

Caring With A Difference HCS Ltd

Caring With A Difference Ltd

Inspection report

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Tel: 02089543707

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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? | Requires Improvement ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

We undertook an announced inspection on 11 May 2017 of Caring with A Difference Ltd. Caring With A Difference Ltd is registered to provide the regulated activity personal care and provides personal care, housework and assistance with medicines in people's homes.

At the time of the inspection, the service was providing care and supporting 44 people and had 22 care workers working for them.

There was a registered manager 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 on 4 March 2016, the service did not meet Regulations 9, 11, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks to people's needs were not assessed appropriately, people were at risk of not receiving their medicines safely, people's level of capacity had not been assessed, care records were not person centred and auditing processes were not robust enough to monitor and improve the quality of the service. This meant the quality rating we awarded was requires improvement.

After the inspection, we received an action plan from the service telling us what action they would take to meet legal requirements.

At this inspection the registered manager was able to demonstrate that measures had been put in place since the last inspection to respond to the issues identified.

Care plans were personalised and included information about people's preferences. However care plans were poorly presented and there was a lack of attention to detail. Information was not clear for staff to be able to know how to support people with their needs.

Although there some instances of lateness, overall people using the service and relatives told us that care workers turned up on time and they had regular care workers. The service had a system in place to monitor care workers punctuality.

Care workers spoke positively about their experiences working for the service. Training enabled care workers to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. Feedback from relatives indicated that positive relationships had developed between people using the service and their care workers and people were treated with dignity and respect.

Systems and processes were in place to help protect people from the risk of harm. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out which highlighted potential risks and measures to ensure people were safe.

Arrangements were in place in respect of the management of medicines. Care workers had received medicines training and policies and procedures were in place.

The service had a complaints procedure and there was a record of complaints received.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through satisfaction surveys. Records showed positive feedback had been provided about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs.

Risks to people were identified and managed so that people were safe.

Arrangements were in place in relation to the management and administration of medicines.

Appropriate employment checks were carried out before staff started working at the service.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt supported by their peers and the registered manager.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People's health care needs and medical history were detailed in their care plans.

Is the service caring?

Good ●

The service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Is the service responsive?

Requires Improvement ●

Some aspects of the service were not responsive. Care plans had been updated to included information about people's individual needs and choices. However, care plans were poorly presented.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place.

Is the service well-led?

Good ●

The service was well led. People using the service and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored.

Caring With A Difference Ltd

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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector and was supported by 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. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications and incidents affecting the safety and well-being of people. Some of the people being cared for were elderly people who had dementia or a specific medical condition and could not always communicate with us and tell us what they thought about the service. Because of this we spoke to family carers and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with twelve people using the service, six family carers, six staff, the care manager and the registered manager. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

At our inspection on 4 March 2016, the assessment of risks to people using the service was not being carried out appropriately. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

During this inspection, we reviewed ten risk assessments. We found the risk assessments had been updated and provided information relevant to people's needs. Risks to people had been identified and individual risk assessments were completed for each person using the service in relation to mobility, moving and handling, falls and behaviours that may challenge. Information included the level of impact and preventative actions needed by care workers to minimise the risk to people using the service.

For example, when a person needed support with their mobility, guidance had been put in place to minimise the risk of the person falling. The guidance included 'Encourage [person] to walk slowly and do not rush' and 'ensure all areas are free from objects.' Another person was at risk of choking, their risk assessment included guidance to ensure care workers cut food up into small pieces and to give the person a choice of a knife, fork or spoon to ensure they ate comfortably.

Risk assessments also highlighted risks associated with mobility aids and equipment such as walking frames, walking sticks and hoist. Information detailed the support the person needed by care workers to be safe and highlighted safe moving and handling practices.

We also noted the risk assessments prompted further action to either notify or inform either family members or social services. For example, for one person who had displayed certain behaviours which were identified as a risk to the person, staff had notified the person's relative and a referral made to the relevant healthcare professionals to ensure the person received the appropriate support they needed to keep them safe. Risk assessments had also been carried out of people's home environment to ensure care staff were working and caring for the person in a safe environment.

At our inspection on 4 March 2016, people were at risk of not receiving their medicines safely. The administration and prompting of medicines to show people had received their prescribed medicines had not been recorded accurately. This was a further breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager to show what actions would be taken to meet this regulation. At this inspection, we found the service had taken action to meet the regulation.

We found care plans had been updated to include a medication support plan which listed the medicines people took and what support people needed with their medicines. The information listed whether care

workers were to prompt, administer or whether family members were involved with people's medicines so care workers were clear as to what they needed to do. Information about the collection and disposal of medicines was also included and supporting medication information such as the contact details of the pharmacy. A new format had been adopted for medicine administration records (MARs) which had been completed to show people had received their medicines as prescribed.

Records showed care workers had received medicines training and medicines policies and procedures were in place. However, medicines competency assessments were not in place to ensure care workers were assessed as competent to support people with their medicines. The care manager told us she would ensure these were in place.

People using the service and their relatives spoke positively about the support they received with their medicines. They told us "I take my medicine but can always ask for this to be double checked which is my peace of mind", "Medicines I do it myself but they remind me sometimes" and "They check that I take my medicines but I can take it myself."

Accidents and incidents were recorded and reviewed to ensure measures were in place to minimise the risk of reoccurrence and ensure the person was safe from further incidents. Records showed follow up actions included refresher training for staff in areas such as moving and handling and incident reporting. Accidents and incident forms and copies of body maps which needed to be completed when an incident occurs were also kept in people's homes for easy access and prompt completion by care workers.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. People's care plans included information about safeguarding, what it meant and the different types of abuse that could occur. Contact details of the local authority safeguarding team were also included.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. Appropriate background checks had been completed.

People using the service told us care workers mostly turned up on time. They told us "Always on time and never make me feel as though I am just a name on a sheet", "The staff do arrive on time and we have to understand it may be traffic or another client that has caused any delay. They always make me feel like the only one they are caring for", "Fantastic [care worker] was lovely. We had a same carer who came dead on the dot" and "They come in every day on time and they are efficient." However, one person told us "Sometimes they don't have anyone to cover. I don't think they have got enough staff". One relative told us "It is a very up and down service. It is not consistent. It depends which carer you get."

People told us they had regular care workers and consistency in the level of care they received. They told us "I have a regular carer, they come on time, if [care worker] is not around, they will get one of the others but I know them. If I don't know them, my regular care worker introduces me to them beforehand" and "When the care worker is on holiday they have someone I know which is nice." Relatives also confirmed this and told us "Impeccable timing", "We have had the same carer who is fantastic" and "Its fine we have the same carer."

Records showed there were systems in place to manage staffing levels. A care co-ordinator was in place to ensure care workers were allocated to people according to their needs and a rota system was in place. Checks were also conducted to monitor care workers timekeeping. Timesheets completed by care workers were checked against the communication sheets care workers completed at people's homes to ensure care

workers turned up on time.

We spoke to care workers about staffing levels and they told us they received their rota on time and had regular clients. They told us "We get the rotas on time", " I have regular clients, there is no pressure" and "I know what shifts I am doing."

Is the service effective?

Our findings

At our inspection on 4 March 2016, people's mental capacity to consent to care and treatment had not been appropriately assessed. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

Care plans had been updated to include a section which detailed information about people's mental health and their levels of capacity to make decisions. For example, one person's care plan stated '[Person] needs support/reassurance and guidance when making decisions.' Another person's care plan showed that due to their lack of capacity to make certain decision, this had an impact on their daily day to day life in areas such as shopping, personal care and health and well-being. We found that care plans were signed by people or their representative to indicate that they had consented to the care provided.

When speaking with care workers, they had knowledge of the Mental Capacity Act 2005 [MCA] and training records confirmed that they had received training in this area.

People using the service and relatives spoke positively about the care workers. They told us "I am very pleased with my care they seem to know what I need before I do!", "They have been trained for this work and the confidence in their delivery means I am getting good care" and "They are good and do a good job."

Records showed care workers received on-going training to ensure that staff developed and maintained their skills and knowledge. There was a training matrix in place which showed training staff had completed and when the next refresher training was due. Staff spoke positively about the training and told us "They have stepped up with the training and refresher training which is really good", "Definitely enough training and we benefit from it", "We have practical moving and handling training. It is very helpful" and "Training is quite regular and we are kept up to date with new procedures."

Records showed staff received supervision and appraisal to review and monitor their performance. Staff confirmed this and told us "I am supported, I have supervision, they call you in and ask if you happy and if we have problems. They do follow up things if you raise them"; "They listen to you and are very understanding. I have no problems", "They are always there for me" and "Supervision is good – you can put things on the table. It's open."

Records also showed care workers competencies were being assessed by spot checks. This involved care workers being observed by a member of staff and assessing how care workers carried out their duties in areas such as communication, timekeeping, health and safety and undertaking tasks. Records showed that if there were any areas of improvement, this was noted and followed up by the service. For example, it was identified care workers were not documenting accurate information about people's care. Records showed this was followed up with care workers during a one to one supervision session.

People's care plans had been updated to contain information about people's medical history so care workers were aware of people's medical needs. Care plans also contained contact details of people's GP surgery for staff reference. Records showed that family carers dealt with the day to day care and arranged all health care appointments for people using the service.

People were supported with their nutritional and hydration needs. Care plans included information on what support people required with their food and drink. There was information about each person's dietary needs and requirements. For example, for one person, their care plan showed they liked Kosher food and that the food needed to be moist and cut into small pieces to ensure ease with their swallowing. Another person's diabetes care plan, detailed they were to have no sugar but that the person wanted a pinch of salt in their food.

People using the service spoke positively about the support they received with the food and drink. They told us "They (care workers) make some of my meals and I help, it can be fun" and "My food preferences are noted and checked daily."

Is the service caring?

Our findings

People using the service and relatives spoke positively about the way they were supported. They told us "My carer is great and spoils me all the time – really nice and kind", "Nice care workers, no complaints", "Care workers are very polite. The service is very good", "[Care worker] is kind and patient" and "The carer we have at the weekend is superb. Friendly and kind."

People using the service and relatives told us people's privacy and dignity were maintained and respected. They told us "The care is just great- always observe my dignity especially after personal care, this is how it should be for everyone", "Couldn't ask for better care they are so kind and lovely. They close the curtains and knock before coming in the shower room to help", "They don't draw any attention to any vulnerabilities", and "All very proper and above board."

Care workers were able to tell us how they maintained people's privacy and dignity. They told us "Curtains are closed, door is closed. You get everything ready for them. Make them comfortable and keep their dignity", "I will communicate with them, ask how they like things to be done", "You have to be sensitive to their needs. You give them your 100%" and "You need to ask whether they are comfortable, if not you guide and help them."

Feedback from people using the service indicated positive caring relationships had developed between people and care workers and people's choices were respected. They told us "They listen to what I ask for and try hard to deliver on that", "If I want to change my mind that is fine or want to have a lie down, I am not made to do what I don't want to do", "I can always say no and my wishes are always noted" and "We are very chatty with each other. The care workers are lovely and we have a chat before she goes."

Relatives also spoke positively about the relationships their family members shared with their care workers. They told us "[Care worker] is brilliant, great! She is very reassuring to me"; "I don't know what I would do without people like her", "Absolutely lovely! Second mum figure to [person]. [Care worker] gives [person] a drink and settles them down. Puts me at ease, she has been great."

When speaking to care workers about supporting people, they demonstrated a caring approach. Some of their comments included "We are there to care for someone. It is important we make sure they are safe", "It is not about us, it is about the person", "We need to build the relationship with people", "You have got to love to care to do this job, there is a joy to it", "You make people feel good about themselves at all times" and "You respect what they want. You can't force them. You try to do the best for them."

One care worker provided an example of how they supported a person with their medicines in a very caring and considerate way. They told us the person was able to take their afternoon medicines but needed reminding as they sometimes would forget. The care worker told us she would put the kettle on at the time when the medicines needed to be taken. She then explained that when the person heard the kettle, they would automatically remember it was time to take their medicines. The care worker told us they wanted the person to feel they could do this themselves and feel independent and not dependent.

There were some arrangements in place to ensure people were involved in expressing their views. Records showed people were involved with decisions about their care and there was regular contact and involvement from relatives when aspects of people's care needed to be discussed. Relatives confirmed this. One person told us "If I am unsure about anything they check with my next of kin." Records also showed some review meetings involving people's local authority representative were conducted to ensure people's needs were being met by the service.

Is the service responsive?

Our findings

People using the service spoke positively about the service. They told us "I do find it helps, it's a great help to me", and "Very happy with the service" and "Everything is as I want it." Relatives also told us "Very happy with them", "Quite satisfied with what we have got."

At our inspection on 4 March 2016, care plans were not person centred and were task focused. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

We found care plans had been updated and a new format had been implemented. The care plans provided information about people's medical background, details of medical diagnoses and how this affected their day to day life. The care plans included detail of the support they needed in accordance to their specific needs with various aspects such as personal care, medicines, nutrition and hydration, communication and mobility.

Care plans then clearly detailed what tasks needed to be done each day so care workers were aware of what they needed to do to provide the appropriate care people needed. This included any equipment that was used such as wheelchairs or hoists and the safe practice of moving and handling techniques.

People's individual preferences, likes and dislikes were listed and independence encouraged. Care plans detailed what people could do themselves and areas in which they needed support. For example, in one person's care plan, it stated "I like to keep to my daily routine", "I am able to move independently very slowly and only for short distances" and "I am very motivated. I like to keep myself engaged in activities around the house such as sorting out cupboards."

Care plans were reviewed by office staff and were also updated when people's needs changed. Daily communication records were in place which recorded information on people's daily care such as personal care, meals and the support provided with medicines.

People and relatives were aware of their care plans and confirmed they were involved in the process. They told us "I trust the staff and care plans are something I know about but don't worry about them", "My care plan is a live document so is updated all the time", "They suggest rather than impose their own ideas-that's really good", "I just want to continue with my excellent care. My relative will deal with that side of things" and "Yes I am consulted about my relative's care plan and get asked to all the relevant meetings about them."

However, despite the format of people's care plans having been improved, all the care plans we looked at, we found examples where information about each person was not clear. Documentation was handwritten and difficult to read and follow at times. There were sections in which the handwriting would overlap onto other sections of the care plan and the section title would then be crossed out. The handwriting was messy,

not straight and contained errors, letters were either crossed out or amended. There was inconsistency in the language that was used. For example, some parts of the care plan would refer to the person by 'I', the person's initials, the term 'service user' or 'SU', which was not person centred. For example one person's care plan stated "SU is able to walk short distances with a walking stick." Old information was also included in the care plans. For example care plans referred to outdated CQC regulations dated 2010.

This use of such language was highlighted to the service at the last inspection. We discussed this with the care manager during this inspection and noted this had not been picked up or improved on by the office staff or registered manager. There was a lack of understanding and consideration shown towards handling personal and confidential information of people using the service in that care plans were so poorly presented. Feedback from people using the service and their relatives indicated people were receiving the care they needed. When speaking to care workers, they had a good understanding of people's needs. We advised the care plans needed to be better presented and typed so information was clear and easy to understand.

The care manager told us when staff visit peoples home either to do an assessment or review, records were handwritten and had not been typed up. The care manager told us they would ensure this was addressed immediately and care plans were typed up and better presented.

There were procedures for receiving, handling and responding to comments and complaints. Records showed that the registered manager investigated and responded appropriately when complaints were received. A copy of the complaints form was accessible to people in their homes. People using the service and relatives told us they had no complaints about the service. They told us "On balance a very good service with no complaints-just happy that they do what they do" and "Yes I know how to make a complaint."

Is the service well-led?

Our findings

People using the service and relatives spoke positively about the management of the service. They told us "This is a good company and is generally excellent and I would recommend them to anyone", "The management are available if I need to speak to them and the staff all feel supported and enjoy their job", "Excellent in every way from carers to the office" and "The right care plan has been carefully crafted and for that we thank everyone involved."

The service consisted of office staff including the registered manager, care manager, an IT consultant, office administrator, field supervisor and care co-ordinator.

At our inspection on 4 March 2016, systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was received from the registered manager. At this inspection, we found the service had taken action to meet the regulation.

During this inspection, we identified that the service had taken action to address the concerns identified at the last inspection. The service had adopted a new format for their care plans which ensured information in relation to risk, medicines and consent to care was included and related to people's needs. Spot checks were being conducted to assess care workers competency.

Records showed the services had updated their quality assurance systems. To assess the quality of service provided, records showed questionnaires had been sent to people using the service in 2016. We reviewed the questionnaires and found mostly positive feedback had been received. Records showed the responses had been evaluated and a comprehensive quality assurance audit had been produced which identified areas which needed to improve and action to make improvements when needed.

Records showed questionnaires for 2017 had been sent to people using the service and some had been received by the service. We reviewed a sample of the questionnaires. Although there were some comments about care workers time keeping and the way they were allocated, the general feedback was overall positive. Some comments included "It has given me back the confidence to manage tasks on my own", "Seeing that I have arthritis, the help received is wonderful", "I think the staff are really kind and helpful", "When I had the care and support, I felt relaxed knowing all was in capable hands of [care worker]. I found her to be caring and went about her work efficiently" and "I am very lucky that care manager is very understanding and kind. They work together to provide the best care for [person]."

We discussed this with the care manager who told us the audit was not yet completed in response to the questionnaires but they would address the issues raised. The care manager told us and records showed checks were being conducted on care workers time keeping. The checks included timesheets checked against the rota system, spot checks and discussing time keeping in staff supervision. Timesheets were also

checked against the communication sheets care workers completed at people's homes. We reviewed a sample of these and noted they were accurate and there were no unexplained gaps. There were also plans for further recruitment of care workers.

The service also had 'Office' meetings in place which the office staff attended to discuss how the service was being managed. Minutes of these meeting showed areas such as completion of body charts, office administration, care planning, complaints and management of the service were discussed and any action needed was identified.

Care workers spoke positively about working for the service and the management. They told us "If I have a problem they sort it out. I don't have any complaints. if I phone, [registered manager] rings back. She listens", "If you are unsure about anything you can always call them up for advice" and "Office staff are very nice and supportive if there is an issue they sort it."

Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. Minutes of the meetings showed issues such as timesheets, training, safeguarding, medication and covering calls had been discussed. Care workers told us "Staff meetings are very useful. I listen to others and if you have something to say you can put it across and give advice to each other. They are very beneficial."