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Care Designed for You

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 of Care Designed for You took place between 1 November and 22 November 2017. We gave five days' notice of our visit on the first day because the provider works remotely and they needed adequate notice to book a room to meet with us at the registered office.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. Not everyone using Care Designed for You receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection three people were receiving a personal care service.

At the last inspection in October 2015, the service was rated Good. At this inspection we found the service remained Good.

The provider was an individual who also managed the service on a day to day basis. They provided the personal care and support on a daily basis, together with a small group of staff. The provider has informed us that they are considering changing their registration, to apply to register with CQC as a limited company. We are dealing with this outside the inspection process.

Feedback about the quality of care was positive and people and relatives reported feeling safe and well cared for. Risk assessments were in place and those we saw identified risks to the person and guided staff on how to minimise or appropriately manage those risks.

The provider and staff had received training in safeguarding adults and understood their responsibilities to identify and report concerns. Safe recruitment and selection processes were followed. There were sufficient staff deployed to meet people's needs. People continued to receive effective care from staff who had the skills and knowledge to support them.

Although staff were not currently supporting people with their medicines the provider was aware of best practice guidance about managing medicines safely in the eventuality this was required in future.

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

People were encouraged to eat a varied, nutritious diet where this was provided as part of the regulated activity. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and assisted to maximise their independence.

Staff knew the people they were supporting well. Care plans detailed how people wished to

be supported and people and their relatives, where appropriate, were actively involved in making decisions about their care.

We have made a recommendation about the management of complaints, so people know they can refer their complaint to a free, independent service if they are unhappy with the provider's investigation.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Care Designed for You

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service five days' notice of the inspection visit because staff work remotely and the provider needed sufficient time to be able to book a room to meet with us at the registered office. The inspection activity started on 1 November and ended on 22 November 2017. It included discussions with the provider and with staff, a review of records relating to the management of the service and telephone interviews with people who used the service and with relatives.

The inspection was carried out by one adult social care 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.

As part of planning our inspection, we contacted the local authority quality performance team to obtain their views about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 1 November 2017 to see the provider and to review care records and policies and procedures. With the provider's agreement a CQC report writing coach attended this part of the inspection. Following our site visit on the first day the expert by experience carried out telephone interviews. We spoke with the provider, two care staff, one person who had previously used the service and three relatives. We looked at two care plans and one recruitment file.

We asked the provider to send us a copy of their complaint policy, confidentiality and information sharing policy and procedure, and a sample contract with staff and with people who used the service. This information was provided as requested.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "[Name] feels very safe," and, "I went to meet [The provider] and was very pleased with what they told me about the service – so yes, I did think it was safe."

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse.

Plans were in place to identify how risks would be managed and guide staff response in the case of any untoward incidents. For example, if a person was unwell or in case of an electrical fault in the person's home. Guidance was provided for staff on how to reduce risks associated with their care duties. Staff were aware of this guidance and told us they followed it. They said they were provided with suitable equipment such as protective car seat covers and first aid kits.

There were sufficient staff deployed to meet people's needs in a proactive way. When we asked relatives about staffing one responded, "Yes, definitely enough staff." Another relative told us, "There is enough staff. [Name] has support each weekday and the staff do different activities every day. This service understands that [Name] likes the same staff but a variety of activities and in that way we support positive behaviour. Other places have not understood that, but this service does."

The provider had safe recruitment and selection processes in place. These included the completion of reference checks to make sure new staff were suitable for employment. One staff member said, "They were very thorough with checks and they checked with the people we work with before we can do anything unsupervised." This was confirmed by a relative who said, "New staff start by shadowing. Everyone has to be fully happy before staff start to work alone. That keeps everybody safe."

The provider knew about best practice guidance such as The National Institute for Health and Care Excellence (NICE) publication titled 'Managing medicines for adults receiving social care in the community', to ensure that people who receive social care were supported to take and look after their medicines effectively and safely. The provider told us that they currently did not support anyone with their medicines.

Staff told us that they had received training on health and safety issues including infection control, to protect people from the risk of infection. The service had Infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices. One staff member said, "We get infection control training, it all depends on the needs of the client, but we ensure we always adhere to good hygiene standards."

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training on a range of topics which included safeguarding, equality and diversity and autism. New staff completed an induction programme, which included training for their role. Staff told us they had completed training and said that they received regular supervision and appraisals. A staff member told us they felt very supported and were confident in their role. They said, "The job is a joy; I love it." Staff said that team meetings were usually held in an evening to facilitate attendance and these gave staff the opportunity to share professional ideas and discuss complex cases together as a group, which they said promoted consistent care.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We must always respect people's individuality and their human rights."

The provider told us in their PIR about plans to improve the smooth transfer of information, to ensure people's care plans were always updated effectively. People had varied needs in terms of the support they required and this was reflected in the detail of people's care plans. Some people were able to manage their own care packages while for other people their families were heavily involved in deciding the level of agreed care. Relatives commented that staff were well trained and delivered consistent, effective care.

People's nutritional needs were supported as needed and in these cases their dietary preferences, needs and allergies were recorded. Feedback from relatives was positive. One relative told us, "[Name] loves large portions of food and staff are good at guiding them to eat healthy food like salads and fruit that you can have large portions of and to have a treat sometimes." Other comments included, "[Name] is guided with their shopping list and they are helped to make healthy choices, which [Name] seems happy with," and "[Name] often has soup and sandwiches when they go out."

Is the service caring?

Our findings

Feedback about the staff was positive. Comments included, "Staff are respectful," "Staff are kind and very caring," "[Name] always has a good time," and, "Staff are open and caring."

People were involved in the development of their care plan and these were reviewed regularly. One relative said, "[Name] is able to make their wishes known and expresses a clear opinion as to what they like and do not like." Another relative told us, "[Name] is in control as to where they go. I think actually they choose together but [Name] has the final say." And, "Staff have a little book which they write in to let me know what they have done that day and to know staff on the next day what has happened just for a bit of continuity."

The provider told us that they aimed to promote positive, respectful relationships between people who used the service and staff. The provider involved people close to them if they wished and, where needed, they would also involve independent advocacy services. This made sure that people had someone independent with whom they could explore choices and options when making a decision. They said care was designed, "To recognise people's uniqueness. This forms the basis for all of our training and provides a platform for people to enjoy their time together." Discussion with the provider and staff demonstrated that the service respected people's individual rights and promoted their independence. This was confirmed in our discussions with relatives. One relative said, "[Name] has a core of four staff and two more occasional staff. This continuity helps to make sure [Name] is not so dependent."

Staff described a caring, supportive culture. One staff member said, "I feel I can approach them [The provider] about anything. I've learnt a great deal since working here and someone is always at the end of the phone." Relatives commented that staff were well trained and treated people with dignity and respect. For example, one relative told us, "The staff always make sure [Name] is appropriately clean and dressed and that [Name] washes their hands after they have used the toilet." When staff spoke to us about the people they supported they were respectful and they displayed genuine affection. Language used in care plans was respectful.

A confidentiality and information sharing policy and procedure was in place and this was reinforced through staff training, regular supervision sessions and team meetings. Information was stored electronically and was password protected to protect people's confidentiality. Staff could interact with each other through means of an electronic 'chat room' which enabled them to raise any issues and ask for advice. This system was also password protected and could only be accessed by staff assigned to work with an individual to protect people's confidentiality. Staff used a unique identifier to refer to people when completing activity sheets or other documentation they carry outside the person's home.

Is the service responsive?

Our findings

There was a complaints procedure in place titled 'Help us to get it right'. This set out the steps for people to leave feedback, suggestions, praise and complaints to help the service improve. It was written in plain English and was easy to understand. The review date for the policy was May 2017, which was overdue. The current policy does not follow current best practice guidance regarding complaints, which are not resolved satisfactorily. For example, people who self-fund their care can contact the Local Government Ombudsman (LGO) if they feel that they have been treated unfairly or received a poor service. This had impacted one person who told us that they had made a complaint. The LGO also provides guidance and template documents for an effective complaints procedure.

We recommend that the service seek advice and guidance from a reputable source, about managing complaints.

Relatives reported that the provider responded positively to any issues raised with them. One relative told us, "If I have any issues, I email. I have regular contact and I really feel like I've been listened to." Another relative said, "I have no reason to complain and if I did it wouldn't be seen as a complaint it would be seen as a suggestion of a way to improve the service." Staff also confirmed that in their experience action was taken to resolve any emerging issues quickly before they became a problem.

Staff were knowledgeable about the people they supported and were able to describe how they provided people with individualised care. People's care records contained details of people's personal histories, together with their likes, dislikes and care preferences. People were supported to follow varied interests and pursuits. One relative told us, "[Name] has friends that they see at the resource centre and they go out to lunch sometimes with a group of other young people as a social group."

In their PIR the provider described how they responded to individual circumstances to seek the best outcomes for the people they supported. One example was the help given to one person into paid employment in consultation with the local authority and a charity who could offer employment support. The impact of this was that the person's confidence was enhanced through the process. This was confirmed by feedback from relatives who commented, "Yes it [The service] is focused on [Name's] needs absolutely," and, "It is by far the best service we have accessed for [Name]; we have tried different things and this works best."

At the time of our inspection people were not receiving end of life care. However records confirmed that staff were provided with training appropriate to the needs of people who used the service and the provider confirmed this would include appropriate training in end of life care.

Is the service well-led?

Our findings

Care Designed for You provided care and support to enable people to live independently in the community or provided respite for carers. Service providers who are registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 can be an individual (sole trader), a partnership or an organisation. In this case the provider is an individual. As such, there is not a requirement in law for the provider to appoint a separate registered manager. The provider was an experienced manager who also provided much of the day to day care with a small staff group. At the time of our inspection the provider told us that they were providing a regulated service to three people.

The provider informed us at their registration in 2015 of long term plans to set up a limited company and to engage a registered manager. When we visited we took the opportunity to review the registration status of the provider. Following our inspection the provider contacted us to state they intend to take advice to set up a private limited company as they had discussed previously. We are dealing with this matter outside of the inspection process because a change of legal entity of the person carrying on the service will require a new application for registration.

Despite this we found no impact on outcomes for people who were wholly positive in their feedback about the quality of care they received. The provider was extremely clear about their vision and values throughout our visit. Although they provided care to a small number of people they demonstrated how they had utilised their skills to support people with complex care needs.

There was an open door policy which was referred to in the feedback we received. Comments included, "The culture is open," and, "They [The staff] provide genuine care." Staff confirmed that the provider was supportive and we saw evidence that they worked collaboratively with other health and social care agencies to ensure people received a seamless service.

People we spoke with told us they had not been invited to give formal feedback on the service. The provider told us that they monitored the service by means of direct observation and informal feedback from people who used the service and their families during their visits. The provider also received feedback from the local authority as part of their programme of reviews and contract monitoring. They said these methods were used to improve the service.

Staff told us the service was well-led, open and honest. One staff member said, "I feel the staff at Care Designed for You make a real difference. They [The provider] teach you so much. It has been a totally different experience for me and I can't imagine working anywhere else now."

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities. They told us that no reportable events had occurred in the past year.