

06 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

06 Care is a domiciliary care agency. It provides personal care to people living in their own homes the community. It provides a service to adults, older adults, people living with dementia and people with learning disabilities. CQC only inspects the service being received by people provided with 'personal care.' At the time of the inspection the service was providing 41 people with personal care, none of whom had a learning disability.

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

At the last inspection the service was rated as requires improvement. No breaches of regulation were identified, however, we needed to see the many improvements which had been made would be sustained over time. On this inspection not only had the previous improvements been sustained, they had been further developed. The leadership was exceptional and distinctive. The manager and the culture they created promoted high-quality, person-centred care. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service. The service has now improved to outstanding in caring and good in every other area.

People received support from staff who were exceptionally kind and caring and who frequently went above and beyond what was expected of them. People were involved in making decisions about their care and were treated with the utmost dignity and respect. People were encouraged to be independent and their equality and diversity needs were respected.

The leadership of the service was excellent. The provider invested in technology and the staff team to ensure people got a high-quality service. The provider had excellent governance and auditing systems in place to ensure people received safe care and treatment. This meant the provider was identifying and rectifying any short falls in the service. People were extremely positive about the manager who was highly motivated and dedicated to providing people with the best possible service. People told us they would recommend the service to others and as an organisation to work for.

Staff understood how to keep people in their care safe from harm. Where risks to individuals had been identified very effective measures had been put in place to reduce or eliminate those risks. Safe systems were in place to ensure people got their medicines at the right times. Staff had been recruited safely and there were enough staff to provide people with consistent, timely care and support.

Staff received good quality training and support and had the skills to meet people's care needs. Staff provided people with support to meet their nutrition, hydration and health care needs. 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.

People's care needs were assessed before a service was offered, to make sure staff would be able to meet their needs. Personalised care plans were developed to make sure staff knew what they needed to do to meet people's needs. The systems in place made sure people received a very responsive service. This meant people received person centred care. A complaints procedure was in place and people said they would speak to staff if they had any concerns.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection: The last rating for this service was requires improvement (published 29 August 2018) and there were no breaches of regulation. At this inspection we found the service has improved to good.

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?

Outstanding ☆

The service was exceptionally 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 had improved and was exceptionally well-led

Details are in our Well-Led findings below.

06 Care Limited

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:

The inspection team consisted of one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The manager, who was also a director of the company, was in the process of registering with CQC as the current registered manager was retiring. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 19 August 2019 and ended on 27 August 2019. We visited the office location on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 four people who used the service and five relatives about their experience of the care provided. We spoke with three care workers, training manager, quality manager, care administrator, finance manager, manager and one social worker. At the office base we spent time looking at people's care plans, we also looked at staff records and various documents relating to the service's quality assurance systems.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse and improper treatment. Staff had completed adults and childrens safeguarding training and understood how to keep people safe.
- People told us they felt safe and were happy with the support they received. One person said, "I feel safe they [staff] arrive on time."
- Staff told us they would report any concerns to the manager.
- Safeguarding concerns were managed appropriately. The manager worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed prior to a service being offered. For example, what mobility aids they used, together with any specific safety equipment. These assessments were then kept under review by the care workers who visited and through the quality manager's formal reviews.
- Risk management was very effective as there were very few accidents or incidents.

Staffing and recruitment

- Staff were recruited safely. Recruitment processes were rigorous, and values based, to ensure caring staff with the right approach were employed.
- The service was adequately staffed which meant staff provided a person-centred approach to care delivery. People told us care and support was provided by a consistent group of carers. One person said, "The same group of people come here regularly."
- The manager kept staffing levels under review to ensure there were enough staff to meet people's needs and keep them safe.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- People using the service were supported to take their medicines by staff who had been trained to do this safely. One person said, "They [staff] give me my medication and chat to me."
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training. Stocks of disposable gloves, aprons and hand gel were available for staff to use.

Learning lessons when things go wrong

- There had been a minimal number of incidents, but the provider understood the importance of ensuring lessons were learnt when incidents happened, or things went wrong. We saw on-going learning and guidance was shared with staff.

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. 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 quality assurance manager assessed people's care and support needs before a service was offered. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. These assessments were very comprehensive.
- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences. One person said, "I'm involved in making decisions for myself."
- Relatives told us communication was good and they told us they were updated with any changes in people's care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely. One person told us, "They are well trained, they have to go through training."
- Care workers told us the training was excellent and ensured they had the skills to meet people's needs. Training included areas such as first aid, health and safety and moving and handling. Specific training was also organised to ensure staff knew about people's specific medical conditions, such as, multiple sclerosis and specialist feeding through a tube into the stomach.
- New staff received a full weeks training at the office base, even if they had worked in care before. This was to ensure they understood what 06 Care expected from them. The induction training also included shadowing an experienced member of staff.
- Staff had supervision and appraisal meetings with one of the managers. This allowed staff time to express their views and reflect on their practice. Staff were encouraged to undertake additional training and /or qualifications to help them with their career progression. One member of staff told us how their career had progressed within the organisation.
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the person's home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.

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

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food available, so they could choose.

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

healthier lives, access healthcare services and support

- People told us that they were supported to maintain their wellbeing and had access to health care professionals if this was needed.
- Staff told us that if they were concerned about a person's health they would relay these concerns to the office staff or speak with health professionals directly to ensure that the person received the care they needed.
- The agency liaised with a range of health professionals such as district nurses, GPs and occupational therapists to make sure people's healthcare needs were met.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People, their relatives and healthcare professionals unanimously told us that staff were exceptionally caring. Comments included, "They are very nice carers who do everything I want. I am very happy with them [staff]." "We are happy couldn't have better carers who treat both [Names] with respect and dignity, the carers work together and are people centred." "[Name] gets excellent care." "Excellent care no need to change or add anything." A GP had commented, "What would we do without such wonderful care staff. If that was my relative I would be more than happy to see them looking so well cared for and comfortable. A great credit to your staff, in what has and still can be, a very difficult care package to manage."
- Staff were exceptionally kind and thoughtful. These were some examples: One person had been supplied with bedding from a stock that the service kept should it be needed. This was at a time when the person had minimal possessions, staff had taken them a quilt, quilt cover and fitted sheets for use in the service users' home. Another person had no food in their home in a time of crisis when they had no money. The staff and management team put food parcels together and took them to the person over the course of several days whilst working with social services to resolve the situation.
- Compassion, respect and kindness were core values of the service. It was clear that staff continued to help people achieve the best quality of life possible. One relative made the following comments, "Many thanks to 06 Care for the care and attention over the last 15 months. It was definitely the right decision for us to work with you and you all made my life much easier as well as enabling my [relative] to stay at home longer than would otherwise have been the case."
- A member of staff had visited the relative of a service user who had sadly passed away, to see how they were doing and to offer support at a difficult time in the absence of their family.
- When one person's health and mobility declined rapidly additional visits were immediately put in place to support them. The additional visits were then permanently put in place with involvement from the person's social worker.
- Staff had built up extremely strong relationships with people and there were examples of when staff had gone 'above and beyond' what was expected of them. Examples included, taking someone a cake, balloon and card on their birthday and going to do someone's hair on New Year's Eve.
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. For example, due to the demographics of the area the service worked in, they had teams of staff who specifically spoke other languages. Cultural needs were met and respected, for example, very specific detail about how personal care needed to be delivered.
- Through talking to people and staff and reviewing people's care records, we found strong examples where care and support had been delivered in a non-discriminatory way and the rights of people with a protected

characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- Staff were highly aware of people's daily routines and specific preferences. One person said, "They [staff] do things the way I like them."
- Staff demonstrated they respected and understood the importance of ensuring people were able to make their own choices regarding their care and support.
- People told us that they were fully supported, empowered and involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us the following, "They [staff] are respectful." "My carers always respect my privacy. I am a very private person." "Carers are lovely. My carers are always polite and thoughtful." "They [staff] are respectful."
- Care plans gave information about encouraging people to be independent. For example, when one person returned home from hospital they needed the support of two carers. Staff worked with the person and physiotherapist until the person only needed minimal assistance from one carer.
- One person required supervision and minimal support to prepare and serve their own meals. Staff were able to help and support this person whilst not taking over, to enable them to remain as independent as possible. This was very clearly detailed in the care plan. It was also clear staff were involving the service user with meals of their choice.
- One social worker told us the care and support 06 Care had provided to one person had enabled them to successfully return home after living in a care home. They said, "Staff have done wonders for them and gone above and beyond what was expected to make sure their needs were met."

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. This means 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 and their relatives were consulted about every aspect of their support. Care plans were very person-centred and explained exactly how people liked to be supported.
- The provider had invested in a new digital system to improve the service to people and to assist staff. People had a 'tablet' computer in their home which contained their care plan, medicine records, risk assessments and daily records. The manager could monitor, for example, the time staff were arriving and leaving the call, what care and support had been delivered, what medicines had been given and any comments about the visit. All of this information could be reviewed in 'real time' so it was absolutely up to date.
- The computerised system allowed the manager to provide a highly responsive service. For example, if people's needs changed or a new medication was prescribed the care plan could be immediately updated. An alert then appeared on the device so staff could see what had changed and what they needed to do. Carers had to sign off all the care and support required at each call and provide an overview of the person's wellbeing before they could sign out.
- The system also enabled up to date information to be retrieved immediately. For example, if a relative wanted to know the time a call had taken place and what support had been delivered office staff could access this information very quickly.
- Care plans were reviewed after two and six weeks of the service starting, then every six months, or sooner if people's needs had changed. People and their relatives were involved in these reviews.

End of life care and support

- When people were at the end of their life staff worked closely with a dedicated team of healthcare professionals to ensure people received the care and support they needed.
- The service worked directly with 'Gold Line' a dedicated service for people who are cared for on the Gold Standards Framework. Gold Line staff had visited the service and provided information sessions for staff.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people were given information about how to complain when the service started.
- People told us they would speak to a member of staff or telephone the office if they had any concerns.
- People were reminded in the organisation's newsletter staff would listen to any concerns and put things right, because they wanted them to be happy.
- The manager saw concerns and complaints as a way of improving their service and dealt with any concerns appropriately.

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.

- The service had information available in Punjabi, Urdu, Bengali & Polish, pictorial guides, braille, easy read versions [such as large print] and audio.
- People's communication needs were assessed, and a care plan put in place which enabled staff to communicate and share information with people in a way that they could understand.
- The service had staff employed who could speak different languages, both in the community and at the main office base.

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 requires improvement because we needed to see the improvements which had been made previously could be sustained over time. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- In October 2017 the service was rated as inadequate with four breaches of regulations. In July 2018 we found significant improvements had been made. No breaches of regulation were identified. However, the service was rated as requires improvement as we needed to see improvements could be sustained over time. At this inspection not only had the improvements been sustained they had been developed further.
- The manager had been completely driven to improve the quality rating for the service and has learnt from the inspection process. Relative told us, "The management team go the extra mile" and "They were very helpful in assisting me with a letter to commissioners for personal funding for [name]."
- The manager attended the Bradford Care Association meetings where they were able to share information with other providers. For example, up and coming funded training opportunities. The training manager had then used this information to extend training opportunities for staff.
- The manager had built up excellent links with a variety of specialists who delivered training to staff. For example, diabetes and pressure area care. This ensured staff were very knowledgeable about peoples' medical conditions and how these affected people.
- Staff also worked closely with 'Gold Line' who had facilitated discussions about their role with people who require palliative/end of life care. This ensured staff knew when they should contact the gold line team to ensure by working together people received the best possible care and support.
- As a result of a fundraising event a local Dementia UK ambassador had made contact with the service. They wanted to come and talk to staff about Admiral Nurses. These are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia.

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

- The manager, who was also a director of the company, was in the process of registering with CQC as the current registered manager was retiring. The service was extremely well organised. There was a clear and supportive staffing structure, lines of responsibility and accountability.
- Staff were very clear about their roles. They received information on induction and throughout training about what was expected from them. New staff were introduced to people who used the service while shadowing an experienced member of staff. This meant people were familiar about who would be coming to their home to provide care and support.
- Governance was fully embedded into the running of the service. There was a strong focus on continuous improvement. For example, the introduction of the computerised care planning system which had enabled

the service to become exceptionally responsive to people's care needs. The manager had effectively overseen the system to ensure it met their exacting standards.

- The service had a system of audits in place including real-time auditing of daily notes, medication, quality assurance, occurrences, training and recruitment. These were reviewed at a monthly meeting with the management team.
- People and relatives spoke very positively about the service, which they felt was extremely well managed. Staff told us they had and would, absolutely recommend the service to people in the community and as a company to work for. One person said, "[Name of manager] is passionate and oversees everything. They know exactly where everyone is and what is going on. It's an excellent company to work for."
- The manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

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

- Staff were incredibly motivated and proud of the service they worked for. Their comments included, "I am very happy and content with working for 06, excellent support from the management team. Always going over and above for care staff and the service users, more than happy to be part of the team."
- Staff, without exception, told us they felt supported and valued by the management team. The provider was committed to supporting staff and there were reward schemes in place to recognise good practice and long service. The provider aimed to retain staff with the required attributes to ensure the continued provision of high-quality care. The company had been in operation for seven years and six members of staff had recently received their five years' service awards which showed their strategy was working.
- When we inspected the service in October 2017 its overall quality rating was 'inadequate.' The manager and staff team worked exceptionally hard to make the necessary improvements and when we returned in July 2018 we found very significant improvements had been made and the service was no longer in breach of any regulations. The progress made at this inspection illustrated the staffs' commitment to the concept of continuous improvement as demonstrated through their hard work and dedication to quality of care.
- Staff told us how hard the manager and the finance director had worked. Both were committed to providing a high-quality service and promoted a positive, open and person-centred culture.
- The manager knew they could rely on the support from the quality and training managers and the rest of the staff team. Their passion for the people they were supporting, and the service provided to them shone through in everything they said and did. They told us how proud they were of the staff team and how they had developed, both individually and as a team. They said, "I would vouch for every one of them. They are amazing staff and the care is second to none." People who used the service and relatives' comments included, "All staff are wonderful, they are a credit to themselves and 06 Care" and "Thank you so much for all your company does, you have some wonderful people working for you." A member of staff said, "The service and the feedback we get from service users and relatives is very positive. I have seen so many improvements since I started. I love this company and will be staying."

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

- The provider was open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong. For example, one persons' call times were moved by 10 minutes the family were unhappy about this the manager apologised and assured the family they would be informed in future of any changes.

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

- People's views were sought through direct contact from the quality manager and annual surveys. People's views were acted upon in to improve the service. For example, one person told us, "I asked for a list of staff so I could see who was coming each day. I get this every week."
- Staff meetings were held where staff could discuss any issues and make suggestions to improve the service. Very often staff would suggest adjustments to people's care packages or suggest equipment which might be beneficial to individuals.
- Newsletters for people using the service, relatives and staff were produced to keep people informed about recent events and developments within the company.

Working in partnership with others

- The manager had been working in partnership with Bradford Council commissioning, safeguarding and mental capacity teams. Information was then shared with the wider staff group to ensure everyone was aware of best practice.
- The service worked with a variety of health care professions and social workers to ensure people received the care and support they required.
- A 'Staying Safe in the Community' event was held involving the Police, the Fraud Squad and the Safer Project to raise awareness of the vulnerability of people to concerns such as fraud, scams and door step crime. This showed the service was keen to ensure people were kept safe. Staff had found the session very helpful and raised their awareness about keeping people safe in their own homes and things to look out for if they had any concerns.