

The Caring Company Rutland Ltd

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## 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

The inspection visit took place on 21 October 2016 and was announced. We gave the provider 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

The Caring Company is a home care agency and provides support and care for people who live in their own homes.

The service had a registered manager. 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 who used the service were consistently safe. They were supported and cared for by staff that had been appropriately recruited. The registered manager had followed recruitment procedures that ensured only staff that were suitable to work at the service were employed. Staff understood their responsibilities for protecting people from abuse and avoidable harm.

People's care plans contained risk assessments that related to daily activities associated with their personal care routines. The risk assessments provided information for care staff that enabled them to support people safely without restricting their independence.

Enough suitably skilled and knowledgeable staff worked at the service to meet the needs of the people using the service. The staffing numbers were allocated following the completion of a full risk assessment. Staff were knowledgeable about people's needs and ensured that people were supported by care workers with the appropriate skills and knowledge. Staff had been trained to handle medicines in a safe way. Staff reminded and supported people to take their medicines at the correct time.

Care workers spoke positively about the training they received. They told us their training provided more than adequate information that supported them in their role. People who used the service told us that they felt staff were well trained and knowledgeable. The provider had a staff training plan set out on the computer with reminders for any refresher training that was needed. People using the service and their relatives spoke highly of the service and the effectiveness of staff. Staff were supported through supervision and appraisal that allowed discussions about personal development as well as any issues that related to people's support.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights.

Staff understood the importance of people having regular meals and sufficient amounts to drink. Where any problems had occurred that concerned a person's health, such as having swallowing difficulties, the person's GP was informed so that any referral for additional support was provided.

The registered manager ensured that care staff were matched with the person who received support to ensure there was a degree of understanding between both. This meant that staff also had a natural empathy for the needs of people's needs.

People using the service said they were involved in making decisions about their care and support. They had received the information they needed about the service and felt that they were treated with dignity and respect.

The provider had effective arrangements in place for monitoring the quality of the service was provided. These arrangements included feedback from various sources and any suggestions were considered and acted on if 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.

Staff understood and put into practice their responsibilities regarding protecting people from abuse and avoidable harm.

There was a robust recruitment process in place that helped the service to employ only suitable staff. The appropriate numbers of staff were allocated to provide support and care to people using the service.

People were supported by appropriately trained staff to take their medicines at the right times.

### Is the service effective?

Good ●

The service was effective.

Staff were supported with effective and regular supervision, appraisal and training. Their training was related to the support that they provided to people.

Staff were aware of their responsibilities under the Mental Capacity Act 2005.

Staff supported people to have sufficient to eat and drink as well as with their health needs.

### Is the service caring?

Good ●

The service was caring.

Care workers were carefully matched with people using the service and were treated with dignity and respect.

People were involved in planning their care and support.

People using the service and relatives referred to staff as being kind and compassionate.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their individual needs.

People felt that the care they received had made a positive difference to them.

People knew how to make complaints if necessary. They felt that they would be listened to in such an event.

### **Is the service well-led?**

The service was well-led.

Staff felt supported by the registered manager and senior staff.

People's opinions of the service were regularly gathered during any visit from the registered manager.

The registered manager had effective arrangements in place to regularly monitor the quality of the service that was provided.

**Good** ●

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## **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 21 October 2016 and was announced. The provider was given 48 hours' notice because the service is a home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit 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 reviewed the information within the PIR along with information we held about the service. This included notifications. Notifications tell us about important events which the service is required to tell us by law.

Before we visited the office on 21 October 2016 we made telephone calls to people using the service or their relatives. We spoke with two people who used the service and six relatives of other people who used the service.

On the day of our site visit we looked at three people's care plans and associated records. We looked at information about the training and support staff received. We looked at three staff recruitment files to see how the provider operated their recruitment procedures to ensure only suitable people were employed. We looked at records associated with the provider's monitoring of the quality of the service. We spoke with the

registered manager and a homecare visit coordinator. We later spoke with two members of care staff.

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe from abuse and harm.

One person using the service said "I always feel safe and I look forward to them [staff] coming". Another person said "I always feel safe, they all know what they are doing". A relative said "I totally trust them. I know they are safe with them". Another said "they always treat her well and keep her safe". A relative said "Oh yes (person's name) is definitely safe. The lady who comes is very good she likes them and she likes her".

Most people said they normally had the same carers which may be up to a small team of four or five. One relative told me they had lots of different carers they did not feel this was a problem. This person said "I told (manger's name) that it wasn't a problem who came as long as they were able to look after (person's name)". Another relative said "It is normally one of three. They are all very good (person's name) gets confused so it's good to have regular people". Another relative said "it's normally the same lady with one other who covers for her. They both know (person's name) really well". One person said "I have quite a few, they alternate it's not a problem I like the variation. I have got them sorted out and they have me sorted too". This meant that people could be confident that their wishes and needs were fully known and the staff member knew what made the individual feel safe and comfortable.

Staff knew how to identify and respond to signs of abuse. They knew about the provider's procedures for reporting suspected or actual abuse as staff had training in safeguarding people from abuse or avoidable harm. Staff we spoke with confirmed that they had training as well as copies of related policies and procedures. They knew how to protect people from such abuse. Staff and people using the service told us they were very confident that if they raised any safety concerns with the registered manager they would be taken seriously.

Records showed that people were supported to remain as safe as possible in their own home. For example a person using the service who lived with dementia and had filled the home with smoke while cooking a meal. The service referred this person to the local authority for further assistance and support as their level of dementia was increasing.

Care plans we reviewed contained detailed risk assessments of all activities associated with their personal care routines. Risks were assessed according to a person's dependency levels, for example their mobility, as well as individual needs relating to their personal care. People were safely supported to be as independent as possible. Risk assessments associated with people's home environment were also completed and regularly reviewed. This support the safety of care staff as well that of people using the service.

The provider undertook recruitment procedures that assisted with the recruitment of suitable staff. These measures included pre-employment checks that identified any person who may not be suitable to work in a person's own home. References had been obtained and a check with the Disclosure and Barring Scheme (DBS) had been made. A DBS check provides information as to whether someone is suitable to work at this type of service. This meant that people using the service were protected by the pre-employment checks that

had been carried out. This supported, as far as was possible, the safety of people using the service.

People also said that staff always signed the medication sheet and made a note in their daily record to confirm when medication had been administered and was observed to be taken. People also said that staff always signed the medication sheet and made a note in their daily record to confirm when medication had been administered and was observed to be taken. Some people required assistance with taking their medication. People said that staff always signed the medication sheet and made a note in their daily record to confirm when medication had been administered and was observed to be taken.

While people using the service did not all require support with their medicines, all staff were trained in the safe handling and administration of medicines. This meant that if people did require direct assistance, this was provided by safely by appropriately trained staff members.

## Is the service effective?

### Our findings

People told us that they thought staff had the skills to carry out their role. A person using the service said "I think they are trained well. They all seem to be following the same pattern or routine, it all fits together really well". A relative said, "They [staff] all seem to have been trained the same way. They are all consistent in how they approach things". Another relative said "I think they are very well trained to do the role. I trust them".

The provider had a programme of staff training and that ensured all staff were supported by training that provided them with the appropriate knowledge to undertake their role. For new staff this training was part of an induction during which staff were given essential information about the service and an individually developed training. Staff we spoke with confirmed that they completed a full induction programme on starting work at the service and had continually updated training. One carer told us, "The induction was good and I learnt a lot." Staff also confirmed that they were coupled with an established member of staff for some time until they got to know people who used the service and how they chose to be supported. People who used the service also had time to get to know their new carer during this induction period. Staff records also confirmed that the induction programme was monitored and new members of staff were assessed during this time, to ensure they were suited to their role.

The registered manager and staff we spoke with had a thorough understanding of the MCA. The Mental Capacity Act (MCA) 2005 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. Care workers we spoke with understood that they provided care and support to a person only with their consent. People using the service told us that staff asked if they were ready to do things. One person said "They [staff] always check if I'm ready to get up." Staff respected the choice of the person and left them for a while if they were not ready.

Staff supported people to eat and drink by prompting them and also by helping them to make or heat their meals. Some people said staff would help prepare meals. This was usually by putting prepared meals in the oven. People said that staff would ask them what they felt like eating that day. One person said "I just say get the next one out and unless I've had it recently that's what we go for". One relative described how they preferred to prepare meals for the person using the service. They explained, "I am not keen on ready meals and as we have a big family it is no hardship to make extra. The carers are very good they will heat up the meal or cook the veg I have left prepared. One carer in particular has been brilliant, she suggested we look at doing a weekly menu which will help me with the shopping and ideas when it comes to choosing on the day". Records showed when specific drinks had been offered or taken. One care plan for a person who needed to drink more fluids stated, "Always offer liquids." Records had a tick when staff had offered fluids and contained details of what drinks the person had enjoyed. Any changes were highlighted to alert staff to this fact, they were then able to provide appropriate support for the person.

People told us that care workers supported their health needs. The provider maintained working links with other services to make certain that a person had the required support they needed. Records showed that the service worked closely with other agencies, such as specialists, dietician or the GP when people were assessed as having difficulties with eating. Records contained clear instructions about the specific requirements of the person and any advice provided by experts was detailed in care plans.

## Is the service caring?

### Our findings

People using the service and their relatives told us that care workers knew their needs. They said that staff stayed with them for the required period of time and did not rush. They told us that the care and support they received was centred on their individual needs and preferences. A person using the service said, ""We are currently trialling an evening visit which seems to be going well at the present. I will be keeping in touch with the manager to see if we can make this permanent". A relative told us that staff were very good, "They sit and really find out what she really wants. It's a great working relationship with the carers". A relative said "they are great with my relative. If she is watching something they will leave her and get things ready so she can see the end of the programme. They are very thoughtful".

Care plans were regularly reviewed by the registered manager or a senior care worker. The plans were reviewed with the involvement of people who used the service and relatives where requested. Some people we spoke with recalled reviews and relatives also confirmed that they were kept fully informed, if the person using the service had agreed to this.

Everyone we spoke with expressed their satisfaction with the quality of care and support they received. A relative described how staff supported their family member who was partially sighted. They said, "the staff are really good they will approach from the side that she sees best from. They use a lot of touch so that she knows where they are so they don't startle her". This supports the person's dignity as well as recognising her individual needs. Another relative wanted to add that they felt the staff really went out of their way for people they supported. They said, "I want to say they go above and beyond, they will often stay if they feel dad isn't settled. I know they really care about my dad. Even the manager does stuff past her remit for example she picked him up the other day and brought him home she didn't have to do that."

People had no hesitation in saying that they would discuss any concerns that they had with either staff or the registered manager. Most people using the service said that they had dealt directly with the registered manager either by mobile phone or email. Everyone said that the registered manager was very good at getting back to them as soon as possible. A relative said "I felt very relaxed from the start. The manager was very good with (name) from the beginning she really understood her needs which made her very relaxed too". Another relative said "If I have any worries or a problem I will ask and if the carer doesn't know she will try and get the answer for me even if she has to ask the manager". This showed that the service respected the individual wishes and preferences of people using the service. The provider and staff had a person centred approach.

Care staff told us that they provided care that was centred on individual choices and needs that were clearly set out in care plans. Information sharing between staff also provided additional information. Our discussions with staff working in the main office also confirmed they were fully aware of individual needs. Office staff provided a vital link for people who telephoned and people using the service confirmed that there was always someone to talk to when needed. People we spoke with had not raised any concerns but felt that staff and the registered manager would always take any necessary action.

The provider's complaints procedure was issued to every person using the service and explained the process and timescales of dealing with any concerns or issues raised. People were also provided with information of external organisations that they could take any concerns or issues to if they wished. Records showed that regular monitoring was used to improve the quality of the service delivery.

## Is the service responsive?

### Our findings

People using the service and their relatives told us that care workers knew their needs. They said that staff stayed with them for the required period of time and did not rush. They told us that the care and support they received was centred on their individual needs and preferences. A person using the service said, ""We are currently trialling an evening visit which seems to be going well at the present. I will be keeping in touch with (manager's name) to see if we can make this permanent". A relative told us that staff were very good, "They sit and really find out what she really wants. It's a great working relationship with the carers". A relative said "they are great with (relative) if she is watching something they will leave her and get things ready so she can see the end of the programme. They are very thoughtful".

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## Is the service well-led?

### Our findings

People using the service felt that the service was well led. People were very complementary about the manager who was described as being, "Caring' approachable, flexible and a good listener." Everyone without exception said they would recommend the company. Three people told us that they already had. One person using the service said "I have the manager's number and wouldn't hesitate to ring her if I needed to. I think she really cares about us all". Another person said "The manager is always extremely pleasant she's a good manager she has a good grasp of situations. I have had several long chats about my future. I do not wish to go back to hospital and she is working on a long term plan to support me here as things deteriorate". One relative said "I think they are really well managed. Nothing seems to be too much trouble for the manager, she always appears interested". Another relative said "I could make suggestions. I have no hesitation saying this I am sure she would listen."

People`s needs were known to the registered manager and the staff team who organised home care visits. The registered manager told us that a full assessment was completed before any agreement was made to provide care and support to people. This meant that the provider made certain all equipment and relevant training was in place to provide appropriate care and support.. This meant that people using the service could have confidence that their needs would be appropriately met.

Everybody we spoke to said that they were happy with their time slot although one relative told us, "The time was altered as one of the carers was ill and we were asked by the manager if it was Ok to change the evening visit. I have noted however that even that earlier time is becoming earlier. I have it down to speak to the manager I know she will listen". A person using the service told us, "I know that the manager would deal with anything I asked as she has in the past, she is easy to get on with and listens to what you have to say". This showed us that people had access to the registered manager and were also confident that they would be listened to. Only one person said that they had contacted the office and "It can be a bit hit and miss. Sometimes things have slipped, but I think it depends on how busy they are." This experience was not typical as all other comments were positive.

The service had an open working culture that invited comments and opinions from all groups of people working, using or supporting the service. There were clear values and processes that were set out in the policies and procedures. This was also supported through regular meetings and daily communicated and discussions with the registered manager. A member of care staff told us, "I think we all work together and would speak out if needed. I have the policies and would not think about raising any issues or concerns They told us the registered manager was approachable and always ready to give time for staff or people using the service.

There were effective systems in place to monitor the quality of the service. This included asking the views of people who used the service plus a variety of additional audits. The registered manager called on people using the service to discuss their opinions of the service as well as to spot check on care staff. These responses were reviewed and used to further develop the quality of the service provided. We reviewed a

sampling of feedback forms and the assessments of comments. The responses contained positive and complimentary comments from people who used the service as well as some family members.