

Care With Pride Ltd

# Care with Pride Luton

## Inspection report

Suite 8B1, Britannia House  
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Website: [www.carewithpride.co.uk](http://www.carewithpride.co.uk)

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05 November 2016  
12 December 2016

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

We undertook an announced inspection of Care with Pride, Suite 8B1 Britannia House, Leagrave Road on 20 October 2016. The service provides care and support to people living in their own homes, at the time of our inspection 11 people were being supported by Care with Pride, five of which were from a broker and were not directly commissioned to Care with Pride.

The service had 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 2008 and associated Regulations about how the service is run.

There were systems in place to keep people safe from harm. People we spoke with felt that staff knew how to keep them safe. The provider had undertaken risk assessments which were regularly reviewed to minimise potential harm to people using the service. There were appropriate numbers of staff employed to meet people's needs and provide a safe and effective service. Staff we spoke with were aware of people's needs, and provided people with person centred care.

People's care records were regularly updated to reflect changes to their circumstances and the provider kept abreast of those changes to ensure that any further support people may require was acted on. People were supported and encouraged to eat and drink well and where required the service supported people to make appointments with or attend health care services.

People confirmed that their privacy and dignity was respected by staff and that they were encouraged to do as much as possible for themselves in order for them to retain their independence and life skills. People were supported to make decisions for themselves. Where the provider had reason to believe that people were not able to make decisions for themselves, the provider had a system in place to ensure that referrals were sent to the local authority for assessment.

The provider did not have a robust recruitment process in place which ensured that staff were suitable to work in people's homes. Staff had undertaken appropriate training, however we found that staff did not always receive regular supervision and an annual appraisal, which would enable them to meet people's needs. Medicines were administered safely by staff who had received training. The provider had a system in place to ensure that complaints were recorded and responded to in a timely manner as well as an effective system to monitor the quality of the service they provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

Pre-employment checks were not always adhered to.

Staff were actively encouraged to raise their concerns and to challenge when they felt people's safety was at risk.

Staff had been trained in safeguarding and were aware of the processes that were to be followed to keep people safe.

Medicines were managed appropriately and safely.

Staffing levels were appropriate to meet the needs of people who used the service.

Risks were assessed and well managed

### Is the service effective?

**Good** 

The service was not always effective

Staff did not always receive supervision in line with the agency policy

Staff were aware of the requirements of the Mental Capacity Act 2005.

Consent was sought in line with current legislation.

People were supported to eat and drink sufficient amounts to maintain good health.

People were supported to access health care professionals.

### Is the service caring?

**Good** 

The service was caring

People who used the service had developed positive relationships with staff at the service.

People's privacy and dignity were maintained.

People were involved in the planning and review of their care plans.

### Is the service responsive?

Good ●

The service was responsive

Staff were aware of people's support needs, their interests and preferences.

There was a complaints procedure in place

### Is the service well-led?

Good ●

The service was not always well-led.

Policies were not always adhered to.

There was a registered manager in place.

Staff felt supported by the management team.

Regular audits were undertaken to assess and monitor the quality of the service people received.

People were asked their views on the service.□

# Care with Pride Luton

## **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.

The inspection took place on 20 October 2016 and we spoke with people who used the service and carers on 5 November and 12 November 2016. The provider was given 48 hours' notice of the inspection to ensure the appropriate staff would be available to assist us with the inspection. The inspection was conducted by one inspector. Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed the service's previous inspection report and information we held including notifications. A notification is a document which informs us about important events which the provider is required to send us.

At the time of our inspection Care with Pride were providing care and support to 11 people in their homes. During our inspection we spoke with four people who used the service, the registered manager, two office staff, two care staff and two relatives' of people who used the service. We reviewed the care and support records of five people that used the service, four staff records and records relating to the overall management of the service.

# Is the service safe?

## Our findings

The provider did not have a robust recruitment process in place. We found that although staff had completed an application form, two references had not also been obtained as per the provider's policy. We also found that the provider was not following their policy in regards to disclosure and barring checks (DBS) (DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed). When we reviewed some staff personal files we found that staff did not always complete a DBS checks prior to training as per the provider's policy. We drew this to the managers' attention and we were told that they would take immediate action to rectify this for future staff.

We found that people's risk assessments and environmental risk assessments had been undertaken by the registered manager or the office staff during a home assessment. The office staff member who was responsible for home assessments told us "...we will be caring for the person in their home therefore we need to see the environment this helps us to assess if they have the right equipment. Also we can ensure that the home is safe for staff to work in." A person told us, "I do feel safe when they are in my house." Another person said, "Most definitely I do feel safe." A staff member we spoke with told us, "I always make sure that the cooker is turned off before I leave and that doors and windows are locked and they are safe in their home."

People we spoke with confirmed that staff were mostly on time for the visit. One person said, "They do come on time; if they are late it's about five minutes that's all. Another said, "Mostly they are on time but sometimes they are held up but they always ring to let me know." People were happy with the care they received, one person said, "They usually know what they are meant to do most of the time but if they are new I sometimes have to tell them." People told us that they mostly had the same carer/s. One person said, "I have always had the same carers most of the time. It's the odd time that I have another carer. They don't tell me in advance that I will have a different carer, they just turn up but I at least know the other carer that's with them."

Staff we spoke with told us that they verbally reported changes to people's circumstances and needs to the provider and would also document it in people's daily notes. The office staff told us that any concerns relayed to them via carers in regards to people's health and/or welfare would immediately be report to social services or peoples relatives. Risk assessments we reviewed clearly stated what the potential risk was, the seriousness of the risk (low, medium or high) and what safety measures could be taken to minimise the risk. These measures helped to keep people safe.

The provider had a process in place for staff to follow should they need to raise concerns, however in their own policy there were no details of how to contact the local authority or other external agencies.. We spoke with the manager about this and they told us that they would add further information and share it with staff. Also during our inspection the office staff obtained a copy of Bedfordshire County Council safeguarding procedures so that staff could read it.

We subsequently spoke with staff after the inspection day and we found that staff were aware of what

constituted safeguarding concerns and were all able to describe what action they would take if they had any concerns. Staff were able to tell us where they could find the providers policy on safeguarding and they knew how and where to report such concerns internal or to external organisations such as the local authority. Training records we reviewed showed that staff had all received training in safeguarding people. We spoke with staff about the provider's whistle-blowing policy. Whistle-blowing is a way of staff reporting concerns anonymously without fear of the consequences of doing so. Staff were aware of whom they could report any concerns to within their organisation and how to escalate any concerns that they felt were not being addressed.

People and staff felt that there was enough staff to keep people safe. We were told by the provider that where possible staff were allocated a rota to attend to people based on a geographical area to try and minimise late or missed calls. There was a system in place for staff to report late or missed called. We noted that there had not been any missed calls in the last six months.

We reviewed the Medicine Administration Records (MAR) for one person. We saw medicine was given at the correct time and had been recorded appropriately. Each person's medicine record held details of any allergies. Records were also kept for medicines that were given as required rather than on a regular basis. There was a policy available for staff to refer to should the need arise. A staff member told us, "I always watch to see that clients take their medication before I sign to say they took it." We saw that staff had signed the MAR chart to show that they had administered the medicines. Staff who administered medicines had received the appropriate training and had their competency assessed. This system helped ensure that medicines were managed safely.

## Is the service effective?

### Our findings

Staff we spoke with felt that they were supported and were able to speak about any concerns with the manager as and when they wanted to as it was a small team staff stated that they did not need to book an appointment to speak with the manager they could either telephone or 'pop into the office'.

We looked at the provider's policy on supervision as well as staff supervision records. We found that although the policy stated that formal supervision should take place at least once a month however, staff were not having formal monthly supervisions. We brought this to the attention of the manager and we were told that they would be reviewing their policy.

The office co-coordinator had undertaken regular 'out in the field' supervision where staff were observed in people's homes to ensure that they were providing a safe service and meeting people's needs. Records reviewed also showed that staff did not always have an annual appraisal as per the provider's policy.

A person said, "I think they must have had good training, they seemed to know what they are doing and what they need to write down." Records reviewed showed that new staff had received an induction when they started working for the service, which included training, shadowing experienced staff and reading people's care plans. Other appropriate training such as health and safety, first aid and infection control were undertaken by all staff. Refresher courses were planned for twelve months after the initial training to ensure that staff would be kept abreast of any changes. Staff told us that the training helped them to provide person centred care and to develop their skills. We noted that some staff had also gained further qualifications in care, such as National Vocational Qualifications (NVQ) and Qualification and Credit Framework (QFC). A staff member told us, "The training was good especially in first aid; they showed me exactly what I should do, and it made me feel confident. Medication training was also good it showed us how to check everything."

People who required support to cook or warm their food confirmed that this was done by staff. Care staff we spoke with told us that when required they always checked the date on foods to ensure that people were not unknowingly eating foods that had gone past it's need to 'eat by date'. Staff also told us that they encouraged people to drink plenty of fluids and to eat fresh fruit and vegetables to maintain a balanced diet. Any concerns about people's food intake was documented in people's daily notes and reported to the office staff. A person we spoke with said "I always make sure I have everything I want before they go and they always make sure they leave me a drink and food nearby if I ask them too."

The provider had a policy on consent which staff had read and followed. We found that staff obtained people's consent. Staff we spoke with were all able to explain how they gained consent from people. One staff member said, "I always ask for consent before I do anything, I am in their house, they have options so I need to be respectful and ask each time." People we spoke with all said that staff would ask permission before undertaking any task such as supporting them with personal care. People we spoke with confirmed that the agency carers would ask permission before carrying out tasks. Care plans had been signed by people to indicate that they had consented to the care and support. Where people did not have the capacity, we saw that relatives and/or advocates who had the legal right had signed to say they agreed with the contents of the care plan. Where care plan had been signed by relatives the provider had documented



the relatives name and how they were related to the person.

Staff understood and where able to explain their responsibility under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Records showed that all staff had received training in mental capacity assessments as required by the Mental Capacity Act 2005 (MCA). We noted that were required the local authority had undertaken the MCA assessments. Staff we spoke with told us that if they had any concerns about people's ability to make decisions for themselves they would document it in the persons diary notes and report it to the office staff who would in turn contact social services and/or relatives.

A person we spoke with said, "When I haven't been well [staff] have telephoned my doctors for me and made an appointment for the doctor to come and see me in my home." The provider told us that people were mostly supported by their families to access healthcare appointments, but where required and when possible staff would support people by contacting their GP to make an appointment if the person were unwell and not able to do so themselves. Staff confirmed that they reported any medical concerns or health need changes to the office for further action to be undertaken.

## Is the service caring?

### Our findings

People we spoke with said when speaking of staff that they were "very caring", "very friendly," "always asking if I need help or if they can do something else for me." Relatives that we spoke with all found staff to be caring and were happy with the care their relatives received. Another person said, "They are very caring and thoughtful, well today I had a lovely shower when they finished they cleaned up the bathroom, beautifully. My carer always remembers to put my chair lift in a place where I could easier reach it to put it to charge when its dry, I find this so thoughtful."

All staff we spoke with told us that they cared about the people they supported and aimed to be as friendly as possible in order for people to feel comfortable with them. One staff member said, "I spend time talking with them, whilst I'm doing things for them. I talk about things that they are interested in like TV programmes and food. A person told us, "In the course of what they are doing we have a chat, it helps if you have the same staff to build up a rapport with them."

People's support plans were written in plain English to ensure that people could understand them. We saw that people and, where possible their relatives/advocates or other professionals, were involved in their care planning process. People told us that staff respected their privacy. One person told us that although staff were able to let themselves into their property, they always knocked the door and announced themselves before opening doors in their house. Staff gave us examples of how they respected people's privacy and dignity, this included ensuring that people were covered with towels where possible when attending to their personal care, closing curtains and doors to ensure that people were not seen when undressed and where they had the authority to let themselves into a person's house, respecting their privacy by still knocking on the front door and internal room doors before entering.

## Is the service responsive?

### Our findings

The office coordinator told us about the telephone calls they made to people. They said, "I like to ring the customers to check that they are happy with the way the carers are working and if they are happy with the agreed way of working and to check if they want anything changed or have any concerns."

People told us that they received a call from the office when staff were running late. People we had spoken to said that they had not had any experiences where a carer did not turn up at all. People told us that they had regular carers who knew what their needs were. A person said, "It makes me more at ease knowing who my carer is. If my carer can't make it one day because they might have an appointment they send another carer." The provider told us that their aim where possible was for people to have the same carer/s for continuity.

The provider representative had visited people in their homes to assess their needs to ensure that they were able to provide the support people needed. People had various support needs and we were able to see that these had been captured within the care plans. The care plans contained details of people's history, likes and dislike and routines. Care plans were person –centred and written in plain English. People told us that they had participated in their initial assessment and understood their care plan. We noted that care plans had not had an annual review if people had not received care and support for a year, however the registered manager told us and we saw that when people's needs changed this was documented and was appropriately actioned. Staff we spoke with all told us that they were fully aware of people's needs prior to going to their homes, having reviewed peoples care plans beforehand in the office which held detail of their support needs.

A person that we spoke with said, "I know how to make a complaint if I needed to, but there hasn't been any reason to, everything is fine." The provider had a complaints policy and procedure in the office and each client was given a written copy of the complaints policy and procedure. The policy included contact details for advocacy, which people could contact should they need to. We saw that the provider had not had any complaints in the last six months. The provider told us that complaint's if appropriate would be discussed in team meetings to help improve the service they provided and to minimise the chance of it happening again.

## Is the service well-led?

### Our findings

There were two office staff that supported the registered manager. We spoke with the office staff about their roles, which included monitoring late calls, organising training, providing general office administration and carrying out home assessments. One staff member said, "Our service is new and we are always looking at ways to improve our service every day." A person who used the service said, "The manager is very nice, sometimes she may stand in for one of the girls if they are not able to come. She's very polite and approachable."

Staff we spoke with felt that there was good leadership and that the office staff also provided good support to them as well as to the people who used the service. Staff all felt that the registered manager was passionate about the service and cared about people receiving care. One staff member said, "Yes the manager is very good, and the other office staff know a lot about care and if I don't understand something I can go in or call them up. Any problems I can speak with the [manager.] My manager comes out to my visits sometimes to see how I'm working and if our clients are happy."

Staff we spoke with knew the names and positions of all the office staff, the registered manager and the provider representative. We saw that the registered manager and the coordinator supported the new office staff to settle into their role and was at hand to help them if they needed advice or support.

We saw that regular audits had been undertaken of care plans. The provider had a system in place to monitor late calls. This allowed the service to assess the situation and make improvements to try and minimise late calls. We saw that staff meetings took place every three months but we were told by the registered manager, "Our carers pop in very often so were able to discuss things with them. We have an open door policy and my staff do come in all the time." During staff meetings, topics such as rotas, the needs of people who used the service, changes to the service and ways on how to improve the service was discussed."

The coordinator regularly sought people's views about the quality of the care via the telephone. We were told by the registered manager that an annual survey would be conducted in the near future within twelve months of becoming active. Although there had not been any accidents and incidents there was a procedure for staff to follow in the event that they needed to do so. The registered manager told us that these recordings would be analysed monthly to enable patterns and trends to be identified so where possible plans could be put in place to keep people safe.

We noted that although the agency had policies and procedures in place office staff were not always aware of some of the fundamental details of policies such as the recruitment policy, supervision policy and appraisal policy, which resulted in them not being followed.