

Calvic Enterprises Limited

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Inspection report

Fairgate House
205 Kings Road, Tyseley
Birmingham
West Midlands
B11 2AA

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12 February 2020

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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

Calvic Enterprises Ltd is a domiciliary care agency providing personal to three people. They can support people with a range of needs including older people, people with dementia, people with learning disabilities and people with physical disabilities.

Not everyone who used the service would receive 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 felt safe. Staff had been recruited safely. Care plan and risk assessments contained enough detail about people's support needs.

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 this practice.

People were treated with kindness and compassion. People felt well supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People's personal preferences were identified in their care plans. People's communication needs were met. People knew how to complain.

People received person centred care. People and relatives expressed confidence in the registered manager. The registered manager had a good understanding of what work needed to be done as the service expanded.

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

Rating at last inspection

This service was registered with us on 20 March 2019 and this is their first inspection. The service had started to provide care and support to people from January 2020.

Why we inspected

This was a planned inspection.

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.

Calvic Enterprises Ltd

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.

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. The register manager was also the provider, for the purpose of this report, they will be referred to as 'the registered manager'.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 February 2020 and ended on the same day. We visited the office location on 20 February 2020.

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. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were 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

- People told us they felt safe. One person said, "I feel quite safe with [registered manager] there is no doubt about that."
- The registered manager knew what signs of abuse to look out for. They could tell us their responsibilities to keep people safe and the correct procedure to report concerns.
- There were safeguarding and whistleblowing policies in place. In addition, the registered manager told us they had a 'board of people' who were involved in the business. This meant people using the service and staff had the option to report concerns internally or externally, if they needed to.

Assessing risk, safety monitoring and management

- People's needs, and areas of risk were assessed prior to them being offered a service. The needs assessment covered areas such as environmental risks and mobility.
- Care plans and risk assessments were up to date and contained information about people's current support needs and what was in place to keep them safe. For example, how to support people to move around their homes safely.

Staffing and recruitment

- The registered manager had been the only member of staff up to the week before the inspection, at which point they had recruited an additional person. Pre-employment checks had been carried out to ensure the staff member was suitable for the role.
- We asked people if their calls were ever late or missed and they said, "No, good grief no" and, "No never." There had been one occasion, where a call was cancelled but the person told us they had received advanced notice.
- The registered manager told us they were implementing a new electronic system that would be able to monitor missed and late calls, as the business grew, and they employed more staff.

Using medicines safely

- A person told us, "I can manage quite well with my medication. But [registered manager] makes sure I have taken it in the morning and evening. [Registered manager] will remind us, she is on the ball there."
- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. The registered manager was only administering prescribed creams, anyone who required any other types of medicines had chosen to self-administer them.

Preventing and controlling infection

- Infection control training was part of the staff induction. Personal protective equipment, such as gloves

and aprons, were available for use.

Learning lessons when things go wrong

- The registered manager told us there had been no incidents since the service began, that involved learning lessons. The registered manager understood their responsibilities to raise concerns and learn from them.

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.

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.

- The registered manager told us no one was being deprived of their liberty so did not require an application to be made to the Court of Protection.
- People's decision-making ability was clearly recorded in their care plan. Everyone receiving support had capacity to make their own decisions. The registered manager had a mental capacity decision form available if needed. There was no best interest form available, the registered manager said they would ensure they had a version available.
- Mental capacity and DoLS training was part of the staff induction. This would give staff a knowledge and understanding on of the MCA in order to support people to have maximum choice and control of their lives.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their care planning. This included people's needs in relation to their culture, religion, ethnicity and disability. These needs were not highlighted in the assessment document, we discussed this with the registered manager, who told us it was discussed but not documented, they told us they would add it to the assessment form.

Staff support: induction, training, skills and experience

- We asked people and their relatives if they felt the registered manager knew them well and met their need. One person told us, "The person that comes in now I think she is absolutely great ... They are very nice people and they are very helpful."
- Staff received the training they needed to fulfil their roles. The registered manager told us they would implement any additional training staff needed in order to meet people's specific needs, for example Autism

training.

- The care certificate was available for staff to complete where needed. 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

- No one needed support with eating, drinking, cooking or meal preparation. However, people told us if they did, the registered manager would help them. One person said, "If you wanted anything [to eat or drink] you could ask [registered manager], and you know she would help you if she could."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where needed, the registered manager would support people to access community healthcare professionals such as the GP and district nurses. This enabled people to have their health needs met by external professionals.
- The registered manager had been proactive when a person's health needs had deteriorated. They had contacted relevant health care professionals and followed this up until the person had received the necessary health care input they needed.

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 and their relatives spoke highly of the registered manager. People were treated with kindness and compassion. Comments included, "She is good and very nice, a nice person" and, "[Registered manager] is always happy, and [person] gets on well with her" and, "We have a laugh and a joke. It's a nice time of day when she comes to be honest."
- People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to have information to provide personalised care.
- No one needed any support with religious or cultural needs. The registered manager told us they would support people in these areas if they needed it.

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

- People felt well supported and listened to. One person said, "I can give suggestions to [registered manager] if I need to. If there is anything I want to know or ask I can, I can ask her anything that I want."
- People told us they were able to express their views and make decisions. Records showed people were involved in their care planning and people said "yes" they were involved in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was maintained. One person said, "Oh yes, no doubt about that."
- People felt their dignity was upheld. One person said, "Oh yes, she respects my [dignity] and I respect [registered manager] for the job she is doing."
- People told us they were able to be independent and this was encouraged by the registered manager. One person said, "[Registered manager] would listen if I said I wanted to try something, if she could help me or let me do something she would. She wouldn't stop me doing something I wanted to."
- People's care records were kept securely in the office, and their confidentiality respected.

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 meet people's needs, preferences, interests and give them choice and control

- People's care plans contained personalised information about how they liked to be supported. A relative said, "[The care] is the best we've had."
- The registered manager had a person-centred approach and ensured people had choice and control. The registered manager said, "I want the people to have the best."
- Due to the service being very new, no one had undergone a formal review. However, the registered manager told us they would be reviewing people's care and support with them. This would be on a regular basis depending on the person and if there had been any changes to their care and support needs.

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 registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain but said they had no complaints to make. One person said, "I'd know how to deal with a complaint [if I had one]" another person said, "We have a copy of the complaint's procedure."
- The registered manager had a formal complaints procedure and a handbook was given to people and their relatives when they started to use the service. No complaints had been received since the service began.

End of life care and support

- No one was receiving end of life care. People's end of life wishes, and preferences were not recorded in their care plans. We discussed this with the registered manager who said he would explore this with people where appropriate.

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.

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

- People and their relatives expressed confidence in the registered manager and the service provided. A person member said, "We are quite satisfied to be honest" and, "I couldn't fault her [registered manager] I really couldn't."
- The registered manager had a system they would use, when the service grew, to monitor staff practice, culture and attitudes. This involved regular spot checks and supervisions.
- The registered manager was aware of the upcoming challenges they would face when the service expanded. They were also planning to offer a supported living service in addition to domiciliary care. Recruitment processes were underway for staff and the registered manager had begun to devise additional documentation for people who required a supported living service.

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

- The registered manager showed us the audits they planned to undertake on the service. These included areas such as incidents and accidents, medicines, daily notes, care plans and call monitoring.
- There had been no incidents that needed to be notified to The Care Quality Commission (CQC) but the registered manager understood their legal responsibilities to notify of events that had occurred.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had devised a feedback form that would be given to people, their relatives and staff. This would give them the opportunity to give feedback on the service and express their views and opinions.
- Where people requested, the registered manager had communicated with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive 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

- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Continuous learning and improving care

- The registered manger told us as the service was new they were always looking at ways to develop the service and continuously improve. For example, they were considering a new online system for care planning, call monitoring and rotas. They felt this would provide them with a better oversight of the service as it expanded.