

Care Fully Ltd

Care Fully Limited

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

The inspection took place on 16 March 2016 by one Inspector and was announced 48 hours before it took place due to the nature and size of the service. This was to make sure that the registered manager, staff and people who used the service would be available to talk with us as part of our inspection. When we last inspected the service on 29 April 2014 the service was found to have met the essential standards we looked at

Care Fully Limited is a family operated domiciliary care service that provides care and support to a small number of older people in their own homes. At the time of our inspection only one person received personal care from the service.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

At the time of our inspection only the registered manager, who also provides care and support, was available to talk with us. This was because the only other staff member employed by the service on a period of extended leave.

People told us that they felt safe and well cared for by the service. Staff received training in how to safeguard people from abuse and report any concerns they may have. Safe and effective recruitment practices were followed to ensure that staff were suitable. Sufficient numbers of staff were available to meet people's agreed care and support needs in a timely and patient way.

Although the service did not manage or administer medicines, appropriately trained staff prompted people to take their medicines safely and at the right time. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who used the service, their relatives and healthcare professionals were very positive about the skills, experience and abilities of staff who provided care and support. Staff received training relevant to their roles and had regular meetings with the registered manager to discuss the people they supported, how the service operated and issues of importance to them.

People were supported to maintain good health and to eat a healthy balanced diet that met their individual needs and preferences. The registered manager and staff always established people's wishes and obtained their consent before providing personal care and support.

The registered manager and staff had developed caring relationships with the people they supported and clearly knew them and their needs very well. People who used the service, together with their family

members where appropriate, were involved in the planning and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories was securely held and maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. People received care that met their needs and took account of their preferences. The registered manager was very knowledgeable about people's background histories, preferences, routines and personal circumstances.

People felt that the registered manager and staff listened to them and responded to any concerns they had in a positive way. They knew how to complain should the need arise but told us they had never had cause to do so.

People who used the service, their relatives and health care professionals were very positive and complimentary about the registered manager, staff and how the service was operated. Arrangements were in place to monitor risks and the quality of services provided.

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 and were supported by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable.

Sufficient numbers of staff were always available to meet people's individual needs in a timely way.

People were prompted to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

People's wishes and consent were obtained before care and support was provided.

Staff were trained to help them meet people's needs effectively.

People were supported to eat a healthy balanced diet which met their needs.

People were supported to have their day to day health needs met.

Good ¶

Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives where appropriate were involved in the planning and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.	
The confidentiality of personal information had been maintained.	
Is the service responsive?	Good
The service was responsive.	
People received care and support that met their needs and took account of their preferences and personal circumstances.	
People were confident to raise concerns and knew how to complain if the need arose.	
Is the service well-led?	Good
The service was well led.	
Effective systems were in place to quality assure the services provided and manage risks.	
People, relatives and healthcare professionals were all very positive about the registered manager, staff and how the service operated.	



Care Fully 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 16 March 2016 by one Inspector and was announced 48 hours before it took place due to the nature and size of the service. Before the inspection, the provider to submitted a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. In addition to this, we also reviewed all other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person who used the service, a family member and the registered manager. We also received feedback from health care professionals familiar with the service and the people they supported. We looked at care plans relating to one person and one staff file.



Is the service safe?

Our findings

People who used the service told us they felt safe, happy and well supported by staff who knew them well. One person said, "I am happy with the care and feel very safe." A relative of theirs commented, "Yes, I am very confident that [family member] is safe in their hands." Staff received training about how to safeguard people from harm. The registered manager was knowledgeable about the risks of abuse and knew how to raise any concerns if they arose.

Safe and effective recruitment practices were followed to make sure that staff employed at the service were of good character and suitable for the roles they performed. One person told us, "They [staff] are lovely. They are very good at what they do and I don't have any worries or concerns about them."

The registered manager and staff met people's agreed care and support needs safely, effectively and in a timely way. The registered manager told us that the service had never missed a scheduled call and that staff were rarely late. One person said, "They [staff] try to be on time all the time and if running late will phone ahead. They always stay long enough." A relative said, "They [staff] are always on time and stay as long as needed to complete what needs to be done. It is obviously a very small service but there are enough resources to meet all of [family member's] needs." A healthcare professional commented, "As far as I am aware the care is received on time and for the correct amount of time....I have certainly not heard of any complaints from the client or family."

Where appropriate and necessary, people were prompted to take their medicines by staff who were properly trained and had their competencies checked and assessed. Staff had access to detailed guidance about how to support people with their medicines in a safe way. A health care professional told us, "I have had no concerns about my client's medication and I know that [registered manager] has a good understanding of the medication, why they take it, and what the potential side effects may be." A relative commented, "They [staff] are good at helping [family member] with their medicines; making sure they take the right thing at the right time."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed on a regular basis to take account of people's changing needs and circumstances. This included in areas such as behaviour, nutrition, mobility and falls, the environment, medicines and physical health.

Information about incidents, accidents and injuries that occurred within people's homes was recorded, assessed and used to good effect in reducing the risks and likelihood of reoccurrence. For example, when a person fell out of bed and hurt themselves, the registered manager arranged for an occupational therapist to review their circumstances and help identify ways to reduce the risks. A grab rail and additional back supported were provided following the assessment to help the person get in and out of bed safely.

When the same person suffered a couple of falls at home the registered manager suspected that underlying factors were a combination of ill-fitting shoes and walking around too quickly. They discussed this with the person and family members who purchased new boots and slippers that fitted properly. The person

concerned was also encouraged to take more care and time when walking, advice they were happy to take on board. This meant that a positive and proactive approach had reduced the risks while at the same time promoting people's safety and independence. A health care professional commented, "[Registered manager] tries to promote as much independence as they can, whilst also meeting [person's] needs, adapting how much they do as needs have changed."

Staff and people who used the service were provided with information and guidance about how to respond to and deal with incidents, accidents, emergencies and other unforeseen events and medical emergencies that may have occurred in the home environment. This included useful contact numbers for relevant emergency and support organisations.



Is the service effective?

Our findings

People told us that the registered manager and staff always established their views and preferences about the support they needed. During each visit they obtained people's consent before helping them with personal care. One person said, "I have agreed to my care and support and [I] am happy with it." A relative told us, "[Registered manager] is very good at finding out what [family member] wants and always asks first." Individual plans of care and guidance reflected the fact that the people concerned had consented to the care and support they received.

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. At the time of our inspection we found that the provider was working within the principles of the MCA.

People who used the service, relatives and healthcare professionals were very positive and complimentary about the skills, experience and abilities of staff and the registered manager, who also provided care and support. One person said, "They [staff] are lovely and good at what they do. They help sort myself out very well." A relative commented, "[Registered manager] seems very competent and knows what they are doing. I have no worries or concerns about the care provided."

The registered manager and staff received training relevant to their roles and to help them provide safe and effective care and support. This included in areas such as moving and handling, food hygiene and safety, medicines and infection control. A healthcare professional who had seen staff help people with personal care commented, "I have been impressed with the attention they [staff] have given my client and have not had any concerns about their competency." Staff had frequent opportunities to meet with the registered manager and discuss issues that were important to them and how the service operated.

People received care and support that met their day-to-day health needs in a safe and effective way. The registered manager was very knowledgeable about people's individual care requirements. These were reviewed on a regular basis to ensure that the support provided reflected people's changing needs and personal circumstances. A relative told us, "Yes, they [staff] definitely meet all of [family member's] needs." A health care professional said, "I believe the service offers safe and effective care. There have been some significant challenges and Care Fully [Ltd] have been excellent."

Although the service was not responsible for people's diets or providing food the registered manager was very knowledgeable about people's individual needs, preferences and requirements. A person told us, "They [staff] help with my breakfast. They get me drinks, squash and tea; how I like it to be done." A relative said, "They [staff] are good at making sure that [family member] has everything they need for meals and snacks. They help to organise them." The registered manager commented, "We record the meals and fluid intake that we observer so that we know that they are eating and drinking a reasonable amount.



Is the service caring?

Our findings

People were supported in a kind and compassionate way by the registered manager and staff who knew them well, were knowledgeable about their care needs and who had taken time to develop positive and caring relationships with them. One person told us, "I am pleased with the service I get. They [staff] are kind to me." A relative said, "[Family member] is very happy with them and looks forward to their visits. They [staff] are very kind, caring and respectful; no doubt about that. They have got to know us very well."

The registered manager and staff helped and supported people in a way that maintained their dignity and respected their privacy. One person said, "Yes, they treat me with dignity and respect at all times. They help me with personal care in a way that is not embarrassing." A relative told us, "They [staff] are good and we are very pleased. They are respectful, kind and good." A healthcare professional commented, "Support has always been provided in a very caring way, and certainly the interactions I have witnessed between [staff] and my client have shown them to treat [name] with a great amount of respect and understanding."

We found that people, together with their relatives where appropriate, had been fully involved in the planning and regular reviews of the care and support provided. One person said, "Yes I have been involved in the type of support I want. My [family member] helps me with that; we are both involved." A relative told us, "There is no question that we are fully involved in [family member's] care and what goes on. We all work together to make sure they get what they need. I am happy they [staff] do all that is asked of them and more."

Communication records were used to good effect in people's homes to share information and relevant updates between staff, people who used the service, relatives and healthcare professionals where necessary. A relative told us, "Communication is really good and [registered manager] keeps in touch and lets us know what is going on and any updates." A healthcare professional commented, "[Registered manager] did make regular contact with me when my client was not well and fed back to me their concerns. I also know they have regular contact with members of my client's family."

Confidentiality was well maintained at the service and information held about people's health, support needs and medical histories was kept secure. People who used the service we able to access advocacy services to obtain independent advice and guidance when needed.



Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person told us, "They [staff] do what I want in a way I like things done, they know all about that." A relative commented, "They [staff] know [family member] extremely well and how they like things done; routines and habits." A healthcare professional said, "They [staff] have been very good at identifying and meeting the individual client's personal needs."

Staff had access to information and guidance about how to meet people's identified needs and were very knowledgeable about their likes, dislikes and personal circumstances. However, although staff knew how to deliver support in a person centred way, people's individual plans of care were mainly task oriented and not person centred. This issue is dealt with in the 'well led' section of the report.

People were encouraged and supported to pursue activities and social interests they enjoyed in their own homes. The registered manager told us that one person who received care had been very reluctant to pursue interests or hobbies. They consulted with health and social care professionals to find ways of keeping them mentally active and improve their overall well-being, for example by reading and doing puzzles. The person concerned told us, "They [staff] brought some books and magazines for me to read." A relative said, "I think [family member] has improved in their care; more confident and outgoing whereas before they were withdrawn and down."

People and their relatives told us they were consulted and updated about the care and support provided and were encouraged to have their say. They felt listened to and told us that the manager was always quick to respond to any issues raised in a prompt and positive way. The registered manager told us they had a complaint procedure in place but had never received any. One person commented, "I have no complaints or worries, I am very happy with them." A relative told us, "We have never had any complaints or problems with them."



Is the service well-led?

Our findings

People who used the service, relatives and health care professionals were all very positive about how it was run. They were complimentary about the manager in particular who they described as being well organised, professional and approachable. A relative commented, "Yes I think the service is very well run. [Registered manager] is very much on the ball, helpful and efficient at what they do."

The registered manager was very clear about their vision for the service, how it operated and the levels of care and support provided; "The mission of our company is very simple; to provide the very best care and support to every client." They were very knowledgeable about the people who used the service, their needs and personal circumstances. A health care professional with experience of the service and some of the people it supports told us, "My experience of Care Fully [Ltd] is that it is very well led and well organised. It is the most positive experience I have had with any care agency and I would highly recommend them to any clients within their catchment area."

Although the registered manager and staff were knowledgeable about people's needs and how to meet them in a person centred way, individual plans of care were task oriented. They did not always contain sufficient information about people's preferences, likes, dislikes or how they wanted things done. The registered manager acknowledged that this was an area that required improvement, particularly if new clients and/or staff members were taken on.

Information gathered in relation to accidents and incidents that had occurred in people's homes was personally reviewed by the manager and used to develop plans to reduce the risks and likelihood of reoccurrence. They forged positive and effective working relationships with health and social care professionals to improve and enhance the quality of care and support provided.

We found that the views and experiences of people who used the service, together with their relatives and representatives where appropriate, had been sought and responded to in a positive way. Regular reviews were used to obtain feedback about all aspects of the services provided and measures were in place to identify, monitor and reduce risks.