

Be Cared For Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 23 February 2017. Be Cared For Limited provides support and personal care to people living in their own homes in Bingham, Rushcliffe and surrounding areas in east Nottinghamshire. On the day of the inspection visit there were nine people using the service who received personal care.

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

People were supported by staff who understood the risks they could face and knew how to keep them safe. People were supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they needed by staff who were trained and supported to do so effectively. People's care and support was provided once consent had been obtained in line with the relevant legislation.

People were cared for by staff who understood their health conditions and ensured they had sufficient to eat and drink.

People were treated with respect by staff who demonstrated compassion and understanding. People were provided with their care and support in the way they requested.

People's plans of care were not kept up to date and did not contain all the information care workers needed to meet their needs. People were informed on how to express any complaints or concerns they had so these could be investigated and acted upon.

People used a service which was flexible in accordance with their needs. The registered manager provided leadership that gained the respect of care workers and motivated them as a team. There were systems to obtain people's views on the service and if any improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

The service was not entirely responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and were confident any complaint they made would be responded to.

Requires Improvement ●

Is the service well-led?

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. Staff views were also encouraged and listened to.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

Good ●

Be Cared For 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.

This inspection took place on 23 February 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we have received and whether we had been sent any statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with eight people who used the service and one relative. We also spoke with five care workers, the deputy manager and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. People told us things that made them feel safe were "good care" and the "honesty of staff". One person told us they felt safe because care workers were "all very decent people". A relative told us their relation, "Feels safe with them (care worker,) they look after [relation] very well."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Most care workers said they had not had any concerns about people's safety, although some staff could recall an incident that had been reported to the local authority some time ago. The provider informed us on their PIR how they provided care workers with policies, procedures and training on how to provide a safe service. Care workers said they had received training on safeguarding and would report any concerns to the registered or deputy managers, and care workers were confident they would ensure these were reported to the local authority. The registered manager showed us information they had sent to staff about safeguarding and told us of occasions they had contacted social workers to discuss concerns they had about people's safety.

People told us they felt safe with the care and support they received and trusted the care workers who provided this. One person who needed a care worker to use some equipment to assist with their mobility told us, "I feel comfortable when they (care workers) are moving me." People also told us that care workers undertook safety checks, with one person saying this was carried out "on equipment, alarms and other things."

Care workers described how they encouraged people to maintain their independence in the safest way. They said this included involving other professionals such as occupational therapists and GPs, as well as providing people with suggestions of how to do things in a safer way. One care worker told us, "We have to find the balance to make it as safe as possible for people to be able to do what they want." The registered manager told us that part of their initial visit included undertaking an assessment of people's properties to ensure the care and support needed could be provided safely, and we saw copies of these assessments were kept in people's care files.

There were sufficient care workers employed to provide people with consistent care and support which met their needs at the time it was intended. People told us care workers were punctual and their visits took place on or near to the time they had been planned for. They also said the care workers stayed for the agreed length of time and that they knew the care workers who visited them. The provider informed us on their PIR that people had continuity of care workers from a small team of staff, and people we spoke with confirmed this to be the case.

Care workers told us there were sufficient staff employed to visit people as planned, and that there was sufficient time allocated to travel between appointments, so they were able to arrive on time. The registered manager told us they gave care workers a weekly rota in good time so they knew what calls they needed to carry out each week.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if they required it to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative. People who required support were provided with this in the way they wished it to be. One person told us how care workers gave them their medicine at mealtimes and reminded them to take these. Another person said the management of their medicines was "done very well."

Care workers told us how they supported some people to take their medicines. This included reminding people to take their medicines and placing these in a position where people could take them. Care workers said they then made a record to show whether the person had taken their medicines or had decided they were going to take them after the end of the call.

Care workers told us they had received training on the safe handling and administration of medicines and that their competency had been assessed in supporting people with their medicines. They also said that any new staff 'shadowed' a more experienced care worker until they felt confident to provide a person with any medicines support they need. The registered manager told us care workers had regular observations when providing medicines support to ensure they continued to do this safely.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person said care workers, "Seem trained to me. It's in their brochure they are given suitable training before they are sent out (to carry out people's care visits.)"

Care workers told us they were provided with the training and support they needed to carry out their work. This included induction training when they began their employment to prepare them for the work they would need to undertake. This included completing the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager told us that in addition to the training they had identified as mandatory for all staff to complete they had also provided additional training in key areas that care workers may need to provide support in. These included supporting people with diabetes and a dementia related illness.

Care workers told us they were shown how to support each person who used the service they visited before they provided them with any unaccompanied support. This included any mobility support, safety tests or exercises people needed assistance with. Care workers said they received the support they needed from the deputy and registered managers and that they were a "close knit team".

People who used the service were asked to consent for their care and support. One person who used the service told us care workers, "Always ask me if I would like a bath this morning and I can say yes or no." People also spoke of care workers 'knowing their wishes' and how they would like things done. One person said, "They know me well enough, they know what I like and want."

Care workers told us people had consented to the care and support they provided them with when their care plans were prepared. Care workers said they always asked people whether they wanted their planned care or support at the time to ensure they were still in agreement with this. The deputy manager said people signed their care reviews but they had not been asking them to sign the initial care plan. The deputy manager said they would do so in future.

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 registered manager told us everyone who used the service had the capacity to make decisions and consent to their care for themselves. The registered manager said there were some people they supported who did have an appointee to deal with financial matters and they would liaise with a person's appointee if needed.

People who required support to ensure they had sufficient to eat and drink to maintain their health and wellbeing were provided with this. People told us staff would provide them with the ready meal of their choice and made them a hot drink during their visit. One person said care workers, "Usually ask as soon as they get here if I want a cup of tea. It's a standard question."

Care workers told us they prepared meals for some people they supported and encouraged them to eat these. Care workers said it usually involved heating up a ready meal. The registered manager told us care workers would often add some fresh vegetables to these to provide some additional nutrition. A care worker told us when one person had not liked the ready meals they had purchased they had helped them to find some other ones which they did. Care workers said there was not anyone who they were concerned about not having sufficient to eat and drink. The registered manager said they had involved the speech and language therapy team (SALT), who provide advice on swallowing and choking issues, when one person had been having difficulty in swallowing their food.

People were supported by staff who understood their healthcare needs and knew how to support them with these. A person told us, "I feel they understand my [illness] when we talk about it we have a joke. They always ask how I'm feeling."

Care workers told us they always asked people how they were feeling and said they could normally tell if someone was not feeling well. They also said that they understood people's health care needs and recognised signs and symptoms that may indicate they may need to seek further support. Care workers said they were provided with training about healthcare conditions people had and felt they were able to provide people with the support they needed regarding these. All staff had received training in first aid. Care workers told us if they had any concerns they would call a health care professional, such as a district nurse or GP and, if needed, they would contact the emergency services.

Is the service caring?

Our findings

People who used the service described staff as caring and showing a genuine interest in their wellbeing. People spoke of building relationships with their care workers and told us how they made their visits enjoyable with some joking and laughing together whilst doing their work. One person told us how a care worker would do "little extras for me, like getting some shopping". Another person said, "One of my carers is out of the top drawer they are so polite and caring." A relative told us care workers "get on very well with [relation]".

Care workers spoke of 'loving their work' and how they found this rewarding. They gave examples of feeling good when they had helped someone to have a shower or to go out for walk which "put a smile on their face." One care worker told us how they had felt pleased during a recent visit. They said the person was "down in the dumps" at the start of the visit but by the end they were "laughing their head off". Care workers also spoke of enjoying hearing details of people's earlier lives including their interests and pastimes. One care worker told us how they had been "fascinated" by one person's hobby they had shared with them.

People told us they were involved in planning their care and support and making decisions about this. A person told us how care workers listened to them and "help me think about what I would like". Another person said, "I suppose I must have done (decided on the care they wanted) that's what they do."

The provider stated on their PIR, "The service user must feel they are in control and involved in all aspects of their care package." Care workers said people chose and decided the care and support they wanted and how this was provided to them. One care worker said, "It's all about what they want and need. It is their preferences, we give them choice." Care workers also said people could change and vary their care and support when they wished to. The deputy manager told us they asked people if they wanted to make any changes to their care during the reviews they carried out.

They registered manager told us there was no one who used the service at present that had the support of an advocate. They said they knew about local advocacy services and would approach these if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect. They told us care workers left everywhere tidy and that they were respectful in their home. People also told us that they received personal support in a way that promoted their dignity. Staff described how they conducted themselves in a respectful way when in people's homes and respected their thoughts and beliefs. They spoke of giving people choices so they made any decisions and described how they provided any personal care in a way that promoted people's privacy and respected their modesty. The registered manager told us that they aimed to increase people's independence where possible.

Is the service responsive?

Our findings

We found care plans did not describe the support people required in sufficient detail to provide care workers with guidance on how tasks should be undertaken. For example there was a reference to one person needing support to complete some physiotherapy exercises, however there was no detail provided about when and how this should be done. There were some people's plans that had not been updated with a change of their needs, and care plan reviews had not always been carried out as frequently as intended. One person's plan had not been updated to show that they now needed to be assisted with their mobility in a different way.

Care workers told us that the care plans provided "a good starting point" but they also said that they found out additional information about people's needs through talking with them when they were providing their care and in discussions with other care workers. We discussed the lack of information in people's care plans with the registered manager and they agreed these needed to be more detailed. During our feedback to the registered manager at the end of our visit they told us they had arranged with two staff to undertake some additional work on the care plans. The registered manager said this would involve adding the details needed to ensure they accurately described how people's needs should be met.

People told us their care was provided in a way that was flexible and responsive to their needs. One person said that the deputy manager, "Comes round regularly and checks things." Care workers told us that they felt they did meet people's needs and comments people made during visits to them confirmed this to them. We saw daily records made after each person's visit which described people having been provided with the care and support they needed during the visit.

Care workers told us some people's visits included some time allocated for social activity. This included trips to the local market and shops to purchase food and other essentials. Care workers also spoke of accompanying people to attend appointments and to visit relatives when needed.

People were provided with information on what to do if they had any concerns or complaints with the service. People told us they were regularly asked if there was anything they were not happy with and that they had been given a leaflet which told them how to complain. Several people said they would phone the registered manager if they needed to raise anything about their service.

Care workers told us people were given information on how to raise any concerns or complaints when they started to use the service. They said everyone knew how to contact the registered manager if they needed to, and they were confident any concerns or complaints would be acted upon. The registered manager told us there had not been any complaints made but they would act immediately if one was.

Is the service well-led?

Our findings

People felt the service was well run and had a positive culture. They described staff they had contact with as being "very helpful" when they contacted them. One person said the staff were, "Running a good ship, they can have five stars." Another person said, "Everything is done very nicely and professionally."

Care workers told us they felt able to make suggestions as well as raise and discuss any issues with the service. They felt any comments they made were well received and considered. They told us there were staff meetings held, with the next one due the following week. The registered manager told us that they considered staff views and opinions to be important and they were keen to hear these. They told us of a team building event they had organised which had encouraged staff to speak openly about any ideas as well as have some fun together.

Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. There were information leaflets for staff to take to give to people or for their own reference about other services and support that were available. Care workers told us they could always contact the deputy or registered manager for advice, including out of hours when there was an 'on call' service provided. Care workers were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People were confident in the way the service was managed and had confidence in the registered manager. One person told us, "The management is amazing. They are lovely and understanding. If I ring about something, I always feel I am understood, they are very professional." Care workers told us the registered manager was approachable, efficient and supportive. One care worker said, "You couldn't ask for a better boss." Another care worker said, "She does this (work) because she cares."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

There were systems in place to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. One person told us the deputy manager, "Comes and checks out on things and that I'm happy."

The registered manager described the quality assurance process they followed to ensure people were satisfied with the care and support they received. This included phone calls to ask how things were and completing survey forms. Relatives were also asked to complete a survey form and the registered manager showed us forms they had ready to send out to care workers to ask them for their views and opinions. We

saw survey forms from people who used the service and relatives that had been returned contained wholly positive comments about the service. We also saw cards that had been sent by people who had used the service, or relatives of people who had, in appreciation of services that had been provided.

The provider informed us on their PIR that there were staff allocated to review people's daily notes and other records that were made. We saw people's daily notes had been reviewed and the registered manager was implementing a way of recording any issues that had been highlighted in these.