

5 Care Services 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

This announced inspection took place on 16 June 2016. At our last inspection on 8 October 2013 they were compliant in all the regulations we looked at. 5 Care services provides personal care to people in their own homes. At the time of our inspection they were providing care to 51 people in their own homes.

There was a registered manager in place at the time of our inspection. 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 and their relatives told us they felt safe whilst receiving care. Staff had received training and were knowledgeable about how to keep people safe and were knowledgeable about how to report any concerns about people's safety or if they suspected any abuse. Staff knew how to manage people's assessed risks however these were not always recorded in their care records. People told us they were supported to meet their needs by sufficient staff, who stayed the correct amount of time. The provider had a safe recruitment process in place which ensured people were supported by appropriate staff. People received their medicines on time.

People and their relatives told us the staff who supported them had been trained appropriately to meet their needs. The registered manager and staff understood how the principles of the Mental Capacity Act (MCA) affected people's care when they did not have capacity to make decisions about their care themselves. When people required support to meet their nutritional needs staff provided the support they required. People were supported to access outside health professionals when their health needs changed.

People told us they were supported by kind and considerate staff who knew them well and understood their needs. People and their relatives told us they were involved in agreeing how their care needs were to be met and received regular reviews of their care. Care records were up to date and reflected their current care needs. People were supported to maintain their independence. People told us staff respected their privacy and dignity. Staff were able to give us examples of how they ensured people's privacy and dignity was maintained.

People told us staff provided care which was responsive to their individual needs. Staff gave people choices about their care and respected their preferences when care was delivered. People knew how to complain and when they did they were listened to and action taken to resolve their complaint.

People told us the service was well led and they would recommend the service to other people. Staff were happy working in the service because they were well supported by the registered manager. Some systems were in place to monitor the care people received. The registered manager was looking to introduce systems to look at further monitoring the care people received across 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.

People received safe care from staff who knew how to recognise signs of abuse and how to report it. Staff understood how to manage risks to people's health. There were sufficient staff to meet people's needs. The provider had safe recruitment practices. People received their medicine when they needed it.

### Is the service effective?

Good ●

The service was effective.

People told us staff were well trained to meet their needs. Staff had received training in the Mental Capacity Act. People were supported to make choices about their care. People were supported as needed to access food and drink to meet their nutritional needs. People were supported to access healthcare professionals when their health needs changed.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and considerate staff. People were encouraged to maintain their independence. People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People were cared for by staff who respected their personal choices and preferences and were involved in planning their care. People were comfortable in raising complaints and when they did they were listened to and action taken to resolve them.

### Is the service well-led?

Good ●

People told us they were happy with all aspects of their care and thought the service was well led. Staff were supported in their role. A system was in place to monitor the quality of the care

people received.

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# 5 Care Services Limited

## **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 16 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in at the office.

The inspection team consisted of one inspector. We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law.

We contacted the Commissioners of the service to gain their views about the quality of the service provided. We used this information to plan our inspection.

We spoke with four people who used the service and two relatives to gain their views of the service provided. We spoke with five staff and the registered manager. During our inspection we looked at three staff records and looked at four people's care records. We also looked at some records relating to how staff review people's medicines to ensure they have received them on time.

## Is the service safe?

### Our findings

People told us they felt safe whilst receiving care. One person said, "Yes I feel very safe". Another person commented, "Yes I feel very safe, definitely. They are very good".

Staff knew how to keep people safe. Staff told us they had received training in how to keep people safe and knew what to do should they have any concerns about people's safety. One member of staff said, "I have had training in safeguarding. If I had any concerns I would speak to the person and my manager. If no action was taken I would whistleblow outside of the organisation". Another member of staff explained to us about the different types of abuse and how they would recognise signs of each of them. The registered manager understood their responsibility in reporting any potential abuse to the local authority who are the lead organisation for investigating any potential abuse reported to them. People were protected from harm because staff had received training and knew what to do if they had any concerns.

Staff explained to us how they managed risks to people's safety. One member of staff said, "I have to ensure [name of person] has their legs elevated because their legs are always swollen". Another example was given regarding a person who needs to have their equipment close to them to ensure they could stand up and walk safely. We saw that although staff had the knowledge to manage people's risks there were not always risk assessments recorded to guide staff and to ensure all staff were consistent in their approach. For example, one person had epilepsy and there was no risk assessment in place for staff to follow should the person have a seizure. Whilst staff we spoke with understood how to manage risks to this person, known risks to people's health were not always recorded in their care records. We spoke to the registered manager about risk assessments and they agreed they would address this by looking through all care records to ensure when people had assessed risks assessment were in place for staff to follow.

People were supported by sufficient numbers of staff to meet their needs. All of the people and their relatives told us the staff are reliable and never missed a call. One person said, "The only time they were held up a little bit, they rang, and then they turned up ten minutes later". A relative commented, "They have always turned up on time". People also commented they received care from the same carers on a regular basis. One person commented, "I have the same carers. They know me well". A relative told us, "[Name of person] has the same carers consistently". People and their relatives were also happy with the length of time carers stayed and always got the care they needed. One person commented, "They always stay the length of time they should". We spoke to the registered manager who told us they had a computerised system which calculated the number of staff they needed to meet people's assessed needs safely. People were supported to meet their needs by sufficient numbers of staff.

The provider had a system in place to ensure new staff were recruited safely. Staff explained to us what they had to do as part of the recruitment process. One member of staff said, "'My Disclosure and Barring check (DBS) took a long time to come through so I couldn't start for a while". Another member of staff told us about further documentation the provider had asked them to bring in prior to them starting work. These included references from previous employers and documents to prove their identity. Staff records we looked at confirmed what staff had told us and demonstrated that the provider had a safe recruitment system in

place.

People we spoke with told us they were happy with the support they received to take their medicine. One person said, "Yes I am very happy". Staff told us they had received training in how to support people with their medicines and were confident in doing so. One member of staff told us, "I give [name of person] their medicine when they are calm and whilst they are watching the television". Staff were able to explain the process they have when they give people their medicine and what they have to do should a person decline their medicine. We looked at the system the provider had in place to ensure people got their medicine when they needed it. They explained to us people's medicine records are checked on a weekly basis and any gaps were noted so that they could address them with the carer immediately. They told us if a member of staff had forgotten to sign when people have received their medicine on more than one occasion they were asked to complete further training. Records we looked at showed us that people got their medicine on time and when they needed it.

## Is the service effective?

### Our findings

All of the people and their relatives we spoke to were very happy with the support they received from staff. One person said, "They listen to me. They know me well". Another person said, "They must have had good training they know how to look after me". A relative commented, "They are well trained they know how to look after my mum". Staff told us they received very good and very thorough training. They told us it helped them to support people and to provide good and safe care for them. One member of staff said, "I had fantastic training". Another member of staff commented, "My training has helped me do my job, particularly the moving and handling". Staff told us they received a very thorough induction which lasted two weeks when they started their job. Staff also told us they could discuss their training needs in their supervisions and they would receive support from the registered manager. However, one member of staff explained to us how they supported a person who had a very specific health condition; they had not received any training in the specific area. We spoke to the registered manager about any specific training staff received to meet people's needs. The registered manager told us they had not provided any training for staff in specific areas but would look at training for all staff following our inspection to ensure they were trained to support people when they had very specific needs.

People told us staff sought their consent before providing any care. One person said, "They always ask me what I want". Staff understood the need for consent before providing any care. One member of staff said, "I listen to what they want. They are able to tell me". Another member of staff said, "I ask them. If they say no then I don't do it".

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. The registered manager told us the people who received care had capacity to make decisions about their care, including where they wanted to live. Staff had received training in MCA and understood how it affected people's care when they did not have capacity to make decisions for themselves.

Staff all told us they had received training in the Mental Capacity Act (MCA). Some staff were able to explain to us how it affected people's care. One staff member said, "It's about people's ability to make decisions for themselves". However some staff were not able to recall their training or how the MCA affected people's care. We spoke with the registered manager who said they would discuss it at the next staff meeting so as staff who needed it could repeat the training. The registered manager told us all the people who they currently provided support for were able to make decisions about the care they received. Records we looked at showed people had capacity to make decisions and were involved in their care.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us the service had not made any applications to the legal body to deprive someone of their liberty because people all had capacity to make decisions so at the time of our

inspection no one was being deprived.

People we spoke to did not receive support with their meals. One relative told us they prepared food for their loved one and left it for carers to warm up. Staff were able to explain how they supported people with their nutritional needs. One member of staff told us how they left drinks out for one person. Another member of staff explained how they were required to document in one person's care records on a daily basis specific support provided to a person with their drinks. This is so as other professionals involved in their care have precise information to enable them to support the person. People who required support to meet their nutritional needs received it when they needed it.

Staff told us if they had concerns about a person's health they would call whoever was the appropriate person at the time. This may be the staff in the office so they could contact the person's family or if the situation was serious they would contact the emergency services. One member of staff gave us an example of when they had called an ambulance for one person they supported. Another staff member told us they had involved a community healthcare professional when a person was having problems swallowing. Records we looked at confirmed what staff had told us. People were supported to access healthcare staff when their needs changed.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. One person said, "They put me at ease from the very beginning". Another person said, "They are very good carers. They are lovely. They are all very good to me". A relative commented, "The carers are always smart, pleasant and wear identification badges".

People told us they were involved in making decisions about their care. One person said, "They always ask questions and ask if I am happy. They include you". Another commented, "They ask me questions about what I want. I never realised how kind the people are". A relative told us the staff always allowed time for their loved one to get out of bed and they never rushed them. Because people received support from consistent staff who knew them well, people received care which was individual and tailored to meet their needs... Staff were knowledgeable about people's needs and how they liked their care delivered. They gave us examples of people's choices and preferences. For example, one member of staff explained the specific order of care one person preferred in how their care was provided and how it would upset them if care wasn't delivered in the specific order they chose. This showed the provider involved people and their relatives in their care.

People told us staff encouraged them to maintain their independence. One person told us, "I can wash my front myself and they do my back. They only do what I can't". Staff we spoke with told us they understood the importance of people being able to maintain their independence. One staff member explained how one person they supported had physical disabilities but was able to complete some aspects of their care themselves. They advised that sometimes they needed to prompt a person to self-care but they did not take over the task... People were supported by staff to maintain their independence. Records we looked at showed us people's independence was recognised in the assessment of their care. This showed the provider had considered people's independence whilst assessing their care needs.

People were supported by staff who respected their privacy and dignity. People and their relatives told us staff were respectful whilst delivering their care and supported them to maintain their dignity. One person told us, "They put a big towel around me to protect my dignity". Staff understood the importance of respecting people's privacy and dignity and were able to give examples of how they supported people to maintain their privacy and dignity. These included making sure people were covered, and checking if doors or curtains were closed when personal care was being delivered.

## Is the service responsive?

### Our findings

People and their relatives told us staff knew them well and provided care in a personalised way which met their own needs. People told us they had regular reviews of their care and felt involved in the planning of their care and could change aspects of it if they wished to. One relative told us they had been involved in a review of their loved one's care the day before our inspection and they had discussed if carers were doing their job correctly. Records we looked at confirmed people had regular reviews of their care and had the opportunity to comment on how they chose their care to be delivered. People told us the staff had sufficient time to deliver their care in a personalised way. People told us care was delivered at the times they chose. Records we looked at showed us people had their preferred choice of time recorded. The registered manager told us the system they had in place enabled them to record and monitor peoples preferred times to ensure they got the care they needed at the time they wanted it.

Records showed that people's individual care needs were considered. We saw people's daily routines had been recorded and any relevant family history which may help carers in providing personalised care for the individual. Staff told us care records were kept in people's homes so they could access them at all times. Staff were knowledgeable about people's individual care needs and were able to provide us with examples of how they delivered care in a personalised way. These included whether they preferred male or female carers.

People and their relatives told us they knew how to complain and felt comfortable in raising concerns with the staff or the registered manager. People told us they were encouraged to raise any concerns about their care. They told us when they had raised concerns they had been listened to and action taken immediately to resolve them. One person told us, "I have made a complaint because they [staff] weren't staying the correct time. It doesn't happen anymore". Another person said, "I complained once. They listened to me and resolved it". The registered manager told us people had a copy of the complaints procedure in the service user guide which was given to them when they commenced having care. Complaints were only recorded in individual's records on the provider's computer system. We asked the registered manager how they looked for any patterns in people's concerns or complaints. They told us they didn't at the time of our inspection but would look to introduce a system which meant they could monitor trends to help with their learning.

## Is the service well-led?

### Our findings

People and their relatives told us they were very happy with the care received and had no concerns with how the service was run. One person said, "I think it is very well led". A relative said, "It is very good. I would recommend them to anyone".

Staff told us they were well supported by the management team and felt comfortable in approaching the registered manager with any queries. One member of staff said, "I do enjoy working here". Another commented, "The support is really good here. I love my work". Staff told us they received regular supervisions and felt they could raise any concerns regarding their work. One member of staff said, "I don't need to wait for supervisions, if I have a question I ask at the time". Some staff told us they had received support to remain at work when they had problems in their personal life. Staff felt included in how the service was run as they had regular team meetings and the service produced a newsletter which informed staff what was going on throughout the service. Included in the newsletter were comments from people who received care from the provider to remind staff how important their job was to people. Attached to the newsletter were questionnaires for staff to complete with any ideas or suggestions in how they thought the service could be improved.

The provider involved people in the running of the service by sending out regular questionnaires to gain people's views on the service they received and how they thought it could be improved. No concerns had been highlighted from the responses the provider had received.

The registered manager was aware of their responsibilities in alerting the local authority of any potential safeguarding concerns and when certain incidents occurred they should notify ourselves. The registered manager had systems in place which ensured people got the care they needed at a time they wanted and sufficient staff were available to meet their needs. The registered manager told us this meant they could match staff to people's personality where possible. Staff were supported in their role and systems were in place to ensure staff received their rotas for the following week in adequate time should any changes need to be made. This ensured people always received the support they needed.

The provider had a system in place to monitor people's medicine and regular reviews of people's care and care records took place. These were all on an individual basis. The registered manager did not have a system to look at care across the service so was not monitoring any patterns which occurred across the service. This was something they were looking to introduce in the future. We asked the registered manager how they were looking to continually show improvements within the service. Their plans included staff being able to complete the certificate. The care certificate is a nationally recognised qualification which looks to improve the consistency and portability of particular training within the care industry. New staff contracts were being introduced. They told us their main priority was "To carry on providing a good service to people in Walsall".

