

Miss Petronella Manners

Cayon Care Service

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?	Requires Improvement ●

Summary of findings

Overall summary

Cayon Care Service is registered to provide personal care for people who live in their homes. At the time of our inspection one person was receiving personal care in their own home. Not everyone using Cayon Care Service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection took place on 14 February 2018 and was unannounced.

The registered provider had registered with the Care Quality Commission. The registered provider was not required to have a registered manager in place and they had chosen to manage the service as a 'registered person'. 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.

At the last inspection we rated the service requires improvement. At this inspection we found improvements had been made to support an overall rating of good with the key question of safe rated as requires improvement. This was because the provider had failed to display their current inspection ratings on their website and at their registered office. This is a legal requirement to show people had access to the ratings to inform their judgments about services.

Staff took knowledge from their training, [which was an area of improvement since our previous inspection], to reflect their understanding in how to report concerns about potential abuse, and when it was needed, knew how to take action to make sure people were protected from harm.

A person who used the service commented they received the care they needed from staff to feel and be as safe as possible within their home. The person valued the same regular staff who supported them to meet their needs at the agreed times and were flexible if changes were required.

Improvements had been made to the processes in place to reflect the person's up to date care needs with any potential risks to them and staff identified to guide staff practices in reducing avoidable harm. Environmental risks were also assessed within the person's home to help avoid any potential accidents to the person who used the service or staff. Staff understood their responsibilities in reducing the spread of infections whilst undertaking their caring roles.

The registered provider showed us they had made sure following our previous inspection their recruitment arrangements were strong so people were not at risk from being supported by unsuitable staff. Staff had received further training following our previous inspection which matched the needs of the person who used the service.

The organisation of staff rotas showed the person who used the service had regular staff who they had

formed relationships with and who knew their particular needs. Staff were supported by the registered provider and deputy manager to help them carry out their roles which included direct checks of their care practice.

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. The person who used the service told us they were involved in decisions about their day to day care.

The registered provider had made sure following our previous inspection their processes to support people where required with their medicines had been developed. People would only require support to take their medicines if this was part of their care service.

The person felt staff understood their care needs and wishes and these were followed by the regular staff who provided support. Where the person required support with their meals and drinks this was provided by staff who followed the person's preferences.

Daily care records reflected when staff support was provided and the improvements in care plans matched the person's needs. The registered provider and deputy manager had developed their processes to assist them in gaining an oversight of the care and support provided including any aspects which required improving.

The person said their regular staff knew them well and used their knowledge to respond to their needs in the right way and at the right time. People were supported to access healthcare services when required and staff were aware of people's health needs.

Staff knew what was important to the person who used the service and had learnt over a number of years how the person liked to be supported with their care which included respecting the person's privacy, dignity and independence.

We saw there were processes in place to manage any complaints or concerns received. We also saw the person who used the service had been encouraged to let staff or the registered provider know what they thought of the care they received and comments made had been positive.

The registered provider was supported by the deputy manager and together they had developed their quality checking processes. Checks had been undertaken on the quality of care provided, so they could be assured people were receiving good care and on this basis expand the service.

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.

A person felt safe with the regular staff who provided support and staff knew what action to take if people were subject to abuse.

Arrangements were in place to effectively support and manage identified risks to the person from avoidable harm.

Staffing arrangements met the person's care and support needs.

Staff practices were regularly checked to ensure they knew what actions to take to reduce the risks of people experiencing infections.

Systems were in place to manage and learn from any incidents and events.

Is the service effective?

Good ●

The service was effective.

Staff had received updated training to support them in their role.

The registered provider and staff were aware of their responsibilities in relation to the MCA with further training planned. A person who used the service was supported to make their own decisions.

Staff supported the person to have enough to eat and drink as required to meet their needs, and staff would provide support so the person accessed healthcare, where needed.

Is the service caring?

Good ●

The service was caring.

Staff had supported the person for a number of years and had developed a trusting relationship where they knew the person well.

The person felt involved in all aspects of their care and support planning.

Staff took action to support the person with dignity and recognised and responded to their right to privacy and independence.

Is the service responsive?

Good ●

The service was responsive.

The person was provided with care based on their individual preferences and needs so they would enjoy a good quality of life.

Staff understood the person's needs and preferences well.

The person knew how to raise any complaints or concerns and was confident action would be taken to address these.

Is the service well-led?

Requires Improvement ●

The service was well led.

The registered provider had failed to display their current inspection ratings at their office and on their website as they are required to do by law.

The person was satisfied with the care and support they were provided.

Staff were supported in their roles.

The registered provider and deputy manager now had processes in place to enable them to check the care provided so they could be assured the service was safe and developed in line with people's needs.

Cayon Care Service

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 registered persons were 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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, people with dementia and people with physical disabilities. At the time of our inspection visit one person was using the service.

Inspection site visit activity started on 14 February 2018 and ended on 8 March 2018. It included looking at a person's care records and talking with the person who used the service about the care provided. We visited the office location on 14 February 2018 to see the registered provider and deputy manager; and to review care records and policies and procedures.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return [PIR]. 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.

We looked at information we held about the registered provider and the service. This included notifications which are reportable events which happened at the service which the provider is required to tell us about. We also sought information from Healthwatch who are an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to help plan this inspection.

During the inspection we spoke one person who uses the service by telephone. We talked with the registered provider, deputy manager and two staff members.

We looked at a range of documents and written records. These included one person's care records, one staff

recruitment file and key policies and procedures, such as how people's rights were promoted and how the staff would respond to any complaints made.

We also looked at information about how the registered provider monitored the quality of the service provided and the actions they took to develop the service further. This included quality checks and reviews of one person's care.

Is the service safe?

Our findings

At our previous inspection the registered provider did not have effective systems in place to manage risks to people's safety and staff had not received updated training in safeguarding people from abuse. We rated this question as requires improvement. At this inspection we found the registered manager had developed their systems to manage risks to people's safety and staff had received updated training. We have changed the rating of this question to good.

A person who used the service told us they felt safe with the regular staff member who had supported them for a long period of time. The person said the staff member always stayed for the correct length of time and they did not feel rushed when care was provided.

The registered provider had knowledge of their responsibilities in recognising and reporting suspected or witnessed abuse. Following our previous inspection the registered provider told us in the Provider Information Request [PIR] they had taken action, 'We ensure that staff know the importance of how to people clients from being discriminated and how abuse may cause psychological harm.' Staff we spoke with could explain the actions they would take if they suspected or witnessed abuse. Staff were confident the registered provider would take the relevant action to keep people safe from abuse and knew they could contact the local authority if they felt action was not taken by the registered provider.

The registered provider had further developed and reviewed care documentation since our previous inspection so risks to the person who used the service were documented to guide staff in supporting them safely. One example showed what support the person required to meet their personal care needs with risks to their safety reduced while taking into account what the person was able to do safely themselves. Where health conditions could place the person at risk these were documented into the care records so staff had the information and guidance required so avoidable risks were reduced. The registered provider and deputy manager gave us their assurances they would continue to develop care documentation. This included regularly reviewing this so any changes to people's risks would be clearly documented for staff guidance.

Staffing levels were based on the people's needs and the amount of time required to support them. At the time of our inspection one person was supported by regular staff who had provided their care for a number of years. We spoke with the deputy manager about the improvements they had made following our previous inspection to ensure they had an oversight of how staff were maintaining consistency in meeting the person's planned needs at the agreed times. The deputy manager showed us they were monitoring the person's call times through documentation completed by staff and by regular daily contact with staff. We found all care calls were documented within the times planned and there had been no missed care calls. The deputy manager told us as the service grew they would be looking at other methods for monitoring people's care calls.

The registered provider was able to show us they had recruitment procedures which they were following for any potential new staff they employed. This included obtaining references in advance of potential new staff being employed and DBS checks. At the previous inspection the registered provider was unable to show us

the DBS check for a staff member. However, the registered provider was able to produce the DBS they had obtained. The DBS check helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care.

Following our previous inspection the registered provider had made sure they had medicine management arrangements in place. This included providing staff with medicine training so they had the knowledge required to safely support people when this was required as part of their needs assessment. At the time of our inspection staff were not supporting anybody using the service with their medicines.

The registered provider had infection control and prevention procedures for staff to follow when providing care. Staff knew what actions to take to reduce the risk of possible infection. This included wearing disposable gloves and aprons. The registered provider had arrangements in place to conduct checks to make sure staff were taking appropriate action to reduce the risk of the spread of infection.

The person who used the service had not needed to raise any concerns about safety, prior to our inspection. The registered provider and deputy manager understood their responsibility in following through incidents and accidents if these happened, so lessons could be learnt. In addition, the registered provider had taken learning from our previous inspection. For example, they had made improvements to care documentation so they had an oversight of the person's care to assure themselves their safety was maintained with the service provided.

Is the service effective?

Our findings

At our previous inspection staff had not been provided with updated training so the registered provider could assure themselves people were provided with effective care. We rated this question as requires improvement. During this inspection we found the registered provider had taken action to make sure staff had been provided with the training they required so their practices remained effective. We have changed the rating of this question to good.

A person who used the service told us staff knew what was important to them and how to assist them with their needs as the staff member had supported them with their care over a number of years. The person said, "They know me very well" and "Know what to do."

At our previous inspection we had concerns if the person's regular staff were away from work their care plans would not provide personalised details to support staff in providing effective personalised care. The registered provider and deputy manager had taken action following our previous inspection to make sure the person's care plans contained clear guidance about the person's needs including their preferences. We saw the person's care plans contained what they could achieve themselves and what the person required some support with so their needs were met effectively.

We saw staff assisted the person with the assistive equipment they had so their needs were met. For example, staff made sure the person had their alarm at hand so they were able to call for emergency assistance should this be required.

The registered provider confirmed in the PIR, 'Training is needs specific therefore staff will have the appropriate training for that specific client group before going into their home.' One staff member explained they had received training to update their skills and meet the needs of the person they supported. We saw through documentation this had been provided following our previous inspection where we identified staff had not received training to refresh their knowledge. One staff member told us they were progressing through another level of their health and social care qualification. This was to continue to improve their knowledge so their practice remained effective in meeting people's needs.

Staff told us they had been supported well when they commenced their employment and thereafter. One staff member told us about the checks on their practices which were undertaken by the registered provider and deputy manager. The staff member commented, "These are helpful and supportive" in knowing if there were any areas of their practice which required improving so they continued to develop. In addition, staff told us they were supported on an individual basis by meeting at the registered provider's office to talk about their roles and any areas of improvement together with acknowledgement of what they did well.

Following our previous inspection the registered provider understood new staff needed to complete an induction which needs to meet the minimum standards that new staff must cover. The registered provider gave assurances all new staff would be following the care certificate which reflects standards for health and social care workers.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

The person who used the service told us staff always asked if they wanted the care offered and they were felt their decisions were respected. The person described they could wear whatever they chose to and eat what they wanted.

Staff we spoke with understood the requirements of The Mental Capacity Act 2005 (MCA) although the registered provider was planning to book some further training for staff. Staff gave us examples of the different ways they would communicate with people, so they would have the best chance to make their own decisions. The care documentation we looked at confirmed whether the person was able to make their own decisions. Staff understood if a person needed support to make particular decisions this would be recorded with the named individuals with the legal power to make specific decisions on their behalf.

A person who used the service told us staff prepared their breakfast for them and any drinks they wanted. Staff we spoke with were knowledgeable about the person's dietary and cultural food preferences to support the person with meeting their nutritional needs. In addition, care plans reflected the support the person required with their meals. The registered provider had systems in place following our previous inspection to check records consistently showed if the person had received suitable food and drinks to keep them healthy and well. The registered provider and deputy manager gave us assurances they would continue and sustain this level of care monitoring to support the person in receiving effective support to meet their nutritional needs.

A person who used the service was supported by their relative with their healthcare needs. Staff we spoke with understood their responsibilities in contacting the person's relative if they became unwell and required medical attention. In the person's care documentation there was information to provide staff with contact details of a healthcare professional so guidance could be sought when required.

Is the service caring?

Our findings

At our previous inspection we found the person who used the service liked the staff who provided their care and felt they were caring. We gave this question a rating of good and this remains the case at this inspection.

A person who used the service was very positive about the regular staff member that cared for them. The person told us, "They are kind and we talk, which I really like."

The registered manager and staff spoke warmly about the person they cared for. The registered provider, deputy manager and staff knew the preferences and what was important to a person who used the service. One staff member described how they had built their knowledge about the person over time and used this knowledge so the person was provided with the care which respected their particular needs.

Staff shared examples with us of how they involved the person who used the service in decision making. One staff member told us, "People are involved in their support; we ask people how they would like things to be done." Care records had been developed further following our previous inspection so staff had guidance on how to involve the person in their support. In addition, the deputy manager contacted the person who used the service to check their views about their care and whether any aspects of the support they received needed to be changed and or improved on. The deputy manager showed they were determined to make sure the regular contact with the person who used the service was consistently maintained. This was so the person was fully involved in their care and the deputy manager had oversight of the quality of the care provided.

A person who used the service told us they were helped to do what they are able to but if they struggled with anything staff would assist them. Staff shared examples with us of how they encouraged people to do as much as they could for themselves. One staff member told us, "It's important that people do things for themselves where they can, even small things, like making a drink." We saw the person's care plans held specific cultural requirements to reflect the person and their relative had been involved in the assessment and planning of the person's care. For example, specific dietary requirements, or support around showering and hygiene.

We saw health and social care professionals had been updated when people's needs changed and the service advocated on behalf of individuals when necessary. For example, staff recognised when a person did not have the equipment they required to enable them to remain independent and ensured this was made available for them.

A person who used the service told us how staff promoted their privacy and dignity when they assisted them in their home. The person told us, "[Staff member] always keeps my privacy." Staff we spoke with all gave us a good account of how they promoted privacy and dignity in everyday practice. This included ensuring that doors and curtains were closed and people were covered when undertaking personal care.

Staff recognised the importance of respecting people's homes were their private and personal space. When

people were first introduced to the care services they were asked how they would like staff to gain access to their homes. We saw that arrangements had been made that respected the wishes of a person who used the service while ensuring they were safe and secure in their homes.

Care records which included information about people's needs were stored securely in the registered provider's office. Staff had access to this information and understood the importance of maintaining confidentiality.

Is the service responsive?

Our findings

At our previous inspection we found care was responsive to the particular needs of the person who used the service. We gave this question a rating of good and this remains the case at this inspection.

A person who used the service talked about their regular staff and told us, "I like how they help me; they know what my routines are. They know what I need and like." Staff we spoke with understood how the person's day to day preferences and wishes were linked to their particular needs which included the person's values and culture. One staff member described how the person chose to have the breakfast on some days made to meet their individual taste. Another staff member explained how they supported the person in styling their hair in a particular way.

We saw the person's care plans had been developed further since our previous inspection so they reflected the personalised care the person advised us they received. The care plans provided clear guidance for staff to follow, so the person was supported in ways which took their individual needs into account. This included the person's physical and health needs. For example, the care plans described the person's specific physical needs. This was so staff who may not be familiar with the person would have this guidance to follow to support the person in receiving consistent care. The person's care was reviewed with them regularly by the registered provider and deputy manager who sought their views on the care they received to make sure it continued to be responsive to their particular needs.

A person who used the service benefitted from receiving care and support from the same staff member for a number of years. When this staff member was away from work the registered provider had back-up plans in place whereby another staff member who also knew the person well supported them with their care needs. When we spoke with the person they indicated they valued receiving care and support from the same staff as they knew how to respond to their particular needs and routines.

The staff timetables reflected the person own preferences in the times they wanted care and support which included specific days. The registered manager and deputy manager advised us they responded to any changes in the person's planned times and days in a flexible manner to make sure the care was led by the person. In addition, staff told us they would report any changes to the person's needs with consent from the person and their relative where appropriate to the registered provider and deputy manager so the care could be reviewed.

The registered provider knew about their responsibilities to provide accessible information in varying formats to meet people's individual needs. This is an area the registered provider would be developing as the service expanded.

A person who used the service told us they had no complaints about the care provided but would raise any they had. We saw systems had been further developed following our previous inspection for the registered provider to manage any complaints or concerns received. In addition, there was guidance for people who used the service so they had clear details about how to raise complaints and concerns, and how these

would be addressed.

Is the service well-led?

Our findings

At our previous inspection the registered provider did not have effective systems for maintaining oversight of the service and they had not made sure they had complete records and were in breach of Regulation 17. We gave this question a rating of requires improvement. During this inspection we found the registered provider had made improvements and had met the requirements of the breach in Regulation 17.

However, the registered provider had not displayed their current inspection rating on their website and at their office which meant they were in breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating for this question has not been changed and remains requires improvement.

On the day of the inspection the registered provider and deputy manager acknowledged they had not displayed their current inspection rating in order to meet their legal obligation. It is a legal requirement that a provider's latest CQC inspection report is conspicuously displayed where a rating has been given, no later than 21 days after the report has been published on the CQC website. This is so people, visitors and those seeking information about the service can be informed of our judgments. At the time of writing this report the action required has not yet been taken.

Since our previous inspection the registered provider and deputy manager showed us they were continually developing their quality checking systems. This was to make sure these were strong in identifying where shortfalls were and acted as a monitoring mechanism. This is so they had an oversight of the standard of services people were provided. For example, the deputy manager had strengthened the care call monitoring arrangements and care documentation was consistent in how the person's needs were to be met with risks reduced to their safety. Another example was the registered provider's commitment to ensure staff had the relevant training which was refreshed and updated so they could be assured of their responsibility in safely and effectively meeting people's assessed needs.

A person who used the service, their relative and staff were encouraged to share their concerns and opinions to help the registered provider improve the quality of the service. For example, we saw the person who used the service had been contacted by the deputy manager to gain their views about the care they were provided. The registered provider told us they had plans to send a quality questionnaire to obtain further views about the quality of the service provided. We saw from written records where the person had been contacted and confirmed they were happy with the care they were provided.

Staff spoke about the values of the care services they provided and the culture of the management of the service. On talking about their work one staff member commented, "Well managed and organised. [Registered provider and deputy manager's name] are very pleasant." Another staff member said they felt supported by the registered provider and deputy manager who were, "Approachable and supportive."

The registered provider and deputy manager assured themselves people received a good service. This included through discussion with a person who used the service, their relatives and staff, by reviewing

records of the care provided and by undertaking unannounced checks on the competency of staff providing care. Staff told us they were given immediate feedback on the quality of the care they provided, so any lessons would be learnt.

Staff we spoke with told us they were provided with the leadership they needed to develop good working practices. These arrangements helped to ensure people consistently received the care they needed. One staff member told us they could always contact the registered provider and deputy manager if they needed advice. Staff also told us they had meetings where staff could discuss their roles and make suggestions to further develop effective working practices. These measures all helped to make sure staff were well led and had the knowledge and systems they needed to care for people in a safe and effective way.

In addition, there was an office space which staff could access for the equipment they required, such as disposable gloves and aprons. The registered provider and deputy manager were also based at this office so people who used the service and staff were able to call if they required advice or assistance. The registered provider was aware of their responsibilities in registering this office if they wanted to directly undertake the regulated activity of personal care from them.

In the PIR the registered provider told us, 'The agency is continuing to make improvements within its management team to ensure it is better led, by further management training if necessary and working with outside training and keeping up to date with new legislation.' The registered provider was supported by the deputy manager to achieve the continuous improvements and achieve the goals they had set as described during our inspection visit and in the PIR. The registered provider and deputy manager also had a vision to continue to develop and grow the service. Both the registered provider and deputy manager understood their responsibilities to continually develop and sustain the improvements for the benefit of people who used the service as a basis from which to work as they had a vision to expand the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had failed to display their current performance assessment at their office premises and on their website.</p>