

The Caring Company (Oxon) Ltd

# The Caring Company (Oxon)

## 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

We undertook an announced inspection of The Caring Company Domiciliary Care Agency (DCA) on 6 June 2017. We told the provider two days before our visit that we would be coming. The Caring Company provides personal care services to people in their own homes. At the time of our inspection 55 people were receiving personal care from the service.

At the previous inspection in August 2016 we found the provider had not taken the necessary steps to mitigate the risks associated with people's care in that not everyone had appropriate risk assessments in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also found that the services quality monitoring systems were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made improvements to address the areas of concern and bring the service up to the required standards. People's care records contained up to date and accurate information and guidance for staff to mitigate the risks associated with people's care. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements. Records in relation to people who used the service were complete and accurate.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People received their medicines as prescribed. Records confirmed where people needed support with their medicines, they were supported by staff that had been appropriately trained.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service.

The service sought people's views and opinions and acted upon them. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

## 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 they felt safe.

Where people were identified as being at risk, assessments were in place.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had been trained in the MCA and applied its principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

The service was responsive to peoples changing needs.

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

The service was well led. Care records were accurate and up to date.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

**Good** ●

# The Caring Company (Oxon)

## 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 checked whether the provider was 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 6 June 2017 was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. Prior to the inspection we spoke with commissioners of the service to get their views on how the service is run.

We spoke with eight people, four relatives, five care staff, and the registered manager. We looked at 11 people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

# Is the service safe?

## Our findings

At the previous inspection in August 2016 we found the provider had not taken the necessary steps to mitigate the risks associated with people's care, in that not everyone had appropriate risk assessments in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the service had made improvements. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, People's care plans contained risk assessments which included risks associated with moving and handling, medication, malnutrition, pressure damage, falls, personal care and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of pressure damage. The person's care record gave guidance for staff to carry out frequent observations and report any changes of the person's skin viability to healthcare professionals. Another person was at risk of falls. The person's risk assessment included guidance for staff to reduce the risk of an accident during moving and handling tasks. People we spoke with told us staff followed this guidance.

One person was at risk of demonstrating behaviour that may challenge whilst being supported during specific personal care tasks. This person's care record gave guidance for staff on how to mitigate this risk. This included guidance on recognising signs that the person was becoming agitated and what action to take if the person became agitated. Staff we spoke with understood and followed this guidance.

People told us they were safe. Comments included "I get on with them all really well", "I feel safe when they are here", "Oh there's no concerns from me about safety. They are a good bunch" and "Oh I definitely feel safe when they are in my house". A relative we spoke with told us, "They don't have a massive turnover of staff and the team itself is not that big, so you get to know them all". Another relative said, "Knowing [person] is safe helps me to live my life and do the things I need to do".

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the registered manager. One member of staff told us, "I would report any concerns straight to the office and [registered manager]". Another staff member said, "I would go straight to [senior carer] if she was not available I would go to [registered manager] and report my concerns".

Staff were also aware they could report externally if needed. Staff comments included; "I would go to the CQC (Care Quality Commission)", "I would contact social services" and "I would even consider contacting the OT (Occupational Therapist) and the persons GP".

Staffing rotas confirmed, there were enough staff to meet people's needs. People told us there were enough staff to meet people's needs. Comments included; "They are always on time", "They are pretty good when it comes to timing", "They always send me a rota out and stick to the times they say they are coming at", "They

always turn up when they are supposed to" and "They come when they say they are coming". A relative told us, "They are always on time".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. One member of staff told us, "I had to have my DBS in place before I could start".

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked.

## Is the service effective?

### Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included; "They are all competent and have the right skills", "The training they get must be good because I've never had any problems" and "Our regular carer is really good. In fact they are all good actually". A relative we spoke with told us, "They recognise my wife's needs". Another relative said, "The carers adjust their approach to meet [persons] need. They do things the way she wants it done".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; medication, dementia, catheter care, safeguarding adults, infection control, person centred care, moving and handling and the Mental Capacity Act. Staff told us that the training supported them in their roles. Comments included; "The training is very good", "The training is always getting updated", "We have a lot of training. I find it really useful" and "We recently had some training about pressure damage. It was done by a district nurse and it was really useful".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "I completed my NVQ level two and then I did my level three. It was something that I really wanted to do. [Registered manager] was really good at supporting me with this".

Newly appointed care staff went through an induction period. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us, "As soon as you start, there is a lot of shadowing your competencies are then checked before you go out alone".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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 was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "Whilst people have capacity to make their own decisions then we must respect these decisions" and "Unless proven otherwise we must assume capacity".

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "It's there to support people in making safe decisions. If I was worried about someone's capacity then I would contact the office and arrange for an assessment to take place", "We must never assume someone lacks capacity until proven otherwise", "We have it to protect people's rights and keep them safe" and "It's about people's ability to

make safe decisions. If there were concerns then we would get the family involved in a best interest meeting. People best interests is the most important thing that we need to protect".

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us, "We get supervision regularly. I find it really useful. I get to vent any concerns and discuss any training needs that I may have. I feel comfortable with my seniors to do this". Another staff member said, "Feedback from supervisions is always useful and it is always thorough".

Staff were also supported through spot checks to check their work practice. The registered manager and senior staff observed staff whilst they were supporting people. Observations were recorded and feedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions. One staff member told us, "We have regular checks. [Staff] comes out and makes sure we are doing everything in line with our policies and procedures". This is then followed up in our individual supervisions".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. One person we spoke with told us, "I've just sat down to sausage and mash which my carer has very kindly made for me".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, occupational therapists and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

## Is the service caring?

### Our findings

People told us they benefitted from caring relationships with staff. Comments included; "The care is very good", "The service is fantastic", "They are very good at looking after me", "They always take my needs into consideration", "The girls are fantastic", "We have always been happy with the care", "[Staff] is splendid. She really looks after me" and "They treat me well". A relative we spoke with told us, "I think they are wonderful, we've never had a problem". Another relative said, "They are brilliant. We have had a good service from them ever since we started using them".

People told us staff were friendly, polite and respectful when providing support. One person told us, "They are ever so polite. Another person said, "They are really pleasant people". A relative told us, "They respect us. They are always polite and courteous".

People told us they were treated with dignity and respect. Comments included; "They always treat me with dignity and respect", "I have no worries or concerns in the way they treat me", "If I had any concerns with how they were treating me then I would get them told. But to be honest they probably care more about my dignity than I do", "They protect my modesty", "It's all fine when it comes to dignity and respect" and "They always cover me up and close the doors".

We asked staff how they promoted people's dignity and respect. Staff comments included; "It's all about respecting privacy and treating people as individuals", "We use a modesty towel to cover people up" and "I always close the doors and windows".

Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member told us, "It keeps us and our clients safe". Another staff member said, "We need to treat people the way that we would want to be treated".

People told us they felt involved in their care. One person told us; "They always involve me in everything". Another person said, "I feel that they involve me in everything". A relative told us, "They are always involving my wife".

Staff we spoke with told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member told us, "It's a downward spiral if you don't encourage people to be independent in carrying out the tasks that they can do for themselves". Another staff member said, "We must encourage and promote independence such as choosing which clothes to wear and what to have for breakfast. This has a positive impact on people and it means such much to them".

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice.

## Is the service responsive?

### Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care plans contained details of people's preferences, likes and dislikes. For example, care plans captured person specific information that included people's personal care preferences, favourite pastimes and people who were important to them.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff we spoke with told us about how a person liked their hot drinks, their personal care routine and things were important to the person. The information shared with us by the staff member matched the information within the person's care records.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care records highlighted their own specific needs and wishes in relation to being supported during moving and handling tasks.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. One person we spoke with told us, "I have recently had my annual review of my care, we sat down and had an open chat about it". Another person said, "I have my reviews every six months and I always feel listened to".

People told us the service was responsive to their changing needs. One person we spoke with told us, "If something goes wrong then they respond to it straight away. If they need to call a GP then they will". We saw evidence of how the service responded to people changing needs. For example, following a change in relation to a person's continence the service arranged a GP appointment for the person. As a result the person received the appropriate medical attention and their condition improved.

Another person's needs changed in relation their mobility. As a result the service liaised with the relevant healthcare professionals and an occupational therapist to ensure that the person had access to the appropriate equipment to support them with their on going care needs.

The service sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. We also noted an example of where a person's feedback had been acted open in relation to their visit times. People we spoke with told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "If you suggest anything, then they are on it straight away".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there

had been four complaints since our last inspection. These had been dealt with in line with the provider's complaint procedure. One person we spoke with told us, "I once complained and they sorted it out straight away. I was very satisfied with how they dealt with it". Relatives we spoke with told us they felt confident that action would be taken if they made a complaint. One relative told us, "If ever there is a problem then they sort it out straight away and to the best of their ability".

## Is the service well-led?

### Our findings

At the previous inspection in August 2016 we found the provider did not have an effective system in place to monitor the on going management of the service and care records were not always accurate and up to date. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. Records in relation to people who used the service were complete and accurate.

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager. Audits covered all aspects of care including, care plans, risk assessments medication and the day to day running of the service. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following a recent audit of medication records the management team identified inconsistencies in people's MAR charts. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received their medicines as prescribed. Once the registered manager was confident that people had received their medicines, they then arranged a staff meeting to discuss their findings and concerns with the team. We also saw evidence that this was followed up in individual staff supervisions. As a result the standard of records improved.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following a number of incidents where concerns were raised by staff about people's nutritional needs changing. The registered manager implemented the use of food diary's in order to monitor people's well-being and support any future referrals to healthcare professionals. As a result the service communicated to staff that this was an approach that would be embedded within service delivery whenever they had concerns about people's food and fluid intake. The demonstrated that the service was continually looking to improve the quality of care it provided.

People and their relatives spoke positively about the registered manager and the service. Comments included; "[Registered manager] is wonderful", "[Registered manager] has got a good grip on things" and "She knows us and the staff well".

Staff spoke positively about the registered manager. Comments included; "She's a really good manager", "[Registered manager] is very passionate about what we do", "She will bend over backwards for the clients" and "She gets involved".

The registered manager told us their visions and values for the service were, "To offer a service that suits the individual needs of the clients" and "To keep people in their own homes for as long as possible. It's where our clients want to be". The staff we spoke with shared these visions and values.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. One staff member told us, "I would alert someone straight away if I had any concerns. I have done it in a previous job and would not have a problem doing it again".

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with GP's, district nurses and local authority commissioners of the service. We saw evidence of how the service was working with a local NHS trust in carryout a new project called SSKIN (Surface Skin inspection, Keep moving, Incontinence and Nutrition and hydration). The project is designed at taking an innovative and different approach to the prevention of pressure sores in older people. We saw evidence of on going staff training and meetings to discuss the project and the clients involved.