

Care Force Limited

# Care Force Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 29 September 2016 and was announced. At the last inspection on 27 July 2015 we gave the provider an overall rating of Requires Improvement. We found that the provider had made changes ensuring people received consistently safe care and supported by systems that assured the provider staff were working within their policies and procedures.

The agency provides personal care for people in their own home. There were 95 people using the service when we inspected.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and comfortable with the care staff in their home. People's risks had been identified and plans showed the steps staff needed to take to ensure people were at low risk of harm or injury. People had their calls at a time they had requested with the required number of care staff attending. People who had support with their medicines had them administered when needed, by staff who were trained and competent to do so.

Staff had received training to ensure their skills and knowledge reflected the needs of the people they cared for. Staff were supported with regular supervisions and the management team checked that staff were working as expected. Where people needed support with their meals they told us they were happy that staff gave them a choice or provided the assistance needed to enjoy their meal.

People were involved in making decisions about their care needs on each call. People had given their consent so care staff were able to provide the care people needed or wanted. People told us they arranged their own healthcare appointments as required, however care staff would help with telephone calls and reminders if needed.

People knew the staff and told us they were provided with a personalised service in their home. Care staff spent time chatting and getting to know people while providing care. People felt the care they had received met their needs and had been able to tell staff how they wanted their care on each call. People felt the staff were considerate and supported them in maintaining their dignity.

People's views and decisions about their care had been recorded and were changed when needed. People knew how to make a complaint and felt comfortable to do this should they need to and felt these would be dealt with. Information was provided to people who used the service should they wish to raise a complaint.

People, their family members and staff felt the management team were accessible and could speak with them to provide feedback about the service. The management team had kept their knowledge up to date and they led by example. The provider ensured regular checks were completed to monitor the quality of the care that people received and to action where improvements were needed.

## 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.

People received care and treatment from staff who understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet people's care and social needs and manage risks. People were supported by staff who understood how to administer and managed their medicines.

### Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs. People made decisions about their care and support. People were supported to maintain a healthy balanced diet and sufficient fluids to keep them healthy.

### Is the service caring?

Good ●

The service was caring.

People were happy they received care that met their needs. The care provided reflected individual preferences and maintained people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed people's support needs.

People's relatives were confident to raise any concerns. These were responded to and action taken where required.

### Is the service well-led?

Good ●

The service was well-led.

People, their relatives and staff were complimentary about the

overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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# Care Force Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with 10 people who used the service and two relatives by telephone. We also spoke with six care staff, one administrator, one reviewing officer, the care coordinator, the registered manager and provider.

We looked at three records about people's care, care reviews and records of staff being observed. We reviewed minutes from the staff meeting and feedback questionnaires, one complaint, a number of compliments and quality audits that the provider had completed. We looked at a selection of people's care details on the provider's computerised system to show when people had received their care and by which staff members.

# Is the service safe?

## Our findings

At the last inspection on 27 July 2015 we rated this question as Requires Improvement. The provider took steps to make improvements in the reporting procedures for staff to follow when a person was not at home when expected. Staff had consistently followed these guidelines since the last inspection. Two people we spoke with told us they had been contacted when they had not been at home as expected for a care call.

People we spoke with said they were happy that staff promoted and helped them to remain safe in their own homes. One person said, "It's reassuring to know that someone is coming". Another person told us they also felt safer should they fall as they would not be left long. People we spoke with said staff were able to access their home safely and leave it secure when they left. All people we spoke with said staff were welcomed in their home and were not worried about being at risk of harm when staff were with them.

People's relatives told us that care staff made their family member feel important and made sure they were safely cared for. Care staff told us they were careful to respect people, their home and possessions. They understood their responsibility to provide support in a way that kept people safe and free from the risk of harm or abuse. Staff told us about how their training helped them understand the signs people may display which may indicate abuse, such as a change to a person's behaviour or unexplained bruising. They were assured their management team would take action to deal with any reported incidents or concerns. We saw the provider had a safeguarding procedure in place and concerns would be reported to the local authority and to the Care Quality Commission [CQC]. The topic of safeguarding vulnerable adults had been discussed regularly at staff meetings and the relevant safeguarding process staff would follow.

People told us care staff supported them to remain safe at home by minimising their risks of daily living activities and while receiving personal care. For example, making sure people's home were free of tripping hazards to reduce the risks of falls. People's risks were assessed and recorded and staff who worked with them regularly reviewed these risks. Care staff told us these provided them with the information needed to help reduce the risk of harm to people. Care staff also told us they worked closely with people and, where appropriate, their families to review the risks such as environmental changes to the home. One person told us, "They [care staff] are careful in my home, look at the risks, like the carpets or things that I might trip over".

People told us the staff were consistent, arrived within the set timescales and stayed for the agreed amount of time. The care staff and registered manager told us they ensured people received care from staff they knew or preferred. One person told us, "I have a favourite, they're not always here obviously but that's fine".

All staff we spoke with told us there was always enough staff to cover the calls to meet people's needs. The provider used an electronic system which sent an alert to the management team if staff were late attending a call. The office staff were then able to speak to the staff or send another if needed.

People told us they received their medicines when they should. Staff told us they had received training in medication administration and that their ongoing competency was regularly checked by the management

team to ensure people received their medicines safely. Staff recorded where they had given or prompted a person to take their medicine.



# Is the service effective?

## Our findings

People we spoke with told us they were confident care staff knew how to provide their care. One person told us that care staff had received training from the occupational therapist in their home to ensure they knew how to use their hoists and slide sheets. All care staff we spoke with were happy the training gave them the skills to provide people with the care they needed to meet their needs. One care staff said, "Training is around people's conditions, things like dementia" and they said this have provided a more in-depth knowledge of how this impacts on a person's life and how a person may be perceived by them.

All care staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. Care staff said they were also observed to ensure they were providing good care by the management team. People told us they were involved in this process and were asked for their feedback on the member of staff and whether they were happy with the care that had been provided.

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. We checked whether the service was working within the principles of the MCA. People told us that the care they wanted had been detailed in the care plans which they had signed to show their consent. Records showed the involvement of the person choices and needs.

All care staff we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

People told us they had their choice of meals or would tell staff what they would like at breakfast time, such as cereal or toast. Staff told us they heated prepared meals and assisted people to eat where needed. Staff knew who required a softer diet and made sure the prepared meals were suitable. Care staff also told us they made sure people had drinks available to ensure they had enough fluid to between calls.

People we spoke with told us they were not currently supported to contact or visit external professionals by staff. Staff said that they worked alongside other health care professional on occasions, such as district nurses. Relatives told us staff would tell them if they felt a person was unwell and suggest arranging appointments with their doctor or consultants which was in line with the person's consent. Staff told us in an emergency situation they would contact the emergency services and wait with the person until assistance arrived.

## Is the service caring?

### Our findings

All people we spoke with, and two relatives said they got on well with the care staff. One person told us, "Quite frankly they are great". People told us how care staff would ask them about their lives and spent time chatting about everyday things that were important to them. One person said care staff, "Really listen to me". One care staff member said, "You get to know who likes a chat and those who don't". One relative told us, "Staff are lovely and give time and encouragement. This makes [person's name] feel very happy".

Staff explained people's care plans contained information about the person and acted as a guide so they could talk about things that people were interested in. One care staff member told us they were supported on their first few visits to get to know people, by going with a member of staff who was more familiar with the person and their routines.

All people we spoke with told us they were able to maintain their independence, were involved in their care and were able to guide staff daily to how much help or support they needed. One person told us, "My mobility varies and so does the amount of support I need". People said care staff offered encouragement to keep them involved. One person said, "I still continue to do what I do".

People we spoke with told us the care staff listened and responded to their requests on the day. One person said care staff, "Will go out their way for you, they were helping me the other day look for something that I thought I had lost". People said care staff knew them very well and they got into a routine that suited their preferences. One person said, "Nice staff that I've got to know, who give a good level of personalised care".

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. One person said, "They [care staff] understand my sense of humour and tell me I have a lovely smile". Staff described how they made sure that people were covered during personal care, and they ensured curtains were closed when required, so that people's dignity and privacy was maintained. One person said, "I respect them and they respect me".

Our conversations with all staff and management showed they had a detailed and personal understanding of each person. Care staff told us that they followed detailed support guidelines to ensure support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these. When we were speaking with staff they were respectful about people and showed a genuine interest and compassion about their lives.

# Is the service responsive?

## Our findings

People said they would happily contact the office when needed to make changes to any planned calls or care needs. Since using the service one person told us, "I am livelier which is why I am pleased".

People told us that their plan of care was decided when they first began receiving personal care for the agency. One person said, "Every time they [care staff] come I feel a little bit better". The plans were kept in people's home and one person told us they had a, "Ring binder with all the information and they have printed the paperwork in large print or me". Care plans were also reviewed and amended if care staff raised concerns about people's care needs, such as changes in their mobility, or in their health needs.

The provider has introduced a new role to ensure new care calls were in line with people needs. The care coordinator role was to visit the person, develop the care and complete the first two or three care calls to ensure they reflected the person's needs and expectations. One person told us it was a, "I like to socialise and now I can, I like talking to people". The plans were then reviewed every six months and minor changes were made as needed. Care staff told us that changes in medicines, the length of call time or changes to the times were immediately communicated with them.

The care records we looked at showed people had been involved in the decisions around the care and support they needed. People told us the care staff responded to their needs in line with their plan of care.

Staff we spoke with knew the type and level of care and support people needed and the information was current. For example, if a person had a certain diagnosis such as dementia they knew how the person would react to certain situations or requests. Staff also confirmed that any immediate changes were sent thorough to them with a telephone call or text messages. Staff told us that any changes in people's day to day health needs, such as infections or illness were reported to the office and acted on if needed.

People we spoke with told they had not had any cause to make a complaint. However, people were happy to approach the staff or ring the office to raise issues or concerns. One person said, "There was a mix up with call times, I called and it was sorted". Relatives told us they would be happy to approach staff to talk about a concern.

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The information gave people details of who to contact and the steps that would be taken to address their concerns. We saw that where people had raised a complaint, lessons had been learnt and an apology offered. For example, we saw that concerns were shared at team meetings so staff were able to avoid repeating mistakes.

The registered manager said that alongside formal complaints received they always recorded people's feedback and what action had been taken. For example, minor amendments to the routine of a call.

## Is the service well-led?

### Our findings

At the last inspection on 27 July 2015 we rated this question as Requires Improvement. The provider took steps to make improvements in consistent staff messages and the provider's expectation in line with their policies and procedures.

We saw that the provider and registered manager led the service with a focus on developing a culture based on person centred care that enabled people to be in control of their own lives. People we spoke with reflected this and one person told us, "A decent service that works with you". People also felt reassured that it was small agency and one person said, "It's great that the office is local, it's well run and I know the proprietors". People were satisfied with the level of care and information provided by Care Force. One person said, "I am more than pleased with Care Force".

Staff told us the registered manager enabled them to be open about mistakes so that they could resolve and learn from them. Monthly staff team meetings were held which staff said were used to enable them to discuss rotas, call timings and individual care needs. A care worker told us that any issues would be talked about within the staff team so they could be addressed and resolved together. Another staff member told us, "It is very friendly here. If I've ever got an issue, they help me". They told us that staff meeting were used to share information with colleagues.

As part of their strategy for managing the service the registered manager had developed an audit process which was kept under review and updated regularly through reports to the agency's directors who they met with regularly. The registered manager had an on-going action plan in place which linked to these meetings. They said this enabled them to take any additional actions needed to keep developing and improving care, communication and practices for the future.

Three people told us that the office staff contacted them often to ask for their views on their care. These had been recorded and we saw where people had made comments changes had been made. People had recently been asked for their views of their care by the provider. The responses were being reviewed and collated so they had an overview of how people felt the agency was performing. The results and any required actions would be developed and feedback to people who used the service.

The registered manager felt supported by the provider to kept their knowledge current. The provider also referred to the Social Care Institute for Excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. They also worked with specialist within the local area to promote positive working relationships. For example the local authority commissioners and people's social workers.

In order to continue improvements and a proactive culture, the provider had supported staff to study professional development training courses, such as a National Vocational Qualification or diplomas. Therefore, people were supported by a management team that continually strived to improve the quality of care provided by the care staff.

