

Caring Care Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 September 2016 and was announced. This was the first time we inspected this service as the provider had moved location.

Caring Care provides personal care to people living in their own homes. The service supports people who have a variety of needs, some of whom live with dementia, have limited mobility or mental health needs. At the time of our inspection 193 people were using the service.

There were two full time registered managers in place. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were some processes in place to monitor the quality of the service provided and understand the experiences of people who used the service. This was through communication with people and staff, spot checks on staff and a programme of other checks and audits. However, these were not always effective in identifying how the service could be improved. The registered managers had not notified us about some safeguarding events that they were required to. Both registered managers were able to demonstrate they were aware of what incidents needed to be notified and they told us they would ensure this was done in future.

People told us that they felt safe. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

There were enough suitably trained care staff to deliver care and support to people. The staff employed had the training and support they required to work safely. Training for staff about the specific needs people experienced had also been provided.

The registered managers understood the principles of the Mental Capacity Act 2005 (MCA), and staff told us how they respected people's decisions and gained people's consent before they provided personal care.

People were supported to have their mental and physical healthcare needs met. The registered manager sought and took advice from relevant health professionals when needed. Staff were aware of people's nutritional needs and people were supported with eating and drinking where necessary.

People said staff were caring and had built up close relationships with the members of staff who supported them. People and, where appropriate, their relatives were consulted about their preferences and people were treated with dignity and respect. Staff we met spoke enthusiastically about the people they were supporting, and were able to explain people's needs and preferences.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints. People said they knew how to raise complaints and knew who to contact if they had any concerns. All of the staff we spoke with were confident they could raise any concerns with the managers, knowing they would be listened to and acted upon.

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 told us that they felt safe and they trusted the staff.

Staff demonstrated that they knew how to recognise signs of abuse and how to keep people safe.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs and demonstrated a practical understanding of seeking consent before any support was offered.

People were supported to access other health and social care providers when necessary.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind.

Staff spoke affectionately about the people they supported and took pleasure in looking after them well.

People were actively encouraged to take part in planning how their care was to be provided.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded to people's individual needs.

People received personalised care and support which had been planned with their involvement.

There was a complaints procedure in place. People told us they felt able to raise any concerns and complaints.

Is the service well-led?

The service was not consistently well led.

Processes to monitor the quality of the service provided and understand the experiences of people who used the service needed further development. The provider needed to ensure they met the legal obligation to notify us about certain events.

People and staff told us they felt able to approach the registered manager and were listened to when they did.

Staff enjoyed working at the service and spoke about a good team spirit.

Requires Improvement 

Caring Care 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.

We conducted a comprehensive announced inspection of this service on 21 and 22 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience. The expert by experience spoke with people who used the service and their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We contacted the local authority commissioning teams to seek their views of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with six people who used the service and eight relatives. We also spoke with registered managers, the deputy manager, training officer, office manager and five care staff. We sampled the records, including four people's care plans, four staffing records, complaints, medication and quality monitoring records.

Is the service safe?

Our findings

People told us that they felt the support provided by the service was safe. A person we spoke with said, "I don't have a problem feeling safe with the carers [staff]." Relative's told us they felt their family members were safe with staff from the service. One relative told us, 'There's been a consistent level of care from whomever they've sent ... a really good standard ... I'm reassured that Mum is safe.' One relative gave an example of staff always checking hot drinks were at a safe temperature before they were given to their family member. Another relative told us how staff always checked the temperature of the shower to make sure it was safe before they assisted the person to shower.

The registered managers told us and staff confirmed that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions of abuse. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. They were confident that any safeguarding issues reported would be dealt with appropriately by the management.

Staff we spoke with were knowledgeable about how to protect people from the risks associated with their specific conditions. Risk assessments had been completed to help identify any risks in relation to moving and handling, the environment and the administration of medication.

Some people needed the use of equipment to help them move position. One relative told us, "Staff are very careful with her when they use it [a hoist]." Staff we spoke with described the ways in which they practiced to ensure people were kept safe and confirmed they had received training on how to use the hoist. One newer member of staff told us that they had been told about the types of 'lifts' they should not use with people as they posed a risk of injury. We brought to the registered manager's attention that a person's risk assessment for the use of the hoist did not give sufficient information on the sling to be used with the hoist. After our inspection visit we were sent evidence to show this had been rectified.

Staff told us and the registered managers confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered managers had taken up references on them and they had been interviewed as part of the recruitment and selection process. A review of four staff recruitment records confirmed this. One of the registered managers told us that staff DBS checks were renewed every three years to make sure there had been no changes. These checks helped to ensure people were supported by staff who were suitable.

People and the majority their relatives told us that staff usually arrived on time and stayed for as long as they were supposed to. One person told us, "They mainly arrive on time, but sometimes there's the odd hiccup." One person's relative told us, "The carers [staff] arrive on time and we haven't had any major - or minor - problems." One relative raised with us that there had been an occasion where staff had not arrived to do the scheduled call due to a mix up in the rota. They told us they had contacted the office and received an apology but had not raised a formal complaint about this incident. The registered managers told us they were not aware of any recent missed calls having occurred.

All the staff we spoke confirmed there were enough staff and they felt confident they had enough time to attend calls and stay their allotted time. A member of staff said, "Staffing is well organised, there are no issues covering the calls. I work with the same five people, the calls are all close together so I get enough travel time." One of the registered managers told us that they did not take on new people to the service until sufficient numbers of trained staff were in post to cover the calls.

Staff were able to describe how to respond to different types of emergencies. Staff gave us a good account of when they would contact emergency services and had the knowledge to support people to ensure they received safe and appropriate care in such circumstances. The provider also had an 'On-call' service that staff could use if they needed advice. One member of staff told us, "I have used the on-call and they have always been available when I have called." The on-call member of staff kept a record of the accidents and incidents that had been reported to them and of the actions taken in response.

Not all the people who used the service required support with their medication. One person who needed assistance with their medicines told us, "They [staff] see that I take it before they go." Another person told us that they needed assistance and that "I'm happy with the way it's done."

People were assessed for the level of support they required to take their medicines and information about why the medication was prescribed was in their care plan. Staff told us they had received training in administering medicines and records confirmed this. Staff were assessed to make sure they were competent to support people with their medicines. We sampled the Medication Administration Records (MARs) and found that they had been completed correctly with the exception of one person's record. One medication had not been administered and staff had not used the code on the MAR chart to record the reason for this. The registered manager told us that the medication had not been given as it had been stopped by the person's doctor and then re-started. They told us they would remind all staff to use the codes on the MARs to explain the reasons when medicines were not administered.

Is the service effective?

Our findings

People we spoke with said the service and staff were good at meeting their needs. One person told us, "I'm quite pleased with them." Another person told us, "They seem to be well-trained. I've had this one [staff] for six to seven weeks and they're very good. I've had some (staff from a different agency) before so I know the difference." One relative told us, "Overall, they're very good indeed. They do a good job." One relative described how staff were aware of their family member's needs but they also commented that "The replacements [staff] are always aware of her needs."

Staff told us, and the records confirmed that all staff had received induction training when they had initially been employed. Staff were supported to complete the Care Certificate, which is a set of national minimum care standards that new care staff must cover as part of their induction process. Staff told us they also had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to begin work.

The provider ensured that staff received training regularly to enhance and support their care knowledge and skills. Training was available to help staff meet people's specific needs, for example in dementia or end of life care. Staff told us and records showed that they received regular training. One member of staff said, "I never thought I would get all the qualifications that I have. I am always asked and offered training and it has all been helpful." Another member of staff told us, "There is a lot of training. The best bit is that if you are not sure you can simply go through it again. They make sure you understand it."

Staff confirmed that they received formal supervision on a regular basis and an annual appraisal. There were also staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. One of the registered managers gave an example of a member of staff not feeling confident in using the hoist and so the moving and handling trainer had supported them on a number of visits until they gained their confidence. Staff we spoke with told us they felt well supported to do their job and that they had plenty of opportunity to talk about their practice, raise any issues and ask for 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 told us staff asked their permission before supporting them and we saw that people had been given the opportunity to sign their agreement to their care plans. Where it was recorded that people were unable to sign their care plan the provider needed to ensure the reason why was recorded to show if people had been assessed as not having capacity to sign. One person told us, "She [staff] always asks me what I want doing first. She says, do you want a shower this morning?... Shall I help?" A relative told us, "She [staff] doesn't force Mum ... she always asks." The registered manager demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards,

(DoLS). Staff were aware of and had received training in the MCA. One of the registered managers told us that they had obtained a new training package on the MCA and that staff would also be completing this, in addition to the previous training they had completed.

Not all the people who used the service required support with their meals and drinks. Those who did so said they were happy with how they were supported. One person told us that staff supported them to have microwave meals, "They [the staff] bring me one or two ... and say you had this yesterday, which one today. They bring me a cup of tea afterwards with two or three biscuits because they know I like that." Another person told us, "They [the staff] make sure I'm alright, like I usually have fish on Tuesday and Fridays ... the carer [staff] gets it for me. They always leave something for me for later."

Whilst care records often did not record people's food preferences staff were able to tell us of people's specific needs and preferences. Staff gave us examples of how they supported people who needed their food cutting up or who needed a diabetic diet. One member of staff told us, "We always ask people what they would like but we also take account of what they have eaten in the last few days."

The majority of people and relatives we spoke with had not experienced a situation where the person had been unwell or needed assistance with a health care issue from the staff. One relative told us, "If I want them [the staff] to take note of anything I've got concerns about, they watch out for it." Another relative told us, "I have confidence the carers would know what to do if mum was unwell or needed to see a healthcare professional. I think she'd [the staff member] would know what to do ... and she'd ring me."

Staff told us and records confirmed that they supported people to access other health professionals when necessary. The staff we spoke with were able to tell us about health needs of the people they supported and told us they would seek medical advice when needed. Staff we spoke with gave examples of how they observed people's skin for signs of sore areas when they were supporting them with personal care. One member of staff told us, "For one person, I arrived and there was an ambulance there. I sat with the person and gave them lots of reassurance. Lots of times people are ill and we have to call the doctors out." Sampled records showed that where staff had been concerned about a person's health then either their relative or a medical professional had been contacted, as appropriate. Staff gave examples of where advice or assessments had been requested from other health professionals, for example occupational therapists.

Is the service caring?

Our findings

People who used the service told us that the staff who supported them were caring. One person told us, "I like the ones that come ... they're very kind." One person told us that their care staff was "Very good, she does what she's got to but she does not do any extra...just what she's been told." A relative told us, "One thing that struck me about Caring Care ... was that Mum had a brilliant carer ... then she left ... Mum was devastated. But the replacement is good too."

One relative told us of an example where they had received support from the staff. They told us, "There have been times when I find it difficult and get upset with Mum. The carer says to me to calm down ... we don't want to upset Mum. I really appreciate it ... she did it in such a lovely way." The same relative also gave an example of care staff being caring by ensuring the person was not cold and making sure they had an extra blanket.

People were usually supported by the same group of staff which had enabled them to build up close relationships, although some people told us they did not like it if they had staff they did not know. The majority of people and relatives spoke positively about the consistency of the care staff who supported them. One person told us, "I get on with them all. I have the same ones mostly, if they're away, I get another but they're just as good." A relative told us, said "They've [the staff] been coming for a while ... 95% are always the same two. They are never away at the same time, so there is always one familiar carer available." Another relative told us, "They develop relationships ... that's why it's important to have regular carers. There's one [member of staff] he's familiar with so it's easier for him. It's only difficult with those he hasn't seen before ... he feels anxious." The provider recognized the importance of having consistent staff for people and to help retain staff they had introduced 'long service' awards for staff who had been employed for three and five years.

One person using the service told us that staff took the time to listen to them and talk to them about their life. All the staff we spoke with spoke positively and warmly about the people they were supporting and we saw that the provider had a system in place to send cards to people when it was their birthday. Staff demonstrated they knew people's personal history and their individual preferences, although these were not always documented in people's care plans. One of the registered manager's told us that for some people who were living with dementia they had assisted them to complete 'life history' information. They told us they would review the format of their care plans so that there was a greater focus on people's personal histories and preferences. The provider recognised the importance of working with people's relatives and had organised several events at their office. These had included talks on dementia conducted by mental health professionals and a local support group.

People and their relatives provided examples of how staff offered choices to people, for example with meals. One relative told us, "They [the staff] do ask her, 'what would you like me to make for you?'" Another relative told us, "They [the staff] give him choice, yes ... they ask him which one [breakfast] he wants." A member of staff told us, "If people are able to tell us what they want, then that's easy, but if not we give people visual choices, for example of clothes and it's no problem if they change their mind."

We received positive comments about how staff respected people's dignity and privacy. One person told us, "They respect me and I like that." Another person told us, "She [staff] always thinks about what she's doing and respects my needs." One person told us, "Oh yes, she [staff] just leaves me to do the delicate parts in the shower." Relatives confirmed that people's privacy was respected. One relative told us, "On occasions when myself or family are in the house ... the carer always asks us to leave the room."

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered and doors were closed. One member of staff told us, "I always use towels to protect dignity. I need to make sure I give people self-respect."

People's diverse needs to include cultural and religious needs were respected and where possible the service provided staff that were familiar with people's individual cultural and language needs. One person's relative told us, "They've [the provider] taken responsibility for our culture too ... Dad has Asian carers ... so they understand ... it really helps to have a cultural understanding." Another relative told us, "All the carers are Punjabi ... my wife doesn't speak English ... so we requested carers who spoke her language. I was concerned that staff would not be able to speak her language so I'm happy with them." Staff also gave us an example of where staff of a specific age range had been requested to help meet one person's needs and that this request had been met.

People were provided with appropriate information about the service in respect of a service user guide when they first started being supported by the service. This guide outlined the standard of care people could expect and the services offered. One of the registered managers told us that the guide could be made available to people in alternative languages or formats on request.

Is the service responsive?

Our findings

People who used the service said they felt listened to and involved in the service. They felt staff knew their preferences and provided support in line with their wishes although not everyone could remember contributing towards their care plan. One person told us, "I think there is one. I think it's in the folder and she (care staff) writes in it every day."

People's relatives confirmed that a care plan was in place. One relative told us, "I let them know of any changes needed to be made. It's in the folder. I'm sure they [staff] know what's in it ... even when it changes." Another person's relative told us, "When the care plan is renewed, I go over it with them. They ask if it's okay, if we're happy with it. If we have to alter anything ... we are always in discussion with them." Another relative told us, "We're very involved ... actually it was me who stipulated what we wanted in the care plan. It pretty much all went in. There's nothing in the plan that we don't feel comfortable with ... or not agree with." A member of staff told us, "The care plan tells us everything we need to know. We can never be stuck because it is all in there."

People received care that was personalised and responsive to their needs. People and their relatives gave examples of where the service had responded to requests in the support provided. One relative told us that the initial morning calls had been too early. They told us, "My Dad wasn't a very happy bunny ... I contacted Caring Care and they resolved it." Another relative told us, "The care plan was reviewed just last week ... now we have extra time given in the mornings." Staff told us that the provider responded if a person's needs changed. One member of staff told us, "I manage to do all the care needed in the time allocated. If I continually needed more time then there would be a re-assessment of the person's needs."

The people we spoke with told us they had not had to raise any complaints about the service they received. People told us they felt comfortable to complain if something was not right. One person told us, "I've got a number I can ring if I have to." Another person told us, "I can always phone the office." Relatives who had raised a complaint told us they were happy with how this had been responded to. One relative told us, "They always give a quick response, the possible feedback that they'll sort things out." Another relative told us they had raised some concerns in the past, "Once or twice. I can't remember what about ... probably something silly. I think there was only a minute thing, they sorted it."

We spoke with one of the registered managers and looked at the record of complaints that had been received. This showed that complaints had been investigated and that actions they had taken to try and resolve the issue. We saw that other records detailed minor concerns that had been raised but these were difficult to track. One relative had told us of a concern they had raised about a missed call but the registered managers told us they were not aware of this concern. One of the registered managers showed us that they had recently introduced a 'grumbles book'. They told us this would enable them to capture any minor concerns in one record and help to ensure they were aware of all concerns in future. The provider had clear policies and procedures for dealing with complaints which were detailed in the service user guide that had been provided to people. We noted that the complaints procedure lacked details of all of the agencies people could contact if they remained unsatisfied with the provider's investigation. One of the registered

managers told us they would ensure this was rectified and sent evidence this had been completed after our visit.

Is the service well-led?

Our findings

The registered managers told us and we saw that there was a system in place to audit care records including medication records. However these audits had failed to identify that in some instances care records needed to be improved. For example care plans did not always detail people's health care needs, one medication record failed to record why medication had not been administered and where risk assessments for using the hoist lacked some essential details.

Whilst accidents and incidents had been recorded and action had been taken to respond to these there was no effective system in place to analyse trends and patterns to enable lessons to be learnt and to prevent the likelihood of further occurrences for people. Incidents, including late calls were recorded in several different places and there was not one central log where they could all be analysed. The registered managers were receptive of the improvements that were needed to ensure that there were effective systems in place to monitor the quality and safety of the service provided.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered managers had not notified us about some safeguarding events that they were required to. However, we had been made aware of these by the local authority and so this omission had not had any negative impact on people. Our discussions with the registered manager indicated they had not been aware they needed to inform us as they had been told the local authority had already done so. Both registered managers were able to demonstrate they were aware of what incidents needed to be notified and they told us they would ensure this was done in future. Following our visit we received a notification from one of the registered managers in relation to a safeguarding incident they had referred to the local authority.

The majority of relatives told us that the service was well led. Comments we received included, "Very much so. They're very apologetic if things don't go right." And, "For me, they're good, responsible." Some relatives felt that an area that could be improved upon was in relation to staff running late on calls. Some relatives told us that they were not always informed when staff were going to be late or if a different staff was coming. One relative told us, "Sometimes I get the feeling there can be a lack of organisation at times." Another relative told us, "When there's a new carer, you don't always know they're coming. They just arrive."

People who used the service could not remember having contact with the registered managers but indicated they felt the service was well managed. One person told us, "They seem very efficient." Relatives told us, "The manager is very nice. They want to know we've got everything we need." Two relatives were unsure who the manager was, one told us, "I always asks for the same two people as I don't know who the manager is." One relative told us the manager was very approachable and "They're very apologetic if things don't go right."

People were involved in developing the service. People who use the service and their relatives were regularly approached to express their views of the service. This was done via spot checks of staff performance, telephone calls, review meetings and questionnaires. Relatives confirmed that they were contacted to check that people were happy with the service. One relative told us, "They [the provider] ring me and ask if I'm

happy with things. However, it's not happened for a while. We've had at least two calls in the last twelve months." Another relative told us, "They ask if she's happy with the care ... are they wearing their badge ... wearing their uniform, etc." Whilst people and their relatives all confirmed their views were sought some indicated they would like to be contacted more frequently. An overall report had been completed of the most recent questionnaires sent out to people and this indicated people were overall satisfied with the service they had received.

One of the registered managers provided some examples of how they had responded to people's feedback. They told us some people had commented they did not have visits from senior staff. They told us this was not the case but that people sometimes did not recognise who the senior staff were. To rectify this they had introduced a different colour of uniform for senior staff. Some people and relatives had commented that communication from the office staff could be improved. We were told that two additional office staff had been recruited to help ensure people's queries could be responded to more quickly. The provider had also introduced quarterly 'coffee mornings'. People and their relatives could just turn up to these at the office and this gave people the opportunity to chat to other people using the service, staff and the registered managers.

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues. A member of staff told us, "There is not a day when I get up that I think I do not want to be here." Staff told us that the registered managers were supportive and led the staff team well. One member of staff told us, "They are very supportive. They are here for you and you can talk to them anytime." Another member of staff told us, "The first thing I noticed here was how approachable the managers were." The provider had also introduced 'achievement awards' with staff receiving monetary awards or extra holiday for excellent performance in key areas.

Staff told us that concerns and suggestions they raised were responded to. One member of staff told us, "Any concerns here are resolved. In my previous job you did not hear anything, but here they come back to you and tell you what they have done." Another member of staff told us, "I know other staff who have used the suggestion box and been responded to."