

Care with Care Limited

# Care with Care

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Care with Care on 18 February 2016. This was an announced visit. Care with Care is a service which provides care and support to people who live in their own homes. At the time of our visit 22 people were using the service.

There was a registered manager in post at the service. The registered manager was on leave on the day 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.

Staff were aware what action to take to ensure people were protected if they suspected they were at risk of abuse. There were sufficient numbers of staff employed to provide care to people. Recruitment checks had been carried out to ensure only staff who were suitable and of a good nature were employed to support people.

Risks to people's health and safety had been identified and actions had been taken to manage these risks. People had their medicine as prescribed. Arrangements were in place to ensure people were supported with the safe management of their medicine.

People were protected as staff were aware about the Mental Capacity Act and their responsibilities regarding it. People were supported to maintain good health and received support if required, with accessing health care services.

People spoke positively about the staff. They told us staff were excellent and caring in their approach. People's privacy and dignity were respected and their care and support was provided in a professional manner.

People and their relatives were involved in care planning and regular reviews were taking place. People's care plans contained information about their needs and preferences and staff had a good knowledge of people's needs, history and what mattered to them.

People received support that was based on their personal needs and preferences. Changes in people's needs were identified and their care plans were updated if required. People told us the service was flexible and responded promptly to people's requests. There was a complaints procedure in place and people told us they felt able to raise concerns with the staff at any time if needed.

The provider had quality assurance processes and policy in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and service they received.

## 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.

Risks were recognised and care plans contained information and guidance for staff to manage risks.

Staff were aware of their responsibilities on how to keep people safe and how to recognise and act upon signs of abuse.

There were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable and able to support people well.

Staff were supported in their roles and received regular supervision.

Staff were aware of the requirements of the Mental Capacity Act (MCA) 2005.

People were supported to access health services if required.

### Is the service caring?

Good ●

The service was caring.

People told us staff were professional and caring in their approach.

People told us they were treated with respect.

People were cared for by consistent staff and developed positive relationships with them.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in their care planning.

People received care and support appropriate to their assessed needs.

People told us they knew how to raise concerns but they had never needed to.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service was managed well and there was a clear management structure.

There was a positive culture demonstrated and promoted by the management and the team.

Quality assurance systems were available for the provider to constantly monitor the standards and to drive improvement.

# Care with Care

## **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 and 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 18 February 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of two external healthcare professionals.

We spoke with four of the 22 people who were receiving support from Care with Care and we spoke to three relatives.

In addition we spoke with three care workers and the deputy manager. We looked at four people's care records and at a range of audits records about how the service was managed. We also reviewed staff files for four individuals, including their recruitment, supervision and training records.

# Is the service safe?

## Our findings

People told us they felt safe.. One person said "Oh I do feel safe with them". Another person commented "I am safe, they keep eye on me". A third person said to us "My family lives far and they can be sure that I am well looked after. My family can have peace of mind now". A relative commented "I don't know how we'd managed without them".

Staff were aware of their roles and responsibilities in reducing people's risk of harm. Staff told us they had been provided with safeguarding training and were aware what to do if they suspected an abuse. They told us if they witnessed or suspected a person was at risk of harm they would report it to the management. Provider had policies and procedures surrounding safeguarding. There was no current safeguarding activity.

People's care records contained information about the risks identified. For example, risks related to skin integrity or to the use of manual handling equipment. One person's needs had changed and we saw the risk assessments have been updated to reflect this. Staff told us they would actively involve the person in managing any risk identified. One member of staff said "One of our clients had a bug which could make them dehydrated, as the person is diabetic too, we were encouraging them to have a plenty of drink so they don't get dehydrated".

People had their medicine as prescribed. The deputy manager informed us, and we saw only a small number of people required assistance with taking their medicines. We saw an example of a medicine administration records and noted there were no missing signatures. Out of the four people we spoke with only one required support with managing their medicines. The person told us "They (staff) make sure I take them (medication) as I used to forget them".

People told us the provider had sufficient and consistent staff to meet their needs. They also told us staff were punctual. Comments included "I have a couple of regular staff and they are all very good", "I know all my staff, I usually see two or three of them, but I have met two others who may cover if needed", "They seem to be managing astonishingly well, always so punctual", "They are very rarely late, and even then it is not more than ten minutes". Relatives also commented positively on continuity of staff, one relative said "My (relative) only gets to see a small number of staff, so she knows them all very well, it's very important as my (relative) may get confused".

Records relating to the recruitment of new staff reflected relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. These checks identify if prospective staff were of good character and were suitable for their role.

There were systems in place for the recording of accidents and incidents. The staff told us that these may occur 'occasionally'. The staff we spoke with were aware of what to do in the event of a person suffering an accident. One member of staff told us "We'd always make sure that the person is all right first, if they were in

pain, we'd ring for a medical help. We always record what we did and report to the office".

# Is the service effective?

## Our findings

People told us that care workers had the knowledge and skills to carry out their roles and responsibilities. One person said "They seem well trained and they know what they are doing". Another person said "They all appear to be more than adequately trained". A relative commented "They are very knowledgeable and experienced, we've been quite impressed". An external professional commented "I have been impressed with them. The manager seems to be very attentive to the (training) needs of the staff".

Staff we spoke with felt confident and told us they had the skills they needed to provide effective care. One member of staff told us "We're good on training here. If you're new you will shadow as long as you need, the new staff never get to go on their own". Another member of staff told us "The training has been fantastic, I had different training before but this here was so much better. Plenty of shadowing and personal touch to it. I felt well prepared for the role".

Staff had received mandatory training relevant to their role such as safeguarding awareness, health and safety, food hygiene and manual handling. Staff also had additional training provided by external health professionals if they required additional skills to meet people's individual needs. For example, the application of eye drops or how to assist with pressure relieving stockings. Records evidenced this training had taken place.

The provider ensured one-to-one supervision meetings occurred regularly. This meant the staff were able to discuss their performance and training needs. We viewed four staff files and we saw they received supervision in line with provider's policy. We noted areas such as lone working, development needs, staff performance and feedback including praise and appreciation were discussed and recorded. Staff confirmed they felt well supported. One person said "Supervision is always with the manager, very regular and we always get a copy".

People were supported by staff who demonstrated a good knowledge of The Mental Capacity Act (MCA) 2005. The Act 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 also 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 we spoke with were aware of the requirements of the Act. One member of staff told us "We would always give them (people) a choice so they can make a decision themselves. If a person could not see the risk we'd explain to them and raise it with the manager. We always ask the client what needs doing". Another staff member said "We can't take people's independence away, as a carer we need to protect the person". People told us they were able to make decisions about the daily care they received and were asked by staff for their consent where appropriate. One person said "They (staff) always consult with me". Another person commented "They (staff) are very good, if they see I can do things they will let me do it, it's good for me".

People we spoke with mostly told us they were independent with their meals and only needed minimum support. One relative told us "The staff will write down what my (relative) has eaten". The staff told us "If we



saw someone had a poor appetite, we'd contact their doctor for a Complan (vitamin and mineral fortified drink)". We noted that the care record contained information about people's dietary preferences and any allergies. One person's file stated "[Name] likes cereals and toast".

People were supported to access health services. Professionals involved included the GP, district nurses and social workers. Staff told us they would make a referral when required. One member of staff said "We'd support the person to ring their doctor and report any unusual things to the manager".

## Is the service caring?

### Our findings

People told us staff treated them with kindness and compassion. People described staff in positive terms. Comments included "They are all good, they are concerned to do the best for me", "I would have not stayed with this company for this long if they were no good", "The staff do involve you as a routine, they are so caring, each of them is in a right job". One person told us how the staff cared for their well-being. They told us "If I am ever not very well, they (staff) would ring me later (after the visit) to ask if I was better".

Relatives also spoke positively about the caring nature of the service. One relative said "The staff seem to be going the extra mile, they are very caring and very aware of my (person's) needs as an individual. They listen to my (person's) needs". Another relative said "I've been impressed with them, some of the staff been in caring for years and they are very experienced. They always ask? if there is anything else they can do if they have ten minutes left". Feedback received from an external professional reflected the caring nature of the service. One professional said "I have nothing but praise for them".

Staff spoke about people in a respectful manner and referred to them with genuine affection. One member of staff told us "I care for people how I would like my own relatives to be cared for". We also noted the language used in care records and support documentation was respectful and appropriate. Care plans reflected people's wishes and preferences and specified details of how they liked to be supported. For example "[Name] chooses her own clothes".

People told us staff were professional and respectful when providing support to them. One person said "They are very caring, I am quite satisfied". Another person said "They speak to me as they are helping me". People told us they were able to build positive relationships with the staff, one person said "We do have chats and casual conversations too". One relative commented "It's not just a job for them (staff), they have conversations with my relative?".

We asked staff how they promoted people's dignity and respect. One member of staff told us "We have one person who is quite shy so we would always offer her a towel during personal care so they cover themselves".

People commented highly on staff awareness of their needs and how the staff ensured that people were involved in their care. One person said "They do ask me everything but they know what to do anyway". Relatives also told us they felt the service was respecting and involving them appropriately. Comments included: "They are very receptive to any comments" and "They liaise with us too".

People we spoke with confirmed staff respected their confidentiality. One person said "They (staff) never discuss any other people's problems with me". We noted the staff signed the confidentiality contracts as a part of their employment terms and conditions. People's care files and records were kept in their homes. Duplicate records were kept securely in the provider's office.

# Is the service responsive?

## Our findings

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. The records of assessments were available to view and people we spoke with confirmed that this happened. One person said "The manager came to see me before I started having the visits. She took all the information from me and told me exactly what they will be doing". Another person said "I had a care plan in place before they started, I signed it too. I was also introduced to four different carers before they visited me to do care".

People's care records contained personal information and care visit routines, as well as emergency personal and professional (medical) contacts. Care plans were reviewed regularly every six months or updated if a person's need changed. There was a matrix with dates of reviews available in the office. People told us they had regular reviews, one person said "They will do my review every six months".

People's changing needs were responded to by the service. On the day of our inspection a relative rang the service and asked if they could arrange a blood test with a nurse. They also asked if the nurse could visit the person at home whilst the staff were with them. The deputy manager checked the visit time and arranged for the nurse to visit the person promptly. Another person alerted the staff they were expecting a repeat prescription of their medicine that came in a bottle. They were worried this could not fit through their letterbox. The staff collected their medicine and arranged for it to be taken to the person's house.

People told us they were able to request any changes relating to the support they received and that these would be respected. One person said "I can always request if I need any extra help ahead of time". Relatives commented positively on how the service responded well to people's changing needs and requests. One relative said "Any variations needed to the visits are very well managed". The feedback received from an external professional was also excellent. They told us "I had some recent involvement with the service and they were very cooperative and provided bespoke service (to the person they supported) I have ever seen".

People's views were sought through an annual survey and questionnaires. We saw last year's survey response and we noted positive comments were received. We saw there were a number of compliments received by the service in the last year.

People were able to raise concerns and complaints. All the people we spoke with told us they knew what to do if they were unhappy about something. They felt they were able to talk with staff or the management about anything. One person said "I never had to complain, I am sure if I had some niggles they would sort it out". Another one said "I have never complained". A relative told us "We have no complaints at all, we're very lucky to have a company like that in our village". We saw the Service Users' Guide that was given to people explained the complaints process and what they could do if they were not happy with the quality of service they received.

## Is the service well-led?

### Our findings

People and the relatives we spoke with told us they thought the service was well managed. People told us they were familiar with the management and they felt confident in them. Comments included "They are all very competent, I would be happy to recommend them to anyone" and "They are very good, only the other day I was saying to the manager that we were so lucky to have them (Care with Care) as you hear other people complaining about the care" or "My [person's name] is getting such a good service, very pleased, we could not be more pleased".

Staff spoke positively about the manager and the support they received from them. Comments included "The support is very good", "The manager is very supportive, if we have an issue we'd report to the office straight away" and "The manager is very good, she'd come out to a client's house if we need her".

There was a clear staffing structure within the team and staff were aware about their roles and responsibilities. There was a deputy manager and senior care assistant to oversee the team of the care staff.

Staff told us they had staff meetings and we saw evidence of this. We noted there were regular meetings held every Friday and we saw the minutes of these meetings. The staff had the opportunity to discuss any changes to people's care needs, any upcoming appointments and other important information. Staff praised these meetings and told us these ensured excellent communication was maintained between the team. One staff member told us "These meetings allow us to discuss any updates and changes, we can add to the agenda throughout the week. The communication is very good. We are all up to date with the clients' needs and never feel like being thrown in a deep end".

There was a whistle blowing policy in place that was available to staff. The staff we spoke with were aware about whistle blowing. One member of staff said "We know to report things if needed, I would go to Care Quality Commission (CQC) if needed". Another one said "I am aware about whistle blowing, I know we could also report concerns to social services".

The management had a quality assurance policy in place. The policy stated the 'quality assurance begins and end with Clients'. The management ensured that in order to monitor the satisfaction of people they sought people's views on regular basis. Therefore the main aspect of quality monitoring was provided by the fact that both the registered manager and the deputy manager worked hands on providing the service to people. This meant that people and their relatives were able to discuss any changes, concerns or issues and the management were able to address these promptly.

The service worked closely with other external professionals including GPs, Social Workers and district nurses. The feedback received from an external professional was exemplary, they told us "I have been impressed with the service and would rate them as very good to excellent, I have a very high regard for the manager and nothing but praise for the service".