacy and independence. One person said, "Dignity and respect is good – they [staff] have got respect for me". A relative told us "They [staff] are alright and they treat them with dignity and respect".
- Staff were knowledgeable as to how to promote people's independence. They told us several people who used the service received short term re- enablement care, and they had received appropriate training, so they knew how to promote people's independence. For example, one member of staff told us, "I try and encourage independence not take it away. I will prompt them to help themselves and give them the choice and control".
- Staff were able to tell us how they ensured people were respected and ways in which they should promote

a person's privacy, dignity and independence. All staff were aware of the need to keep information about people confidential and their responsibilities under the General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'good'. At this inspection the rating for this key question has 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 told us the care they received reflected their personal care needs and we saw support plans demonstrated a person-centred approach. Relatives told us, "There is a care plan and I can see that they [staff] do follow it "and, "The care plan's fine, and it's here all the time for any of us to check".
- People received care which was personal to them, giving them choice and control. A relative who was able to make decisions on their loved one's behalf told us they were involved in care planning. Whilst the person was not always able to clearly communicate their needs the staff were said to respond to how the person responded in given situations, and the person's care plan and assessments changed accordingly. They told us, "The service is very person centred".

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.

- The provider was using different methods to ensure they were able to communicate with people with communication difficulties, for example, a relative told us they received training for use of a specialist communication method with their loved one. They said, "[The registered manager] noticed and asked if staff could do training, and staff did train and were very good at encouraging [the person]".

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

- The service catered for some people where provision of support to follow their interests and have social and community interaction was planned.
- Relatives of people who received social support told us the staff helped the person have time doing things they enjoyed, whether at home or in the wider community.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. The provider had a complaints policy and procedure and people were aware of how to make a complaint. Relatives comments included, "The office is always very helpful, and I have a good relationship as they've attended to very few difficulties that we've had" and "Complaints so far I can't recall, but one thing was a reminder, it hasn't happened again".
- People told us they knew how to make a complaint and had received information on how to do this and stated they would feel comfortable in making a formal complaint should they need to.

End of life care and support

- The service did not support people with end of life care and many people received a short-term enablement service to support people back to independence.
- Should people be nearing the end of life care and needing palliative care the registered manager told us they would ensure the relevant supports were in place by working in partnership with other organisations. Staff told us they had received training in end of life care recently as the registered manager had told them they needed this knowledge in the event they needed to support a person with palliative care.

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 this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager (also a director of the company) understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. A relative told us in respect of a complex care package that the registered manager was always willing to listen and discuss what the service could do better. They said staff were "Very flexible and committed and leadership comes from the top".
- The management worked unsocial hours to monitor and completed spot checks on staff, with one relative telling us a spot check had been completed at 10pm (at the time the person received their care call).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager/provider had developed robust systems for monitoring the quality of the service to help them main a good quality, person centred service. They told us of plans to improve this where possible, for example with the introduction of electronic call monitoring.
- The provider had ensured we were notified of events as required by the law. They were also ensured the previous CQC inspection rating was displayed at the office location and on the provider's website.

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

- People were asked to complete regular surveys, and when practicable calls and visits were made to people to ensure they were satisfied with the service. Most people we spoke with recalled filling out a survey form and others said seniors visited to check on staff or ask about their satisfaction with the service.
- Staff told us they felt well supported by the registered manager, and they or other office staff were approachable. Staff views were sought through supervision, meetings or where able, visits to the service location. Staff and some relatives told us when needed the registered manager would visit to support staff.

Continuous learning and improving care

- The registered manager was auditing any safeguarding alerts, complaints, concerns or incidents and carried out an analysis which identified any subsequent learning.

Working in partnership with others

- The registered manager told us how they worked closely with commissioners and other health care

professionals to promote joined up care between themselves and other services. We heard from a relative how they worked with education service to support a young person's educational needs.

- The registered manager and staff told us how they worked with the local hospitals to provide support for people when discharged from hospital and felt they had good links with professionals from these organisations.