

Caring Care Limited

# Caring Care Limited

## 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

Caring Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community and provides a service to older adults. Not everyone using Caring Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The inspection was prompted in part by an incident that occurred in relation to medicine management. This inspection examined those risks. This announced site inspection took place on 24 May 2018.

At the time of our inspection, 193 people were supported with their personal care needs by the service. There were two registered managers in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People remained safe using the service. Staff understood how to protect people from harm. People's risks were assessed, monitored and managed to ensure they remained safe. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's care needs. People received their medicines as prescribed and staff understood the importance of safe administration and management of medicines. Staff understood their responsibilities in relation to hygiene and infection control.

People continued to receive effective care. People received care from staff who had the skills and knowledge required to support them safely. People's human rights were protected because the registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA). Staff supported people to meet their nutritional and hydration needs to remain healthy. People were supported to access health and social care professionals to maintain their health and well-being when required. People were supported to have maximum choice and control of their daily life and encouraged to be as independent as possible.

People continued to receive a service that was caring. People were supported by consistent staff who knew their care and support needs. People received care that respected their privacy and dignity.

People continued to receive a service that was responsive to their individual needs. People were involved in the planning of their care. People knew how to raise any concerns or complaints and issues were responded

to quickly.

The service continued to be well led, the registered manager's understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback, and their views were acted on to enhance the quality of service provided to people. The provider worked in conjunction with other agencies to provide people with effective care.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 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.

The inspection was prompted in part by a notification of an incident that occurred at the service. A notification is information about important events which the provider is required to send us by law. The information shared with CQC about the incident indicated potential concerns about the management of medicines. This inspection examined those risks. Before the inspection we reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us.

This comprehensive site inspection took place on 24 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection. The inspection team consisted of one inspector and three experts by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. The expert by experience contacted people or their relatives visit by telephone on 22, 23 and 25 May 2018.

We spoke with 38 people who used the service, 9 relatives and one friend of the family. We spoke with 30 staff and the registered managers and one external professional. We looked at the care files of six people who used the service to see if their information was accurate and up to date. We reviewed three staff files to see how they were recruited and checked information about their training. We also looked at records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and this included medicine administration checks

## Is the service safe?

### Our findings

People told us they felt safe when staff visited them in their home to provide care. One person told us, "I feel very safe. I can't believe I have such a lovely team of girls looking after me." Other people's comments included, "I have double up calls as I have a ceiling hoist and they make me feel safe when moving me from my chair to bed." And, "I feel very safe with staff helping me to bathe and getting me into my wheelchair." Conversations we had with staff demonstrated they had a good understanding of how to protect people from the risk of abuse or harm. One member of staff said, "I would contact my manager straight away and let them know and they would report it." The registered manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. This meant people were supported by staff who knew how to protect them from harm and keep them safe.

Risks to people's safety were assessed, monitored and managed well. One person told us, "I sometimes struggle to boil an egg and I am at risk of getting burnt so they help me with it. They also make sure there are no trip hazards about and check everything is safe for me." One member of staff told us, "We get to know people well and what they can and can't do. Information is also in the care plan to explain what should be done and how to do it." Other staff we spoke with explained about the different equipment they might use and the training they had received to ensure they used any equipment safely. Records we looked at clearly detailed people's individual risks and how these should be managed to ensure people's safety. We saw information was reviewed and updated regularly to ensure it continued to be reflective of a person's needs. Environmental observations were also completed of people's homes which included fire safety checks. Staff we spoke with explained the actions they would take in an emergency situation such as if a person had fallen or was unwell. One member of staff told us, "I would inform the office and maybe contact the next of kin; if needed I would contact the emergency services and stay with the person for as long as was needed." This demonstrated staff understood how to care for people safely.

The provider operated both a short term reablement service that supported people who were discharged from hospital alongside a longer term home care service. People told us there were sufficient numbers of staff to meet their needs. One person said, "They never seem short staffed they always have enough to cover." Another person commented, "They are mostly on time and will call if they are going to be late; I have never had any missed calls." Staff explained that they worked within teams and geographical areas which meant they could complete calls within agreed times. We looked at how calls were planned and allocated to the staff and saw that a computerised system was used to allocate, monitor and manage call times; any issues that arose were addressed straight away. For example, late calls. We found there were sufficient numbers of staff employed to meet people's needs.

People were supported by safely recruited staff. Staff told us they had an interview and the provider had completed pre-employment checks before they started to work at the service. These included reference and Disclosure and Barring Service (DBS) checks. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. Records we looked at supported what we were told by staff.

This inspection was prompted in part by information shared with CQC about people's medicine

administration; we wanted to be assured people got their medicines as prescribed. One person told us, "Staff give me my tablets, no problems and write everything down in the book when they have finished." Another person said, "They give me my tablets from a blister pack on all of my three calls which I have with water." A member of staff said, "We prompt people to take their medicines and write down what they have taken on the medicine sheet. If people refuse to take their medicine we will write it down and contact the office. We don't give people anything unless it is a prescribed medicine." Where people received support with their medicine we found accurate records were kept and care plans identified the assistance people required. We found people were supported with their medicines as prescribed.

We looked at the systems in place in regard to infection control to ensure hygiene standards were maintained. One person told us, "Staff wear gloves and aprons when they help with the commode and things like that." Staff said they had received training and spot checks were completed by the management team to ensure control measures were in place and followed. They also confirmed they had sufficient amounts of Personal Protective Equipment (PPE) provided and were able to access additional supplies if needed.

We looked at how accidents and incidents were managed. We saw that the manager had systems in place to learn and make improvements when things went wrong. Staff explained how they would deal with any accidents and incidents that occurred and said they received information and updates about lessons learnt, or how to improve practice during conversations and meetings with the management team.

## Is the service effective?

### Our findings

People told us their needs were assessed before they began to receive support. One person told us, "They did an assessment at first." Staff told us they knew the people they cared for well but explained care records were available in people's homes should they need to refer to them for guidance. They continued to explain information was personalised and gave clear details of people's support and communication needs. Care records we looked at showed people had been involved in the assessment process to determine their needs along with information about their health requirements. We found assessments were comprehensive and information up to date. Staff we spoke with had a good understanding of people's needs and risks and the support people needed to meet them.

People told us they were confident staff had the skills and knowledge to provide them with good care. For example, staff had received training to support and recognise the issues for people who were living with dementia. The registered manager assessed and monitored the staffs learning and development needs through regular meetings with them and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. New staff told us they had received an induction which had prepared them for their role; they explained this involved shadowing and completing the care certificate. The Care Certificate is a set of national minimum care standards to provide staff with the skills and knowledge to work in care services. Staff told us training was continued on an ongoing basis to ensure their skills were maintained and they continued to carry out their roles effectively.

People who we spoke with who were assisted with their meals were happy with how this support was provided. One person told us, "They get my breakfast, lunch and tea. They ask what I fancy and will get it for me with a drink whether it is a microwave meal or toast or something else." Another person said, "They do my meals in the oven some of which I prepare and they help me to cook eggs which I sometimes have for breakfast with a drink." Staff told us they were aware of people's individual likes and preferences in relation to food and drink and said they encouraged people as far as possible to have a balanced diet. Care records we looked at had information about people's dietary needs, support required from staff and any health conditions which might be affected by their diet. This showed people were supported to eat and drink sufficient amounts to promote their health.

For both the short term reablement and longer term home care service, the staff and management worked with other agencies to meet people's needs in order to deliver effective care. One healthcare professional commented, "The service is very professional and will go the extra length, they follow up on calls and I have never had any problem with them."

Most people we spoke with were able to make their own arrangements in relation to their healthcare. One person said, "The staff will always help me if I need to call the doctor." One relative commented, "The staff will ring me if [family member] is not well." One member of staff said, "If it is an emergency I will call the emergency services and let the office and family know." People's care records noted where concerns had been escalated about changing health needs and showed action had been taken to involve healthcare professionals. This showed people's health needs were monitored and that people were supported to



access healthcare services when required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order.

We checked whether the service was working within the principles of the MCA. People we spoke with were able to make decisions about their care and support and said staff always sought their consent before providing assistance. One person told us, "They always ask how I am and don't start anything without asking me first if it is ok." Another person said, "They always ask me if I am ok and what I would like to have done before they do anything." Staff we spoke with demonstrated their understanding about the MCA and were aware of how this could impact on their role. One member of staff commented, "We always get people's agreement and respect their decision. If they refused something we would try and encourage them and write it down and let the office know." We found the provider had ensured staff were equipped with the knowledge they required to support people in line with the MCA.

## Is the service caring?

### Our findings

All the people we spoke with told us the care they received from the staff and provider was excellent. When people were talking about their individual 'carers' they were full of praise. Comments included, "I couldn't ask for a better carer, she is very kind and very caring." And, "The staff are absolutely wonderful, there is a team of two and they are very nice and kind. I trust them. One relative commented, "All the staff are marvellous they treat [person] as if they were their own relative. They are very kind, honest and patient." The level of care often when above and beyond what people might expect or pay for. For example, one member of staff went food shopping for a person in their own time to ensure the person had sufficient to eat and drink. A member of the management team visited a person in their home when they became anxious to spend time with them reminiscing and comforting them. Other members of staff visited people in hospital in their own time; staff told us they chose to support people in their own time to enhance their quality of life. Descriptions used by both people who used the service and the staff employed were of a constant theme in that people were cared for in a way that was kind and caring.

Staff we spoke with were knowledgeable about people's needs and understood the best communication methods for the people they supported. For example, one member of staff explained some people's first language might not be English and the registered manager ensured staff who attended the call were able to communicate effectively with them. Another member of staff described how they communicated with some of the people they visited by writing things down, pointing out letters of the alphabet and using gestures to ensure people's understanding and gain their consent before providing care.

People told us they were supported by the staff to make decisions and choices about how they wanted their care provided; they explained that they felt involved in their care planning and in control of the care they received. They said the care they received was personalised and met their wishes. A member of staff commented, "We always listen to people about how they want their care to be given to make sure it is what they want and they are happy." People told us they were supported by a consistent team of staff and this had enabled them to build trusting relationships with the staff that supported them. Staff we spoke with demonstrated a clear understanding of people's care and support needs and how they liked their care to be delivered. This showed people were enabled to have as much control in their lives as possible.

People had access to independent advocacy services if required; although no one was currently being supported by an advocate at the time of the inspection. Advocates are people who are independent and support people to make and communicate their views and wishes.

People told us staff always protected their dignity when providing care or support. One person said, "Staff are very mindful of this and ensure I am kept covered and warm when washing me." Another person told us, "I have a bed bath and staff make sure I am partially covered at all times and let me dry myself where I want to." Staff were able to share examples with us of how they maintained people's privacy and dignity when providing care. One member of staff said, "I always make sure [person] is happy with what I am doing, I make sure I have everything to hand and the door and curtains are closed." Conversations with people and staff also confirmed people's wishes were respected in relation to personal care calls such as bathing tasks

being completed by people's preferred care staff. This demonstrated people's wishes were actioned and their dignity and privacy respected.

Staff supported people to regain their independence. One person told us, "Since I came out of hospital staff have helped me with my mobility which make it easier for me to get around." Another person said, "Staff encourage me to wash myself as much as I can." Staff we spoke with explained they tried to encourage people to remain as independent as possible. One member of staff said, "I prompt and encourage people; some people might lack confidence but I help where needed." This demonstrated that people's independence was promoted by the staff that supported them.

## Is the service responsive?

### Our findings

People were complimentary about the care they received and said staff were responsive to their needs. One relative said, "They know [person's] needs and these are being met as they want them to be." Conversations with people indicated that they contributed to the development of their care plan. One person said, "I did the [care record] in conjunction with my daughter and the supervisor of the company. I have a copy in the house." Care records we looked at were personalised and included information about personal histories, communication, health needs and details regarding a person's protected characteristics such as race and beliefs as well as details of a person's individual needs and preferences. For example, a preference for female staff to provide personal care. Information about people's changing needs was shared with staff via communication books in people's homes and conversations with office staff.

People knew who to speak to if they had a concern and said they felt confident these would be addressed and resolved quickly. One person said, "I would complain if I needed to but we tend to sort things out with the carers." Another person told us, "I would contact the office if I had a complaint." People we spoke with confirmed they had a contact number to call if they had any concerns or problems. Staff knew how to direct and support people to make a complaint. We found the provider acknowledged, investigated and responded to any complaints received in a timely manner and in line with their own complaints policy.

At the time of this inspection, the provider was not supporting people with end of life care. However the manager said if people required end of life care they would have conversations with people, their relatives and professionals to discuss a person's wishes and preferences in relation to this.

## Is the service well-led?

### Our findings

The service had two registered managers in post. The registered managers understood their responsibilities for reporting certain incidents and events to us that had occurred at the service or affected people who used the service. The provider had also ensured information about the service's inspection rating was displayed as required by law. The registered manager told us they worked in partnership with other organisations such as with people's social workers and other services such as healthcare professionals. Care records we looked at indicated professionals had been contacted and advice followed.

The majority of people we spoke with said the service was well-led. One person said, "It's very well managed." The registered managers were supported by a team of care co-ordinators and office staff who dealt with scheduling of calls and day to day issues as well as providing support to people and staff. All the staff we spoke with felt supported in their roles and said they were kept up to date with any changes and felt a valued member of the organisation. One member of staff told us, "Brilliant company to work for. I feel very well supported by the management and my [colleagues]." Staff continued to explain that the registered managers and the office staff were always available to speak to should the need arise; and that they received regular supervision sessions which provided them with the opportunity to discuss any concerns or training needs. . Records we looked at demonstrated staff performance was also a priority, staff explained they frequently had their performance and practice observed by a member of the management team which they welcomed. Staff were confident any issues they might raise would be listened to appropriately by the registered managers and they were aware of the whistle-blowing policy. They said they would contact either CQC or the local authority if they had any concerns which they felt were not addressed appropriately by the provider. We found the management of the service provided staff with the support they needed.

Staff successes were celebrated and promoted by the provider which in turn encouraged the staff to be the best they could be. One member of staff said, "We have an annual awards party, it is great fun." Other initiatives introduced by the registered managers included coffee mornings for people who used the service and their families as a means of getting together, sharing information and obtaining feedback about the service provided. People and their families were also able to provide feedback to the provider about the quality of service they received through surveys. These were analysed and action taken. For example the registered managers increased staffing levels within the office to improve the response times for addressing queries.

Audit systems were in place to assess and monitor the quality of the service provided to people. The registered manager reviewed and monitored incidents and accidents, complaints and safeguarding concerns in order to identify patterns and trends along with taking steps to learn from the events to reduce the likelihood of a re-occurrence. Effective systems were in place to monitor standards and performance which meant people received excellent standards of care continually.