

Mr Peter Paul Hunter

# Caring for You

## Inspection report

The Old Bakery, 158 Bridge Road  
Horbury  
Wakefield  
West Yorkshire  
WF4 5NR

Tel: 01924271132

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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

Caring for You is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection there were 27 people using the service.

At our last inspection we rated the service good. One key question was rated 'Requires Improvement.' The service had not always been safe in relation to management of medicines. At this inspection we found the provider had made improvements in this area and was no longer in breach.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We saw evidence of a robust medicine management in place and staff were trained and competent in this area to ensure all policy and procedures were followed.

People and their relatives told us they were happy using the agency and felt the staff had the right training to be able to support them with their care needs.

Individual risks to people's safety were known by staff. Accident and incidents were reported and robust in looking at any lessons learnt.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005.

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

Staff were motivated and worked well as a team, with effective support from one another and from the management team. Staff had supervisions and an annual appraisal as well as team meetings.

Care records contained clear information covering all aspects of people's care and support and staff had a caring approach to working with the people who used the service.

There was a clear management structure so that all staff knew their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager.

Further information is in the detailed findings below.

## 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 ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Caring for You

## **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.

Our comprehensive inspection was announced. We gave the provider 48 hours' notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began on 4 July 2018 when we called people who used the service and staff by telephone. We attended the office on 10 July 2018 due to the registered manager been on holiday. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed the information, we held about the service, including past inspection reports and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams to ask if they held any information about the service. We did not receive any information of concern. We did not send a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person and five people's relatives by telephone, and four members of staff. We visited the office and spoke with the registered manager. We looked at three people's care records including medicines administration records and daily notes, three recruitment files and other documentation relating to the running of the service.

# Is the service safe?

## Our findings

At our last inspection on July 2016, we rated this key question as 'requires improvement'. We identified one breach of regulation. We found management of medicines were not always in place. At this inspection we found improvements had been put in place and the medicine management was robust and safe. We found the medicine checks and audits were in place and the management team reviewed these each month. We concluded the provider was no longer in breach of the regulation.

We spoke with people and their relatives who told us they or their relative felt safe. One person said, "Yes I do feel safe, if I didn't I would speak to someone." A relative told us, "Oh yes, recently I was on holiday for two and a half weeks in America. She had her tablets changed. That affected her. The care manager, during the time I was away, stayed over for two nights in my absence. They responded to my mother not being well." Another relative said, "Oh absolutely, yes. Yes, we like this company because we think they take extra care. They're not a minimum standard."

We saw background checks were thorough, including checking employment references, identity and contacting the Disclosure and Barring Service (DBS) before staff began working in the service. There were enough staff to meet people's needs safely. We found the registered manager and staff understood how to safeguard people against abuse, and their responsibilities to report any concerns. One member of staff said, "I would not hesitate to speak out if I suspected abuse."

Relatives and people, we spoke with told us staff arrived on time, and if there were any delays they were contacted and told about these. One relative told us, "Yes they will ring up." People told us there had never been a missed call. Relatives told us calls were attended by regular staff, meaning people were familiar with staff who came to their home. Relatives told us this was a reason why they believed the service was safe. One relative said, "It's nice having the same staff come to the home they feel more like family."

Care plans contained information about risks associated with people's care and support, and environmental risks. We saw staff continued to have access to clear guidance to show how these risks could be minimised safely. We saw accident and incidents had been appropriately assessed and records showed this. The registered manager told us they would look for any patterns in relation to these.

## Is the service effective?

### Our findings

Everyone we spoke with said staff offered choices and communication was very good. One person told us, "Yes I can do what I like, I am mobile and I like to go out, they support me with this." One relative told us, "Yes, 100% sure. We have frequent communication with them. They understand his needs very well. They've been looking after him for a long time. When he first came home, the manager introduced new members of staff one by one to me, my dad and my brother. He knows who they are there's no real turnover of staff."

We looked at records which showed staff were provided with relevant and up to date training to support them in their roles, including a comprehensive induction which included the Care Certificate. This is a national training standard for people working in care. Other training included end of life, equality and diversity, moving and handling, person-centred care and safe medicines handling.

We saw records of regular supervision of staff during their induction, which new staff shadowed more experienced colleagues. Staff continued to have supervision meetings during their employment, and records showed these were meaningful conversations covering areas such as concerns about people who used the service, challenges with the role and any additional training staff may wish to have. Staff told us they felt they had the right skills to support the people. One person said, "Yes they know what they are doing."

People we spoke with said staff provided good support with meals where this was required. We spoke with the registered manager (who told us they would consider this) in relation to one relative who explained staff did not always look at the 'used by' date and some items of food had to be disposed of.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw there was a good approach to the gaining and recording of consent, which made clear to people that they could amend or withhold their consent at any time. People signed their care plans and contracts of care to indicate their consent.

## Is the service caring?

### Our findings

People and their relatives told us they were well cared for and staff respected their privacy and dignity. One person said, "Yes, they do. They're just brilliant." A relative told us, "I would say yes, they do. They're almost friends as opposed to people who are popping in on a 15-minute deadline. They have respect for my Mother. They're interested in her and she's interested in them." We spoke with a member of staff who told us, "I treat people how I would like to be treated myself. That's how I look at it and that's how we have been taught." Staff gave examples of how they made sure people's privacy and dignity needs were met. This included knocking on people's doors, making sure bathing was supported with as much privacy as possible and not discussing people in front of others.

People and their relatives told us staff supported and encouraged their independence. One person told us, "I'm on oxygen 24hrs a day and I've got a hospital bed. I've got two broken discs in my back. They sit and talk with me. Once they've done their cleaning, they come in and get me ready for the day, they encourage me to do as much as I can. They'll strip my bed and they will always ask and try to get me to help." One relative told us, "We all try to maintain his independence. They ask him his choices, what would you like for lunch, watch on television. He's involved in the decision as much as he can be." A second relative told us, "Yes- they converse with her. There is a social aspect to it." A staff member said, "Even the smallest task that they can do with the use of their limbs, just give them that choice."

We saw and people told us they were involved in their care. We saw care plans were put together with the person involved and these were signed and reviewed with them involved. People's cultural needs were respected in all areas of their care plans, for example, in identifying the gender of staff that provided personal care and general support. People's preferred routines were presented in detail, meaning staff had access to information to ensure care and support was delivered in ways which the person preferred.

## Is the service responsive?

### Our findings

Records showed people had their needs assessed before they started using the service. This ensured the service could meet the needs of people they were planning to provide a service for. The information was then used to complete a more detailed support plan which provided staff with the information to deliver appropriate care. We looked at how people who used the service, their families and other professionals had been involved in the assessment and support plan development.

We looked in detail at the care plans for three people. Staff were aware of the care plans and could describe the care needs provided for the people who they supported. The support plans included how to communicate with people and their individual needs. Daily records showed people's needs were being met according to their assessed needs. People told us they were involved in the planning process. One person said, "I am involved in all my care needs, I tell them what I want and when and it happens." One relative told us, "Yes just like we went through a couple of months ago. They responded to her needs. For example, if my mother couldn't get in and out of bed and needed assistance, I'd raise that. We'd discuss it and they'd amend the care plan so that what was required was changed on a morning and evening. "

People and their relative told us they were free to do what they wanted to do, and if they needed anything then staff would support them. One person said, "I tell them what I want." A relative told us, "My relative goes out when they like. They only need support for a few things. They communicate with staff to tell them what they would like to do and go."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People who used the service said they would tell a member of staff or the registered manager if they were unhappy. The service had received no complaints since the last inspection. One relative told us, "If there have been any issues, which there haven't, about them not turning up – my mother would speak to the carer at the next visit."

Nobody at the time of inspection needed accessible information. Everyone could communicate verbally with staff and with the registered manager. The registered manager told us, "If this did change we would make sure we had everything in place before we took on the package."



## Is the service well-led?

### Our findings

There was a registered manager in post when we inspected the service. 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 2008 and associated Regulations about how the service is run.

People and their relatives told us they were very happy with the service they received. One person said, "Can't fault the service at all." A relative told us, "I don't think there is anything I would change. I'm very happy with the service. Most importantly, if I go away on holiday, you've got to have something in place when your mother's elderly and living on her own. I feel completely comfortable and it's been tested that they can do that. I think I and my mother are getting what she and I want out of it because of the dialogue that we have with them." Another relative told us, "Obviously, expense is one of those things but as far as possible where the service is required, we'll pay for it. What I do like is the fact is they're not about minimum standards. They'll go the extra mile."

We found the registered manager had a clear vision for the service, which included maintaining quality by limiting the size of the service. They told us, "I want to be able to go that extra mile with people and my staff do too. If we had a larger service I feel with would lose the unique service we provide."

The systems in place to monitor quality in the service were often informal, however these reflected the size of the service and the amount of contact the registered manager had with people who used the service and the staff that provided care and support. The registered manager knew each person and their families they supported very well.

People and their relatives were asked for feedback on the service. We looked at the last survey in 2018 with overwhelming praise for the service and staff. Everyone agreed they would all recommend the service to people. One relative commented, 'The reason why we're continuing to use Caring for You for many years is that we're very happy with what they deliver. If that was to change it would get resolved, I'm sure. I suppose the ultimate test is would I recommend this to others who might have a relative who needs care, and the answer is yes, I would'.

The provider had notified CQC about significant events which had occurred in the service and kept a log of these to ensure appropriate action was taken.