

Care Your Way Limited

Care Your Way Limited (Burgess Hill)

Inspection report

1a The Martlets
Burgess Hill
West Sussex
RH15 9NN

Tel: 01444871345

Date of inspection visit:
07 March 2017

Date of publication:
05 April 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 7 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Care Your Way is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 69 people were receiving a service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had recently left the service. The provider had recruited a new manager who was currently registering with us.

The majority of people we spoke with were aware that there was a new manager who was in post following the previous one leaving, and felt it was too soon for them to comment on the new manager. However people told us communication and organisation from the office could be improved. One person told us "Administration in the office on the surface don't seem to be organised the phone is not manned 100% of the time". Another person said "Care staff do well but administration and organisation could be improved". These issues were brought to the attention of the manager as areas in need of improvement.

People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel safe because the carers know what they are doing". There were systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The manager made sure there was enough staff at all times to meet people's needs.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. Staff also received regular supervision throughout the year.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance.

People and relatives told us that staff were kind and caring. Comments included "I think they have my best interests at heart" and "The ladies who call are excellent. All of them will do anything I ask them to do". A relative told us "I haven't had one which hasn't been caring and she (relative) looks forward to them coming

in and she will chat to them. I couldn't do without them, they are my life line as well".

People and relatives confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice. One person told us "They serve a good meal and are obliging"

The provider and manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by surveys which were sent to people and their relatives. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

Staff told us they were able to speak to the manager when needed, and found them supportive. Comments from care staff included "The new manager and area director are brilliant" and "Wouldn't change anything, we have a really good team".

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 ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

Is the service effective?

Good 

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good 

The service was caring.

Staff had developed positive relationships with the people they supported and knew them well.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

People were encouraged to express their views about how care

was delivered and staff responded proactively.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Requires Improvement ●

The service was not always well- led.

Communication and organisation from the office was not always effective.

Staff were positive about the management of the service and felt supported.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback.

Care Your Way Limited (Burgess Hill)

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 took place on the 7 March 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors 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.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 12 people and four relatives on the telephone, three care staff, two senior carers, a business development manager, regional director and the manager. We observed the manager and staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, five staff training, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted two health care professionals after the inspection to gain their views of the service.

At the last inspection on 13 January 2015 we found the service was not consistently responsive. Assessments had been undertaken and care plans developed to identify people's health and support needs. However these documents were not always consistent with enough detail to support staff. Staff also felt they did not always have enough travel time in between visits to people in their homes. At this inspection we saw the provider had taken action to improve the service following our last inspection.

Is the service safe?

Our findings

People told us that they felt safe using the service. Comments from people included "I feel very secure, with the service provided", "The carers makes sure I am safe when I get in and out of the shower" and "I feel safe because the carers know what they are doing". A relative told us "We feel safe because the carers are excellent"

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident the manager would act on their concerns. One member of staff told us "I would always report and record anything that was not right with a client. We need to ensure people are ok and raise any concerns we may have". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

There were skilled and experienced staff to ensure people were safe and cared for. Rotas were planned in advance and care staff were aware of their calls and received paper copies of their rotas. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The manager told us that they were continually recruiting staff to maintain the staffing. They said "We have some staff who are leaving and we already have new staff in the pipeline and going through our recruitment and training process".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

People were supported to receive their medicines safely. One person told us "They do it well (support with medicines) all under control. They record it in the book, I am happy with this". Another person said "They (staff) pop medicines out of the blister pack, give it to me correctly and record it". People who self-administered had support by their relatives to take their medicines. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Audits of medicine administration (MAR) were undertaken to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Risk assessments detailed and identified hazards and how to reduce or eliminate the risk. For example an

environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether there was a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example, in one care plan it described how one person used a walking aid around their home, what staff needed to be aware of and the safest way to assist the person around their home. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. One member of staff told us "Any accident or minor incident is recorded down. We have forms to complete and bring into the office". There were processes in place to enable the manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff and felt they were trained well. People's comments included "I think they are skilled", "They (staff) do seem to know what they are doing" and "The staff go for training quite regularly".

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and they always asked permission before starting a task. People's comments included "Yes (staff seek consent) always" and "I can say what I want, how I want it done". Details of the MCA were also available to staff and displayed on the office wall.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid and infection control. Staff told us they could access training in specific areas for example one member of staff told us the provider had introduced access to e-learning which covered many subjects that they could complete. An induction was completed to ensure that all new staff received consistent training which also incorporated the skills for care certificate to ensure that new staff were working toward this. The care certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care staff. New staff also trained alongside experienced staff on support calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. One member of staff told us how they had been in post for a few weeks and did the same round of visits to people every day to get to know their clients. They also told us that when they had a problem with one visit, they called the on-call member of staff who arrived within minutes to give them support. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received regular supervision throughout the year. During this, they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they supported and any training they would like to do. Other issues discussed during supervision included training and the well-being of people they visited. Staff told us the newly appointed manager was approachable if they required some advice or needed to discuss something. In addition staff said that there was an annual appraisal system at which their development needs were also discussed.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by people's carers or by themselves and staff were required to ensure

meals were accessible to people. People's comments included "For breakfast they give me a roll with marmalade on and a coffee, they are good in that respect" and "They serve a good meal and are obliging". People's care plans detailed their preferences around food and drink and at what time people liked to eat and how they may like to be assisted with meal times. One care plan detailed a recommendation from a health professional that the person required a soft diet and certain foods would need to be mashed. Details of the person's preferences of certain foods through the day were recorded for staff to follow. Staff told us if they had concerns about a person's nutrition or weight they would discuss this with the staff in the office and medical advice may be sought.

We were told by people that their health care appointments or health care needs were co-ordinated by themselves or their relatives. One person told us "If a doctor is necessary, they ring my son who rings the doctor, that's how we arrange it". However, staff were available to support people to access healthcare appointments if required. Staff told us they had good rapport and working relationships with various health care professionals such as social workers and district nurses. Comments from health care professionals we contacted confirmed this. One member of staff told us "I have my regulars and know them really well so am able to understand quickly if they are unwell or have deteriorated".

Is the service caring?

Our findings

People told us staff were caring and kind. Comments from people included "I think they have my best interests at heart, "The ladies who call are excellent. All of them will do anything I ask them to do" and "Oh yes I am on very good terms with all my callers, I can talk to them and we have very good conversations". A relative told us "I haven't had one which hasn't been caring and she (relative) looks forward to them coming in and she will chat to them. I couldn't do without them there my life line as well".

Staff were knowledgeable of people's needs and spoke about them with genuine warmth. It was apparent that positive relationships had been developed between staff and people, some over years. The manager told us their aim is to ensure that the people received support from a consistent team of staff to enable positive relationships to develop. People told us they usually saw the same member of staff that visited them. Comments from people included "Well matched with all of them", "Yes (well matched) we have a laugh". A relative told us "Yes (well matched). The carers get on with my relative extremely well and he is very happy with the carers".

Staff were knowledgeable about the people they supported. Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff said "Overtime you build a relationship with a person and know their likes, dislikes and interests. Also how to encourage them to remain living at home and we help with that". During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences.

It was apparent that people were treated as an individual, their differences were respected and support was adapted to meet their needs. Staff ensured that the support provided to people was person-centred and enabled them to receive the type of support they chose. One member of staff told us "I'm always led by the client". Staff told us how they promoted people's independence. In one care plan it stated for staff to provide reassurance and support for a person to maintain their independence to remain living in their home. Staff told us that wherever possible and needed people were encouraged to maintain their independence such as undertaking their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us "We always encourage clients to do as much for themselves as they can and support them to do so".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff told us they took care to give privacy to people when needed. They also said they drew curtains and closed doors to ensure people's privacy was respected. One member of staff told us "I'm aware that I'm in their home so am always respectful of that". Another told us "I always think about what I would want, if it was me or a member of my family". People confirmed their dignity and privacy was always upheld and respected. One person told us "They are very careful not to impose or intrude". Another person said "They ask how I like things to be done and treat me with respect".

People told us they could express their views and were involved in making decisions about the support they received. People and their relatives confirmed they had been involved in designing their care plans and felt

involved in decisions about their care and support. One person told us "The plan does get reviewed, they go through it with you and make any changes". A relative said "We are involved in the care plan. It was reviewed a while ago and changed to meet our relative's needs". People were also able to express their views via feedback surveys and the reviews which gave them an opportunity to express their opinions and ideas regarding the service.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. Care staff received communication by text messages and emails. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "They do ask me, the care I get is individual to me".

A health professional told us "Care Your Way provides care for several of our service users. I have always found them to be flexible in their approach with a "can do" rather than a won't do attitude. They appear to be very customer focused and willing to work with the customers to achieve and meet their needs as well as a few wants".

At the last inspection on 13 January 2015 we found the service was not consistently responsive. Assessments had been undertaken and care plans developed to identify people's health and support needs. However these documents were not always consistent with enough detail to support staff. Staff also felt they did not always have enough travel time in between visits to people in their homes. At this inspection we saw the provider had taken action to improve the service following our last inspection.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care plans were clear and gave descriptions of people's needs and the care, staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to safely move a person. This included using a hoist to safely move a person into their wheelchair and how staff should encourage the person to aid their mobility. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's home. We found details recorded were consistent. Care plans were detailed enough for a carer to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible.

Care staff told us they had enough travel time between visits to people. One staff member explained to us how they were able to request more travel time and felt listened to and the office would arrange this. We spoke with the member of staff who completed the staff rotas and discussed travel time with them. They told us they were always looking to ensure staff had sufficient time to travel in between calls. They received feedback from care staff on what travel times they required and would work on addressing any issues. People's comments around calls being on time were mainly positive. Comments included "Generally the carers are on time, within half an hour", "Mostly on time and they let me know if they are going to be late. I have not had a missed call", "The two carers are usually on time and usually come at the same time, if one arrives first they will get things ready" and "They are near enough on time. I had a missed call a while ago on a Sunday. My son rang the office and they sent someone. It was fine".

Staff we spoke with told us they were able to build relationships with people and increase understanding of their needs, due to the fact that they attended the same people most of the time. Staff talked about the

interests and activities people liked. One member of staff said "One person I visit likes puzzles and crosswords. We always chat about things in the news and things going on in the world".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. One person told us "I have said I was not keen on a member of staff, they were fine about it and didn't send them back". A relative told us "I would approach the leader in the office, if I had any problems"

Is the service well-led?

Our findings

The previous registered manager had recently left the service. The provider had recruited a new manager who was currently registering with us, they were also supported by a regional director.

The majority of people we spoke with were aware that there was a new manager who was in post following the previous one leaving, and felt it was too soon for them to comment on the new manager. However, people told us communication and organisation from the office could be improved. Comments from people included "I have asked for a rota as I point out I have to go out to shop and do other things. I do need to know when staff are coming and if there are any changes. I have phoned them and gone to the office and asked for a schedule. They say we shall do that and I got it for three weeks and then it stopped. They are claiming computer problems. I have asked again, it is an annoyance. There is no communication with each other in the office", "Administration in the office on the surface doesn't seem to be organised, the phone is not manned 100% of the time". Another person said "Care staff do well but administration and organisation could be improved". We discussed people's comments with the new manager who told us "I am aware of areas that need improving and we are working on this. We now have an updated list of people who would like a rota and we are ensuring that communication is improving amongst staff and clients". There was a lack of organisation and effective communication between staff in the office. People were not always able to contact the office and did not receive information from them that enabled them to know when to expect visits from staff. This was not respectful of peoples' time and did not instil confidence in the abilities of the service to respond to people's needs. We found this is an area of practice in need of improvement.

A health professional told us "I have found that the managers are open and transparent in their approach. Any issues have been dealt with in a professional manner and safety has never been an issue with any of my customers. They worked with one particular customer who has very complex needs and a very large package of care which is extremely challenging. They have managed to retain her in her own home (as is their wish) communicating with family and the local authority and working in a multi-agency manner which has offered this person a good quality of life and reassurance to their family that they are safe well cared for and happy. I will continue to use this agency".

We observed the manager and office staff on the phone to people and care staff. The atmosphere was friendly and professional and staff showed patience and caring attitudes towards the people they were talking. Staff told us they were able to speak to the manager when needed, and found them supportive. Comments from care staff included "The new manager and area director are brilliant", "Wouldn't change anything, we have a really good team" and "I'm very happy, it's a good company and I enjoy my role".

Staff felt they had good communication with the new manager through meetings that had been held, phone calls and coming into the office regularly. This also gave them an opportunity to come up with ideas as to how best to manage issues or to share best practice with one another. Staff told us they felt part of the team and were able to go into the office whenever they wanted to.

The provider and manager monitored the quality of the service by the use of regular checks and internal

quality audits. The audits covered areas such as care plans, staffing, health and safety and MAR sheets. These highlighted areas in need of improvement. Action plans were created to address any issues. Feedback from people and care staff had also been sought via surveys. This was sent out to people and staff each year.

The manager was aware of their responsibility to comply with the CQC requirements. They were aware of the importance of notifying us of certain events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions were being taken. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. The manager was supported by the provider with up to date sector specific information, this was also made available for staff. They told us "I have great support from the provider and the regional director. Regular meetings have been set up with other managers in the organisation for support and guidance".