

Mrs Anna Marie Wood

Care m U m

## Inspection report

16 Avenue Terrace  
York  
North Yorkshire  
YO30 6AX

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04 May 2021

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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

### About the service

Care m U m is a domiciliary care agency providing personal care to people living in their own homes. The service supports older people who may also be living with mental health needs, a physical disability, dementia, learning disabilities and/or autism. The service was supporting 32 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

Some people's relatives and some social care professionals had raised concerns about call times not always been as contracted. We found a small number of calls outside the acceptable timeframe's allowed. However, there were valid reasons for this such as unforeseen emergencies.

Some minor improvements were needed in the way COVID-19 risk assessments were recorded. Measures were in place to minimise the risk of transmission and all staff had received appropriate training.

Recording of medicines required some minor improvements to be made. These were addressed as part of the inspection. We found no evidence people had been harmed as a result of these recording issues.

Overall the provider's audits had effectively monitored and addressed any issues with the quality and safety of the service. We identified a couple of minor areas that could be improved, which the manager took action to address.

Staff received training to enable them to support people's needs. We identified some staff found it difficult to retain the information from online training. This was discussed with the manager. Further training had been sourced during the inspection and this was to commence alongside regular competency checks and supervisions to reinforce staff knowledge and support.

People's relatives felt their loved ones were safely cared for. The provider had systems in place to protect people from harm and abuse. Staff were knowledgeable about their responsibilities in relation to safeguarding people and knew who to report concerns to.

The provider had completed environmental risk assessments with guidance for staff to mitigate known risks to people. Risks associated to people's health conditions required additional work, which the provider took action to address during the inspection. Accident and incidents had been recorded and actions taken to prevent them from reoccurring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to maintain healthy diets and regular hydration, whilst considering people's own choices. Staff monitored people for any changes and reported these to ensure the right support was sourced.

Care plans were detailed and person-centred. These included people's likes, dislikes and preferences. These had been written beautifully with an emphasis on each individual's personality, personal needs, maintaining independence, choices and human rights. End of life care was discussed during assessments and people's preferences recorded.

A complaints procedure was in place and the provider adhered to this. People's relatives felt able to raise concerns and the majority were confident these would be dealt with appropriately. Staff knew how and where to raise their concerns and were confident these would be dealt with in a confidential manner.

Relatives told us that staff were kind and caring towards people. Staff were knowledgeable about how to support people's dignity and respect the way they chose to live their lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12 August 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Care m U m

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we needed to be sure that the provider or manager would be available to support the inspection.

Inspection activity started on 12 April 2021 and ended on 4 May 2021. We visited the office location on 28 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine relatives and contacted two people about their experience of the care provided. We had contacted several care staff and left messages for them to email us with a suitable time and date to speak with them. We managed to speak with the responsible individual/manager, administrative assistant/carer and a further two care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff's files in relation to recruitment, induction and training. Many staff had not worked with the service for more than six months, the provider was able to send an example of an older supervision they had completed for us to review. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to review information from the inspection and to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People's relatives and social care professionals raised concerns about their call times. We reviewed a selection of rotas against people's contracted call times. The local authority allowed 30 minutes either side of the call timeframes. We found some instances where calls had been delayed and, on those occasions, there was valid reasons such as unforeseen emergencies. Most calls we audited had been recorded as attended within the agreed timeframes.
- The manager advised they were clear during initial assessments about the times they could accommodate. These were not always the times people had requested. The provider sought to move people to their preferred timeframes if and when those slots became available.
- The majority of people's relatives told us a small and consistent care team provided support to people. Some packages required two carers for each call. The manager tried to keep this to a minimum group of consistent staff when possible.
- Recruitment processes were robust. Checks had been completed to ensure applicants were suitable to work with vulnerable people.

### Learning lessons when things go wrong

- Accident and incidents had been recorded. The provider had taken steps to ensure measures were in place to mitigate future risks to people.
- The provider had an accident and incident policy to guide staff on actions they should take to manage and respond to risks. This included an easy to follow flow chart for staff to reference.
- The provider had shared information with the staff team following incidents. This ensured staff were aware of any new risks and how to manage them effectively.

### Preventing and controlling infection

- Staff were undertaking regular COVID-19 testing on a weekly basis.
- The provider had identified people and staff that were more at risk from COVID-19 and measures were in place to protect them. The provider was in the process of recording these as a formal assessment.
- The provider's COVID-19 protocol was reflective of current good practice guidelines. We asked them to include some additional information to support staff during visits within the community.
- Staff had the personal protective equipment (PPE) they needed to help keep them and the people they supported safe. One person's relative confirmed, "The staff all follow the PPE guidance with masks, gloves and aprons."
- Staff had completed infection prevention and control (IPC) training. COVID-19 training had been sourced

and competencies completed during spot checks.

#### Using medicines safely

- People received their medicines on time and as prescribed. Feedback included, "They [staff] give [name] all their medication and that is recorded in the App which we can see."
- We identified some minor issues with recording which the provider addressed as part of this inspection.
- Audits had been completed to help monitor and ensure medicines were managed safely. We discussed how these could be improved to further enhance them.
- Staff completed medicines administration training. Competency was checked to support their understanding of how to safely administer medicines before working alone.
- People had been assessed to check they were able to self-administer their own medicines. The provider encouraged this practice to support people's independence. One relative advised, "[Name] does all their own medication, but the carers do check it to make sure they have taken them."

#### Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed.
- We identified some risks associated with health conditions required further guidance for staff. This person managed their condition with family support. The provider took steps to implement further guidance.

#### Systems and processes to safeguard people from the risk of abuse

- People's relatives that we spoke with told us their loved ones expressed they felt safe with staff. Feedback included, "[Name] and I do feel safe with carers who come here" and, "It has made their life much safer now and I have every confidence in the staff."
- The provider had safeguarding processes in place. Staff received training to identify and report any safeguarding concerns to the appropriate agencies.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People's relatives were generally positive about the skills and experience of staff. Comments included, "I do think they are well trained and know what they are doing" and, "They most certainly know what they are doing and we have every confidence in them."
- New staff completed the providers induction, online training and the care certificate. During and after the probationary period staff competency was assessed to ensure competency and suitability for the role.
- Spot checks, meetings and supervisions were held to support staff and monitor their performance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to identify the support needed. Care plans were developed from these discussions, so staff knew how to support people.
- The provider fully involved people and their representatives with care planning and reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to ensure they had enough to eat and drink, when this was part of the support they required. Comments included, "The staff do the breakfast for us both and prepare a sandwich lunch for us."
- Care plans detailed the support people required with meals and drinks. Staff monitored this and raised concerns if any issues arose. Food and fluid charts were available for staff to record people's intake if it was decided they needed additional monitoring.
- Food hygiene and safety was also considered by staff. One relative told us, "They [staff] will also place a sticker on any food that has been opened with the date, so [name] does not eat any out of date food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to seek medical attention when needed. Relatives told us they were always kept informed. One relative said, "If the carers see any change in [name] condition, they know to contact either myself or the manager who will arrange a medical support visit and I am updated through their software application."
- Staff knew people well and monitored their wellbeing for any changes or signs that they were becoming unwell. One relative advised, "The carers do keep a watchful eye on my relative's health and are very good at keeping us updated with any changes that need us to take action."
- Care plans recorded information about people's health needs. Additional information was provided to staff from reputable sources. For example, dementia conditions had information from the Alzheimer's

Society.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People made decisions about their own care and support. Staff listened to people and respected their choices.
- Staff asked people for their consent to complete daily care and support to people. One relative advised, "They are always aware to ask my relatives consent when they are doing any care for them."
- The provider advised they had a couple of people that lacked capacity to make significant decisions for themselves. The provider advised for COVID-19 vaccinations they may be invited to be involved in the best interest decisions completed by health professionals and if they were then they would support this.
- The provider ensured they had copies of the type of Power of Attorney representatives held, so they could be certain the right person made decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received personalised support from conscientious and caring staff. Relatives told us, "I would say the care my relative gets is at least good and with some carers it is excellent" and, "The staff are all very caring and are always concerned for the wellbeing of my relative." □
- Staff were keen to build rapport with people to form positive and meaningful relationships. Comments from relatives included, "They always put [name] first" and, "They always treat [name] with respect as though one of their own relative's."

Supporting people to express their views and be involved in making decisions about their care

- People's relatives told us staff listened to them and followed their own initiative to support people's wishes. A relative said, "The carers provide a good service and are adaptable to the day to day needs of [name]."
- Care plans included detailed information about people's history, needs and preferences. It was clear people and/or their representatives had been involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity.
- Staff were mindful to provide discreet and respectful support to people during personal cares. One member of staff advised, "I ensure a towel is available to cover someone to protect their dignity during personal cares. I allow them to go to the toilet independently if they can do this safely and wait outside in case they need me. I try to treat them the way I would want my mum to be treated."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met.

### End of life care and support

- The provider told us that end of life wishes were explored at initial assessment stages. Care plans detailed people's wishes where these had been discussed and agreed with the person.
- Clear information was in place and records easily accessible to staff within people's homes in relation to their right to refuse resuscitation should a medical emergency arise.
- Some staff had completed training in end of life care. The manager was in the process of accessing a new training package for staff so they could complete further specialist training.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were happy with the person-centred support staff provided. One relative said, "The carers know how [name] likes things done and always makes sure that is how they do it. The manager makes a point of recording these details."
- Care plans contained information about people's needs and preferences. These were centred around how people liked to be supported which guided staff to provide person-centred care. Staff emphasised their ability to enable people to live as independently as they could.
- The manager took an active role in visiting people to check their needs were being met and they were satisfied with the services delivered.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- People's communication needs had been assessed to support and guide staff on how to effectively share information with other agencies.
- The provider advised they do not support anyone at present that requires information to be provided in an alternative format. They were clear that should people require other formats these would be recorded and made available to them.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives valued the friendly staff and their passion to support an inclusive environment. This meant people were encouraged to choose what they would like to do with their time. Feedback included, "Staff are now going outside for walks each day with [name], weather permitting, which is such a

big improvement."

- COVID-19 had impacted on people's ability to take part in activities, socialise and access their wider community. They told us how much they valued the friendly and social element of their calls with staff. Comments included, "Staff have a very good rapport with [name] and they always have a good natter."
- People had been supported by staff to maintain regular contact with their relatives during the pandemic. A member of staff advised, "We facetime [name of relative] in [country of residence]. If the person is not good with using the phone, we give family a call whilst on the visit."

Improving care quality in response to complaints or concerns

- Overall people and their relatives advised when they did raise concerns the manager resolved these. The only outstanding issues a couple of relatives expressed was around call timeframes which we addressed in the safe domain and some of which the provider had taken actions to address.
- The provider had recently employed an administrative person to answer calls within the office. The manager also had an emergency contact number for any out of hours calls.
- There had not been many formal complaints. We reviewed those which had been recorded and resolved. These had been managed in line with the providers own complaints policy and procedures.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider was an individual and therefore had a 'responsible individual' who was running the day to day business and support. This meant there was no requirement for a registered manager to be in post.
- People and their relatives explained there had been some teething issues which had now been resolved. It was clear the provider listened to feedback and had taken steps to improve the service.
- We identified some records could be improved. The provider was proactive and responsive during the inspection and took steps to immediately address these.
- Audits and checks were in place and were effective in highlighting themes or concerns. We discussed how some of these could be improved further, which the provider assured us they would review.
- Staff spoke positively about the organisation and leadership. They felt supported and part of a friendly team of staff. Staff comments included, "There are monthly incentives for staff, such as for the best journal notes that month and other little things to show we are valued" and, "One of the reasons I came to work for Care m U m is that we are given the time to support people properly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibilities to be open and honest when things go wrong.
- Records showed people and their representatives were kept well informed. They had access to software applications so that the provider could communicate with them as and when needed and messages could be uploaded for people to read.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Overall feedback about the manager was positive. Feedback in relation to their involvement and engagement with people included, "The manager will come out two to three times a week to do our care which gives us confidence" and, "The manager is really good and makes regular checks on staff."
- Staff worked in partnership with other professionals, for example, healthcare staff to help make sure people received the right support in a timely manner. One relative advised, "They [staff] have contacted the District Nurse regarding a potential pressure sore." This demonstrated staff checked people's skin integrity, sought immediate input from external health professionals to prevent further deterioration.

