

Carers with Care Limited

Carers with Care Limited

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection was announced and took place on 04 September 2015.

Carers with Care Limited is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area of Camberley, Frimley, Lightwater, Bagshott and Mytchett. People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions such as diabetes. At times, services were also provided to people who were at the end of their life. At the time of this inspection the agency was providing a service to 59

people between the ages of 40 to 103. Visits ranged from half an hour to waking night services. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the manager was present. The manager had been in post since 03 August 2015. The manager informed us they had begun the application process to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Incidents were recorded by care workers but actions had not always been taken to ensure people were free from the risk of harm. There was no evidence that any of the incidents had been reported to the local authority safeguarding team or to CQC. Despite robust safeguarding procedures not having been followed everyone we spoke with said that they felt safe in the hands of Carers with Care Limited and the care workers who supported them.

Medicines records were not accurate and did not always demonstrate that people received the required support with their medicines.

Risk assessments included information about action to be taken to minimise the chance of harm occurring. Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident.

People said that care workers generally arrived on time and if they were delayed for a significant amount of time then were contacted to inform them of the reason. People also said that they knew the care workers well and generally received a service from a group of known workers. They also said that if their care workers felt that it was necessary to stay for longer than their allotted time then they did so to ensure that people were safe and all tasks completed to their satisfaction.

The agency used an electronic software system for planning care workers rotas. This also matched care workers to people who received a service to ensure continuity of care.

Everyone that we spoke with that received a service from the agency said that they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. For example, one care worker had needed to stay with another person who received a service whilst an ambulance was called and the office phoned and explained. Recruitment checks were completed to ensure care workers were safe to support people.

People were supported by care workers who had the knowledge and skills required to meet their needs. Everyone that we spoke with said that care workers were well trained and were competent in their work. All staff that we spoke with said that they were fully supported by the manager. All new care workers completed an induction programme at the start of their employment. Training was provided during induction and then on an on-going basis.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People had care plans in place for identified needs. Care workers understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed.

Positive, caring relationships had been developed with people. Everyone that we spoke with, without exception told us they were treated with kindness and respect by the care workers who supported them. Care workers were respectful of people's privacy and maintained their dignity.

Dignity and independence were reinforced as one of the main values of the agency within its statement of purpose and service user guide.

People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the manager would address concerns if they had any.

Summary of findings

People using the service and their relatives said that the agency was well-led and provided a good service. Care workers were motivated and told us that they felt fully supported by the manager. They said that the manager was approachable and kept them informed of any changes to the service and that communication was very good.

Since being in post the manager had introduced quality monitoring systems that were linked to The Fundamental

Standards and the domains of safe, effective, caring, responsive and well-led. Two audits had been completed and an action plan put in place to address areas where improvements had been identified.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

People's medicines were not always managed safely.

People said they felt safe and comfortable with staff. However, the local authority safeguarding team and CQC had not always been informed when potential allegations of abuse occurred.

Risk assessments were in place to provide direction to staff and promote People's safety. Care workers had the time to care for people in a safe manner. Recruitment checks for new care workers ensured they were safe to care for people.

Requires improvement



Is the service effective?

The service was effective.

Assessment and care planning processes ensured people's legal rights were upheld with regard to consent.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring.

People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. People felt that the service was flexible and based on their personal wishes and preferences.

There was a culture of openness which supported people to raise issues in the confidence that these would be listened to and acted upon.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The manager and the provider promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was an emphasis on continual improvement which benefited people and staff. There were systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

Carers with Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of two inspectors and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the service and the service provider. This included anonymous concerns that we had received and 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 provider is required to tell us about by law. We also reviewed comments that we had received from one health and social care professional and from Surrey Clinical Commissioning Group who agreed to us using their comments in this report. We used all this information to decide which areas to focus on during our inspection.

We spoke with 15 people who received care and support from Carers with Care Limited by telephone and two relatives. When visiting the agency office we spoke with the manager, the managing director of the agency and four care workers.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for four people and other records relating to the management of the domiciliary care agency. These included four staff training, support and employment records, quality assurance audits, minutes of meetings with staff, questionnaires that the provider had sent to people who received a service and incident reports.

We last carried out an inspection to Carers with Care Limited in July 2013 and found no concerns.

Is the service safe?

Our findings

Incidents were recorded by care workers but actions had not always been taken to ensure people were free from the risk of harm. We saw three incident records (two for incidents in April 2015 and one in July 2015). All three indicated that people had been at risk of harm. There was documentary evidence for one that detailed the incident had been discussed with the family of the person concerned and with the local authority. There was no evidence that any of the incidents had been reported to the local authority safeguarding team or to CQC. The current manager was not employed by the agency at the time and could not offer any explanation about them. The managing director of Carers with Care Limited knew of one of the incidents but not of the other two. The lack of reporting of potential incidents meant that robust safeguarding procedures had not been followed. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite robust safeguarding procedures not having been followed everyone we spoke with said that they felt safe in the hands of Carers with Care Limited and the care workers who supported them. One person said, “The carers who come to help me are brilliant and I feel perfectly safe”. A second person said, “I feel very, very safe with my carers as I know them all”. A third person said, “It’s always the same group of carers and I feel very safe with them”.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. However, the assessments and care plans at times were not completely clear in relation to the levels of assistance that people required. For example, one person’s assessment stated that they required ‘physical assistance’ with their medicines but the care plan stated ‘prompt medicines’. We also found that some care workers at times signed medication administration record (MAR) charts when they had not administered medicines but only prompted people. There were up to date policies and procedures in place to support staff and to ensure that

medicines were managed in accordance with current regulations and guidance. These stated that audits of medicine records would be completed. However, these had not taken place. Therefore, medicines records were not accurate and did not always demonstrate that people received the required support with their medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the omissions in medicines records management people were happy with the support they received with their medicines. One person said, “They put out my tablets each morning and evening and always make sure I take them and record it in my book. Once a week they cream my legs”. A second person said, “They always pass me my tablets and record it in my book”. A third person said, “I self-medicate and the girls record it in the book”.

Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home, transferring in and out of chairs and their bed. Assessments included what equipment should be used, who provided this and when it was last serviced. With regard to managing risks one care worker told us, “Risk assessments tell us what equipment is needed for mobility. When new equipment is introduced we are trained to use it and given advice from people like physiotherapists and occupational therapists. This helps us to work safely”.

Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident. One care worker said, “If someone has a fall I assess the situation and check for injuries. Call for an ambulance if required. Report to the office straight away and fill in an accident report. If the person is bleeding, wear gloves and put pressure on the wound to stem the bleeding”.

Is the service safe?

People said that care workers generally arrived on time and if they were delayed for a significant amount of time, they were contacted to inform them of the reason. People also said that they knew the care workers well and generally received a service from a group of known workers. They also said that if their care workers felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction. One person said, “They do everything I need and will often go overtime to make sure I am alright. They always turn up on time”. A second person said, “They generally turn up on time, but if they are held up then they will always call”. A third person said, “I get the same carers in the morning and the same in the evening. They are normally on time, but the traffic can cause delays. They ring me if they are going to be late. They always stay for the full time”.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service and we saw that the number of care workers supporting a person was increased if required. The agency used an electronic software system for planning care workers rotas. This also matched care workers to people who received a service to ensure continuity of care.

Travel time was not planned between visits. The manager explained that this was not required as care worker rotas were planned so that each visit was only a couple of minutes distance from each another. Care workers that we

spoke with said that the lack of travel time allocated between visits did not impact on the time spent with people who received care. For example, one care worker said, “It doesn’t impact as five minutes is the longest distance I travel between visits. At the most, at times I might be five or ten minutes late but clients understand because there is no travel time”. The managing director told us that although travel time was not required this was an area that was going to be explored in the future.

All care workers were supplied with a mobile phone that was linked to the electronic software system used by the agency to plan rotas and visit times. The system also recorded when care workers arrived and departed from people’s homes. Everyone that we spoke with who received a service from the agency said that they had never had missed visits and that on the rare occasion when a care worker had been more than five or ten minutes late someone had telephoned them beforehand to keep them informed. For example, one care worker had needed to stay with another person who received a service whilst an ambulance was called and the office phoned and explained the reason for the delay.

Recruitment checks were completed to ensure care workers were safe to support people. We reviewed staff files which confirmed that checks had been carried out with regard to criminal records, obtaining references and proof of ID. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes.

Is the service effective?

Our findings

Everyone that we spoke with said that care workers were well trained and were competent in their work. One person said, “My carers are well trained and know exactly what they are doing”. A second person said, “They certainly know what they are doing with my care. I could not fault them”. A third person said, “My carers are very well trained. They know exactly what to do and when”.

People were supported by care workers who had the knowledge and skills required to meet their needs. All staff that we spoke with said that they were fully supported by the manager. One care worker said, “We do a lot of shadowing until you feel confident you can do things by yourself. None of us go out without training. I have done NVQ level 2 and am in the middle of doing my NVQ level 3”. A second care worker said, “We can’t use equipment unless trained. For example, I had catheter care training before I started to support a person who had a catheter. The training was by the district nurse. It’s the same with moving and handling and medicines. I was supervised until I was trained and felt confident”.

All new care workers completed an induction programme at the start of their employment. Care workers told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people’s care records and the agencies policies and procedures. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an on-going basis. This included medicines, safeguarding of adults and health and safety.

A training programme was in place that included courses that were relevant to the needs of people who received a service from Carers with Care Limited. Care workers had received training in areas that included equality, diversity and inclusion, diabetes awareness, safe use of bedrails, urinary catheter care, diet and nutrition, epilepsy and death, dying and bereavement. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. The manager explained how he had recently introduced a training plan in order to monitor staff’s training.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one monthly sessions and group staff meetings. Prior to the manager commencing work at the agency the frequency of staff supervision had reduced. The new manager had introduced a supervision monitoring system which also included spot checks of care workers when supporting people in their own homes. The manager explained that the aim was to ensure that all care workers had one spot check, one individual and one group supervision every three months. All the care workers that we spoke with confirmed that the frequency of supervision had increased since the manager had been in post.

People were happy with the support they received to eat and drink. One person said, “I provide the food which they use to prepare my meals for me. They are really good at it”. A second person said, “They help me prepare my meals and are very careful how they do it. Whatever I need they are always willing to do it”. A third person said, “In the morning they always get my breakfast for me and make cups of tea whenever they come”.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people’s individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink.

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. For example, a care worker was concerned that one person they visited was not well. They contacted the agency office who then arranged for a GP to visit. When next visiting the person the care worker was still concerned and due to their concerns called the paramedics who took the person to hospital where they

Is the service effective?

were diagnosed with a condition that required an operation. This demonstrated that care workers understood the importance of supporting people to maintain good health.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis. One person said, “They usually ask my consent before they do something, particularly when doing personal care”. A second person said, “They always ask my consent, particularly when they shower me”. A third person said, “They always ask me if it’s OK to do things before they start”.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people’s best interests. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in. This stated that all staff will have completed this by 23 October 2015.

Observation records where care workers were assessed when they supported people in their own homes also evidenced that people consented to the care that was provided. For example, one record stated, ‘X (care worker) told Mr X every task we were going to carry out before it was done and asked his permission. X said she does this so that Mr X is fully aware of all that is going on’.

Carers with Care Limited were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. There was no-one subject to a DoLS at the time of our inspection.

People had care plans in place for identified needs. Two of the four care plans that we looked at were person centred and described in detail how the individual’s specific care and support should be delivered and two did not. For example, one stated, ‘Assist X out of bed, assist her to the bathroom and allow a few minutes alone if she wishes for privacy. If unsteady on legs, encourage to use the commode which is kept at side of bed. Assist X with a full body wash, oral care and with dressing then assist to her armchair’. And the other stated, ‘To assist with all aspects of personal care and also food preparation and beverages of my choice’.

Despite the lack of personalisation in some people’s care plans care workers were able to describe person centred care. As one explained, “We base the care about the person, help them to be as independent as possible, make as many choices for themselves as possible. Everything is centred about the person”. Everyone that we spoke to also said that they received the care and support they required in the way that they wanted it. One person said, “The carers I have know exactly what to do and how they should do it”. A relative said, “My mother’s carers know exactly what to do”.

Is the service caring?

Our findings

Everyone that we spoke with, without exception told us they were treated with kindness and respect by the care workers who supported them. One person said, “I would say that the care I get is very good. Nothing is too much trouble for them. They are always polite and courteous and are always ready to chat while they do their work”. A second person said, “They treat me and my wife with total respect”. A third person said, “The care I get is excellent. My carer is so polite and nothing is too much trouble for her”.

Positive, caring relationships had been developed with people. One person said, “Excellent care, that’s all I need to say. They are brilliant and cannot fault them. They are such lovely people”. A second person said, “The care I get cannot be faulted. It is excellent. The carers I get are like my family and that’s what I call them”. A third person said, “My carers will always go the extra mile for me”. A fourth person said, “They are such lovely girls, who always ask if it is alright to do things and speak to me in such a lovely way”.

The manager was motivated and clearly passionate about making a difference to people’s lives. This enthusiasm was also shared with care workers we spoke with. One care worker told us, “This job is so rewarding. There is nothing better than seeing a smile on the face of the person you have visited”.

Care workers were respectful of people’s privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. With regard to personal care, one care worker explained, “I make sure doors and curtains are closed, offer reassurance all the time and keep them covered up as best as I can. It’s important that people have time to talk at the level and pace that suits them. It’s all about respecting them and helping them to live a normal life as possible”.

People said that care workers helped them to maintain their independence. One person said, “They always make sure that I do as much as possible for myself”. A second

person said, “She (care worker) takes me to the shower, but maintains that I should shower myself whilst I still can. It makes me feel good”. A third person said, “They are always respectful and always encourage me to do things, like walking to the toilet to keep me mobile”.

Dignity and independence were reinforced as one of the main values of the agency within its statement of purpose and service user guide. This stated ‘Helping you to retain your independence and dignity all within the comforts of your own home’. Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people’s own homes.

Care workers understood the importance of promoting independence and this was reinforced in people’s care plans. One care worker explained how they supported a person to gain independence. They said, “They had a Stroke which reduced their mobility. So I had to encourage them to move and to do exercises. It was important to do this as early as possible as muscles can seize. I was provided with Stroke awareness training which helped me understand”.

People were supported to express their views and to be involved in making decisions about their care and support. One person said, “I started three years ago with the hospital and Carers with Care working out with me what I needed. I have had update meetings with the carers as things have needed to change”. A second person said, “We planned my care with Carers with Care and my daughter. Nothing was too much trouble”.

Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care. For example, one care worker told us, “If a person does not want to get up I encourage but don’t force. It’s all about giving choices. It’s important to ask people their preferences with things such as food and what they want to wear. I visit one person who has dementia. This doesn’t impact on them making decisions. They just need encouragement and time to make choices”.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them. Everyone that we spoke with said that when their care was being planned at the start of the service a representative of the agency spent time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. The relationship between the agency and each person was interactive. The agency operated on an 'open door' policy which encouraged people to contact them to discuss any changes to their care or support needs. One person said, "The office is very helpful making changes, particularly when I have a hospital appointment".

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. Care workers 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 and responsive service. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. These were reviewed on a six monthly basis or sooner if required, in accordance to people's changing needs. For example, one person had a number of falls and as a result the frequency of visits increased from two to four per day.

Care workers were kept fully informed about the changes in visits and the support people required. This was either by the manager in person or via phone, text or email. One care worker told us, "We all have been given mobile phones that are brilliant as we can add information straight onto the system when we are out in the community. This also helps ensure we are kept up to date with changes as all staff have access". When visiting the agency we saw care workers come in to the office and discuss changes in the needs of some people they visited. As a result arrangements were made for a GP to visit one person to review their health care needs.

The manager had introduced a system to ensure that prompt action was taken to address changes in people's needs. The recording system detailed what change was required, action taken, completion date and by whom. For

example, the manager identified that one person would benefit from different continence aids that would promote their independence. Records confirmed that contact had been made with a district nurse and arrangements made for the new aids to be supplied.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate care workers prompted people to undertake certain tasks rather than doing it for them.

People were encouraged to give their views and raise concerns or complaints. People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the manager would address concerns if they had any. One person said, "I have never had to complain. My carers understand me and my husband". A second person said, "I have no reason to complain everything is fine". A third person said, "There were some little things at the start, but I can't remember what, but certainly do not have a reason to complain now. Everything is very good, if not better than that". A relative said, "They do know what my mother likes and does not like and we have not had any serious complaints. Any minor things have been dealt with very quickly".

The agency viewed concerns and complaints as part of driving improvement. We saw that the agency's complaints process was included in information given to people when they started receiving care. The agency had not received any formal complaints in the twelve months prior to our inspection. The manager said that he felt this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints. He explained, "If people call and complain I usually go and visit them straight away. There is no point in leaving things. By visiting people promptly I have not had to deal with any official complaints since being in post".

The agency also had its own social media page that people could post comments about the service which was monitored by the manager. We saw that one person had commented about a care worker that visited them. This was responded to on the same day that the comment was posted and immediate action taken by the manager to the satisfaction of the person who received the service from the agency. With regard to this facility the manager told us, "This is another way for people to air their views, who don't want to pick up the phone".

Is the service responsive?

Care workers understood that people who received a service should feel able to raise concerns. As one explained, “As we have regular people that we visit you notice if someone does not seem themselves. I try and talk to them

to find out if anything is wrong. They could be ill or upset. If they are upset about something I try and sort out for them and record in the communication book. I also report to the office”.

Is the service well-led?

Our findings

People using the service and their relatives said that the agency was well-led and provided a good service. One person said, "I am very happy with the service. The office is well organised and always very helpful if I need anything. They have been round to see how things are going". A second person said, "The service is very good. The office are helpful and courteous and nothing is too much trouble. The supervisor comes out to visit me to see if everything is alright". A third person said, "The service is really great. The office always try and helpful and do what they say they are going to do. One of the supervisors came out to see me and check if everything was alright. She even brought out a chocolate cake". Since being in post from 03 August 2015 the manager had prioritised making contact with people both in person and by telephone to introduce himself and to discuss people's care.

An external health and social care professional wrote and informed us, 'I have found the management to be pleasant and friendly. They provide a comprehensive service to our clients and our clients have always been happy with the service provided'.

There was a positive culture at Carers with Care Limited that was open, inclusive and empowering. The manager told us, "Staff seemed despondent when I first came here. So I have been getting staff to trust again. I have been gaining respect over time by my actions. For example, if I say I am going to do something I will do it". Care workers all spoke highly of the manager. One care worker said, "Since the new manager has been here the communication side has got better. Before things never got done and I didn't feel supported. Now I have got all this and when I have brought things up the manager had acted straight away". A second care worker said, "I love this job so much. The support is almost overwhelming. I think it's because it's a small company. There have been positive changes since the new manager. Information is shared better".

Care workers were motivated and told us that they felt fully supported by the manager and that they received regular support and advice via phone calls, texts and face to face meetings. They said that the manager was approachable and kept them informed of any changes to the service and that communication was very good. The manager told us that he was fully supported by the managing director.

Carers with Care Limited had a clear vision and values that were person-centred and that ensured people were at the heart of the service. The aims and objectives were included in the agency brochure, statement of purpose and staff handbook. They were also included in the job description for care workers. For example, these stated, 'To ensure care is delivered in a manner that demonstrates respect for the privacy, dignity and rights of service users at all times'. Care workers that we spoke with were all clear about the agencies aims and values.

The attitudes, values and behaviours of staff were monitored by observing practice during staff supervisions. For example, the observation record for a care worker stated 'X (care worker) spoke in a very professional manor, maintained eye contact, adhered to all moving and handling regulations, kept the dignity of the service user, adhered to cross contamination regulations and documented very clearly and factual. Mr X praised X, said she is very punctual, efficient and very caring. He is more than happy with all the care that is provided'.

The manager told us that staff received a hamper at Christmas in recognition of the work they did. He also told us that staff birthdays were celebrated and that the agency operated a 'Refer a friend' scheme where the referrer received a bonus if the person completed their probationary period.

The agency obtained the views of people who receive a service in the form of questionnaires. The manager wrote to all people that received a service in August 2015 in order to obtain their views on the service provided. People were asked for their opinion in relation to staff, if they displayed the values of the agency and, if they were treated with respect. At the time of our inspection the questionnaires were still in the process of being returned and as such had not yet been analysed. The manager told us that the analysis would start in September 2015.

Since being in post the manager had introduced quality monitoring systems that were linked to The Fundamental Standards and the domains of safe, effective, caring, responsive and well-led. Two audits had been completed and an action plan put in place to address areas where improvements had been identified. For example, audits of incidents and events had not taken place. The manager had included this in the action plan that he had devised to be addressed by September 2015. Quality audits were planned to take place on a monthly basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured the proper and safe management of medicines. 12(2)(g).

Regulated activity

Personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not ensured robust procedures and processes were followed in order to protect people from abuse. 13(1)(2)(3).