

The Caring Company Rutland Ltd

The Caring Company Rutland Ltd

Inspection report

Casterton Suite, The King Centre
Main Road
Oakham
Leicestershire
LE15 7WD

Tel: 07764235075

Date of inspection visit:

21 August 2019

22 August 2019

Date of publication:

07 November 2019

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

The Caring Company Rutland Ltd is a care agency providing personal care to 22 people at the time of the inspection. They provide care for adults of all ages some of whom may be living with dementia, a physical disability or a sensory impairment.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us the staff were kind and caring. There was enough staff to care for people and ensure people received care from a small group of staff who knew them and their needs well. Rotas were set to allow staff plenty of time to travel between visits and to meet people's needs in a calm unhurried manner.

Staff received training and support which enabled them to provide safe care for people. This included training for administering medicines and keeping people safe from the risk of infection. People told us staff worked in accordance with their training. Staff had also received training in identifying and reporting abuse and were clear on how to raise concerns.

Risks to people had been identified and care was planned to keep people safe. People had been involved in planning their care. People's care needs were accurately recorded in their care plan. People's ability to communicate with staff was recorded along with any adjustments they needed to ensure they were able to access information as independently as possible.

People's ability to make decisions were recorded. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had effective systems in place to monitor the quality of care provided and to drive improvements in care. Learning from accidents, incidents and complaints was identified and shared with staff to prevent any reoccurrence.

The registered manager had developed a culture which put people's needs at the centre of the service, while also supporting staff to provide a good quality of care. People's views of the service were collected and used along with the views of staff to drive improvements in care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Caring Company Rutland Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector completed the inspection.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 August 2019 and ended on 22 August 2019. We visited the office location on 21 August 2019.

What we did before 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. 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

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff, the registered manager, training coordinator and two care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who cared for them and trusted them. Relatives were confident staff were able to care for people safely.
- Staff had received training in how to keep people safe from abuse and how to recognise signs might indicate a person was being abused. Staff were clear on how to raise concerns both with the provider and with external agencies.
- The registered manager had worked with the local safeguarding authority to ensure all concerns were investigated and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people while receiving care were identified and action was taken to keep people safe. For example, one person's care plan noted their mobility decreased as they became tired and so would need more support and monitoring to be safe.
- Risks were regularly reviewed and any changes were shared with staff, to ensure they had the latest information before any care was given.
- The registered manager had assessed external risks of staff not being able to complete calls and taken action to reduce those risks. For example, a company car was available so if any member of care staff had car trouble it would not impact on their ability to visit people.

Staffing and recruitment

- People told us staff were on time for calls and they never had to wait for care. One person told us, "They are very good on timekeeping."
- Staff rotas ensured staff were able to be at call on time and stay for full length of time. There was always enough time scheduled in to allow for travel between calls.
- When there was an emergency there were systems in place for office staff available to pick up calls. One member of staff told us if they needed to stay with a person in an emergency the office ensured their next calls were covered.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed. One person said, "Every day they give me my medicine and write it down."
- Staff received training in the safe management of medicines and told us they knew what action to take in the event of a medicines error.

Preventing and controlling infection

- Staff told us they had received training in how to minimise the risk of infection for people. They were able to describe how they used and changed protective equipment to keep people safe.
- People told us staff used and disposed of protective equipment safely.
- Care plans contained instructions for staff to follow to ensure good hygiene and infection control practices were followed.

Learning lessons when things go wrong

- The registered manager monitored accidents and incidents and ensured action was taken to keep people safe. For example, when one person was falling in the evenings, the registered manager raised the need of a bed time call with the family and local authority.
- Learning from incidents was shared at team meetings, so all staff were aware of any changes they needed to make in how they delivered safe care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager completed assessments of people's needs before they started to use the service. This allowed them to check staff had the skills needed to provide safe care or if training in specific diseases were needed.
- The registered manager had ensured assessments were completed in line with best practice guidelines and used standard tools.
- The training coordinator ensured staff were aware of any changes in policies and procedures they needed to follow by reviewing changes in team meetings.

Staff support: induction, training, skills and experience

- There was a training coordinator in place. They had identified all the training staff needed and how often training needed to be refreshed to ensure staff remained competent in their skills. There was a training plan in place which identified when each member of staff would require to attend further training.
- New staff spent two weeks shadowing an experienced member of staff. This period could be extended if required until the member of staff was confident in providing care. New Staff were also required to complete the care certificate. The training coordinator ensure staff received any support needed to complement individual staff's learning styles.
- Staff were supported through regular one to one meetings with the registered provider. In addition, spot checks were completed to check their competencies while providing care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assessed for their risks of malnutrition and dehydration, and for their ability to eat safely. Staff referred people to their GP where they were identified as at risk. Staff followed health professionals' advice to ensure people's dietary needs were met.
- One person who needed monitoring while they eat told us how effectively care staff helped them when they had started to choke. They told us, "It was done without fuss or panic."
- People's food likes and dislikes were recorded in their care plan. One person explained how they liked a lot of gravy on their cooked meals as it made it easier for them to eat. They told us staff were aware of this and made sure it was there.
- Staff told us they always ensured people were left with drinks near to them so they were able to remain hydrated between visits.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and their relatives told us staff had noticed when people were not well and had contacted the GP for support. Records showed community nurses had been contracted for advice and support when concerns were noted with people's skin.
- One person received support to attend hospital visits, their relative told us they were supported by the same member of staff for continuity and the registered manager kept the relative informed of the outcome of each visit.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's ability to make decisions for themselves had been assessed. There was evidence of mental capacity assessments, when needed, and their outcomes. Best interest meetings had been held had included all the people needed to make a decision. For example, people's relatives and healthcare professionals.
- Where people's relatives were acting lawfully on their behalf, this was documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant 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 told us they valued the service they received and the kindness and support provided by the staff. Families were confident staff knew people and their needs well. A relative told us, "They pick up quickly on his low moods."
- The registered manager explained how shifts were structured to provide continuity of staff to people. This ensured staff had the time to build relationships and trust with people. It allowed them to know people's need and behaviours well, so staff were able to easily identify when people were not well.
- People were always introduced to the staff who would support them. One person told us, "I always know who is coming. The first time a carer [staff] visits they are always accompanied by a regular carer [staff] who knows me." In addition, people were kept informed on who would be supporting them at each visit. One person said, "I have two carers[staff], they tell me who is coming next. They are very good at keeping me informed."

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

- People were offered choices about their everyday lives. For example, what to wear and what they wanted to eat. Where people had difficulty making decisions staff told us how they simplified decisions for people by offering a choice between two different options.
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.
- Staff had received training in helping people to maintain their privacy and dignity. They did this by ensuring curtains and blinds were closed before providing care. They encouraged people's independence by supporting themselves to provide as much of their own personal care as they were able to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant 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 had been involved in planning and personalising the care to their individual needs. One person told us, "I went through the care plan in detail."
- A relative told us staff were supportive of a person's needs and behaviours. For example, the person found it difficult to accept personal care and would often decline. The relatives explained how staff would take their time talk to the person and accommodate their needs by offering care at various times during the visit. They said having regular carers had helped to build trust and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding the service was available in other formats, for example, easy read, large print and additional languages.
- Care plans contained assessments of people's communication requirements and strengths, and identified what support staff should offer to ensure their needs were met.

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

- Staff told us how they ensured people had access to their preferred point of entertainment before leaving. For example, some people liked to watch the television, while others preferred to do crosswords and word searches.

Improving care quality in response to complaints or concerns

- People received information on how to make a complaint when they started to use the service. However, people told us they were happy with the care provided and had never felt the need to raise any complaint. One person told us, "I am happy to ring [registered manager], they are always accessible." Another person said, "I don't have to ring [the office] much but I would if I wanted."
- The provider had received one complaint since our last inspection. The registered manager had investigated the complaint and taken the action needed to resolve the issues and ensure a similar issue would not reoccur.

End of life care and support

- Care plans had been developed when people were approaching the end of their lives and when they felt ready to make decisions about the care they wanted.
- The provider worked collaboratively with other agencies to provide people with a dignified death. They ensured anticipatory medicines were available, so people could remain pain free without needing to wait for a GP visit. If required staff could sit with the person to support them and their families.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant 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 registered manager promoted person centred care in all aspects of the service and recognised the importance of recruiting and retaining staff who shared the same values. Actions they had taken to improve the care provided showed they were committed to providing safe care for people while also looking after their staff. An example of this was when the provider arranged four-wheel drive vehicles to be available when staff had needed to reach people in snowy conditions.
- People told us they felt management led the service well. People we spoke with all knew the registered persons by name and knew they could contact them and were confident any concerns would be resolved.
- The culture at the service was person centred and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions.

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

- People told us and records showed the registered persons had kept people and their relatives informed about any incidents which had happened. They worked with families and people using the service to provide care which kept people safe.

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

- There were effective audits in place to monitor the quality and safety of the care provided. The registered persons ensured that when any concerns were found action was taken to make improvements.
- The registered persons had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the service. The registered manager had notified us about events which happened in the home.

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

- People were regularly asked for their feedback during reviews and on an informal basis. Issues and suggestions were acted upon.
- There were regular staff meetings and staff also visited the office once a week where they were able to speak with the registered manager. Staff were confident action was taken when they raised a concern as they received feedback from the registered persons of the action taken.

- Staff felt supported by the registered manager, they told us if they had any concerns they were able to contact the registered manager at any time.

Continuous learning and improving care

- The registered manager analysed accidents, incidents and complaints and shared the learning with staff to improve the quality of care provided.
- The registered persons kept themselves up to date with change in best practice by reviewing CQC guidance, change in legislation and industry best practice guidelines.

Working in partnership with others

- The registered persons had developed partnership working with external agencies such as local doctors, specialist healthcare services and voluntary services. This enabled people to access the right support when they needed it.