

Care Designed for You Ltd

# Evans Business Centre

## Inspection report

Evans Business Centre  
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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

### About the service

Care Designed for You Ltd is a domiciliary care service providing care and support to older people and younger adults, as well as people who may be living with learning disabilities or autistic spectrum disorder, dementia, sensory impairment, or a physical disability.

Not everyone using the service receives regulated activity; the Care Quality Commission (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 consider any wider social care provided. At the time of our inspection, two people were being supported with personal care.

### People's experience of using this service and what we found

People's relatives gave feedback to us on behalf of their family member because of the communication needs their family member had. People continued to receive a good service. They were safe from harm. Systems and appropriately recruited staff supported this. People's risks were safely managed. Sufficient numbers of staff were employed to support them in taking risks. People were safely supported with handling medicines and keeping their homes clean.

Staff were trained, skilled and well supported by the provider. People had good relationships with the staff who protected their rights to lead a normal life. 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.

We have made a recommendation about records of people's capacity being included in their care records.

Feedback from people in surveys was that staff were kind and caring. People were respected, staff championed their privacy and dignity and encouraged their independence in all aspects of life.

Staff were motivated to provide person-centred care based on people's choices and preferences. They were dedicated and praised for this by health and social care professionals. People were supported to do the things they wanted to.

People had the benefit of a service that was positive, inclusive and forward-looking. There was a registered manager who maintained checks on how well the service was provided. All records were held electronically and securely. This ensured the confidentiality of people's information.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service, under this legal entity, was registered with us on 13 July 2018 and this is the first inspection. The last rating for this service was good (published 25 January 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Evans Business Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Notice of inspection

We gave 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection. Inspection activity started and finished on 12 July 2019, when we visited the office location.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

People who used the service were unable to provide us with verbal feedback. We spoke with the provider who is the registered manager, a director and three support staff. We looked at two people's care records in full and their daily care records. We looked at four staff's recruitment, induction, training and supervision records as well as other records relating to the management of the service.

After the inspection

We received feedback from relatives of two people and a local authority member of staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse.
- Staff were trained in safeguarding people from abuse and demonstrated knowledge of their safeguarding responsibilities. The registered manager knew how to refer any concerns to the local authority safeguarding team.
- The registered manager was aware of their responsibility to send us notifications of events and incidents that had occurred within the service.

Assessing risk, safety monitoring and management

- Risk assessments reduced people's risk of harm. Staff monitored people's safety and reported any concerns to the registered manager to act on. They amended risk assessments and practice as necessary.
- Accidents and incidents were monitored and analysed for trends to reduce their reoccurrence.

Staffing and recruitment

- The provider operated a safe recruitment system and made sure security checks were completed before staff worked with people.
- Staffing numbers were sufficient to meet people's needs. Staff continuity was maintained with visits, as the staff team was small and staff turnover was low.
- Rotas were well managed by the registered manager. Staff covered each other's absences.

Using medicines safely

- The provider was not responsible for managing people's medicines. However, they maintained records of when people took their medicines. This was to ensure people were monitored for any future support they may need and to help with remembering to take medication.

Preventing and controlling infection

- People were protected from the risks of infection by staff operating good infection prevention and control practices and following good food hygiene guidelines.
- People's relatives confirmed their family member's received the safe support they needed with personal hygiene and handling food.

Learning lessons when things go wrong

- The provider encouraged staff to learn lessons from any events or incidents that resulted in poor outcomes for people. While such outcomes were few the approach from the whole staff team was one of unity to ensure this.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- The provider met the requirements of the legislation. People were involved with important decisions about their care. Staff gained people's consent before supporting them.
- People's care records did not always contain information about their capacity to consent to their care.

We recommend the provider ensure that assessments of people's capacity are included in their care records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received effective, safe care. People had a comprehensive assessment of their needs carried out and these were consistently documented. Care plans provided enough information to guide staff and support good practice.
- People's relatives gave positive feedback about the effective support their family member received. They told us, "The carers do a great job. They are thorough and help with whatever [Name of the person] needs."
- Staff monitored people's needs and provided flexible support, for example, to make sure they attended medical appointments or sought emergency medical attention if needed. Their rights were respected and their diverse needs were supported in a way that made sure they were not discriminated against.
- People's environment was assessed and reviewed where necessary to ensure it was suitable.

Staff support: induction, training, skills and experience

- People were supported by staff that had the experience and knowledge to effectively carry out their roles. Staff completed a thorough induction and appropriate training. They received supervision and annual checks of their performance.



- Staff confirmed the training they completed in conversations with us. Documents we saw provided further evidence that staff training, and supervision was monitored, reviewed and updated.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were effectively supported with food planning and preparation and making healthy choices with their nutritional needs. Where anyone had specific dietary needs, these were well supported.
- Services of healthcare professionals were accessed as required and staff maintained good working relationships with healthcare professionals for the benefit of people they supported.
- Staff supported people to maintain healthy lifestyles of their choosing.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with other agencies, health care professionals and social service officers.
- A social care professional told us, "Care Designed for You provide a very effective service meeting the needs of individuals using skilled support. They have gone over and above to provide an effective service sourcing opportunities for people they support."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received the care and support they needed from caring staff. People's relatives comments included, 'Our experience is that the registered manager and staff go above and beyond the call of duty to ensure that our family member's safety and wellbeing are paramount' and 'I am extremely happy with the service. I know my family member is happy too; I can tell be how settled and calm they are in their behaviour.'
- Staff confirmed the approach they used with people; they explained they cared for people how they would wish to be cared for themselves and demonstrated empathy. Staff had life experiences to draw on to help them in the support of people.
- Staff demonstrated good understanding of people's diverse needs and stated people and staff were respected and valued whatever their race, religion, disability, gender or sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- People's care records demonstrated they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us their family member's privacy and dignity was respected and their independence was fully encouraged. Comments included, "My family member is looked after and supported in a safe and respectful manner."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care which was responsive to their needs.
- Staff had a good understanding of the people they supported; their likes, dislikes and personal preferences.
- People had regular reviews to make sure the care and support continued to meet their needs.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and how best to share information in a way they would understand.
- The provider made sure people had accessible information, for example, about how to complain about the service and what they could expect from staff. Staff talked about examples where people had been supported with information in a format they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported with relationships and engaging in activities and pastimes. Staff understood people's needs to prevent isolation and had explored avenues and technology to help improve their experiences.
- Staff encouraged people to take up education or work opportunities.

Improving care quality in response to complaints or concerns

- The provider had systems in place to manage complaints.
- People's relatives told us they felt confident speaking with the registered manager and told us they knew how to complain if they needed to. One relative said, "I have the opportunity to raise any concerns with carers or the manager but I have never needed to."

End of life care and support

- People had the opportunity to discuss their end of life care preferences. This helped to ensure people

would receive dignified, comfortable and pain free care to support and maintain their cultural and spiritual requirements.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive, open and person-centred approach to care.
- Staff worked well as a team and were proud of their performance in maintaining a good quality service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing other staff members.
- Various quality checks were made on service delivery. This included using telephone calls for feedback, spot checks, audits and surveys.
- The provider was aware of their registration requirements. They knew when to inform appropriate agencies and organisations of events that happened at the service, or to people while being supported by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected.
- People and their relatives were involved in discussions about their care, or their family members care, and experienced good communication with staff. Everyone understood each other's expectations for sharing information.
- There were satisfaction surveys for people to complete and these had been analysed each year to show levels of satisfaction. Recent results showed responses were positive in most area for the service.

Continuous learning and improving care; Working in partnership with others

- The service's internal quality audit tools helped the provider monitor the service's performance.
- Staff learned from experience and shared their learning with other members of the staff team. They were

committed to reflecting on their performance and improving it where possible.

- The provider and staff worked well with other health and social care professionals.