

Caring Care Limited

# Caring Care 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

We carried out this announced site inspection on 31 July 2018. 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. Not everyone using Caring Care Limited receives a 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.

This is the first time this service has been rated. At the time of our inspection, 60 people were supported with their personal care needs by the service. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and staff understood how to protect people from harm or abuse. Risk assessments and guidance were in place to ensure specific risks were identified and managed safely. There were sufficient numbers of safely recruited staff to support people who used the service. Where people received medicines, staff were trained to administer these and made sure people had their medicines on time and when they needed them.

Staff had the skills and knowledge to meet people's needs. People's human rights were protected because the registered manager and staff understood the Mental Capacity Act 2005 (MCA). People told us staff supported them to meet their healthcare needs when required. Staff also supported people to meet their nutritional needs.

People received care from staff that knew them well and were consistent in their approach to care. People told us staff were kind and caring and sought their consent before providing care. People told us they were treated with dignity and respect and were involved in how their care was planned. Staff promoted people's independence. People had information in their homes about how to make a complaint should they wish to do so. People had regular contact with the provider to share their views about the standard of care received.

People and staff said the registered manager was approachable and the service was well-run. Staff were aware of their roles and responsibilities and felt supported by the management team. The registered manager told us they kept their knowledge current and provided staff with direction about levels of care they expected with supervisions and regular meetings. The registered manager and management team monitored the quality of the care that people received, which included observing staff practice and reviewing records.

## 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 told us they felt safe. Staff understood how to recognise and report any concerns they had about people's safety. People received support from staff who were aware of their risks and knew how to support them. There were sufficient numbers of suitably recruited staff to meet people's needs. People received their medicines as prescribed. People were protected from harm by the prevention and control of infection.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs. Staff sought people's consent before providing care. People had their rights respected because the principles of the Mental Capacity Act 2005 were followed. People were happy with the support they received with their food and drink. People received support where required to manage their health needs.

### Is the service caring?

Good ●

The service was caring.

People received care that met their needs and said staff were kind and caring. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was personal to them. People's preferences and choices were respected. Care records were reflective of people's needs. People and relatives felt supported by staff to raise any concerns or complaints.

### Is the service well-led?

Good ●

The service was well-led.

The provider had systems in place to check and improve the quality of the service provided. The provider worked in partnership with other agencies for the benefit of people who used the service. Staff felt supported by the management team; and were clear about their roles and responsibilities.

# Caring 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 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.

This site inspection took place on 31 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection.

The inspection was carried out by an inspector and telephone calls were made to people and their relatives by an Expert by Experience. An Expert by Experience is a person who has had experience of using or caring for someone who uses this type of care service.

As part of the inspection process we looked at information we held about the provider. Providers are required to notify CQC about specific events and incidents that occur including serious injuries to people receiving care and any incidents that put people at risk of harm. We refer to these as notifications. We looked at these to plan our inspection. We also used information the provider sent us in the Provider Information Return (PIR). 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 31 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We looked at four care records and three staff files. Telephone calls were made to people, their relatives and staff on 27 July 2018. We spoke with five people who use the service and six relatives. We also spoke with ten members of staff, the registered manager and office staff.

## Is the service safe?

### Our findings

All the people we spoke with said they felt safe when receiving care and support from staff in their own homes. One person said, "The staff look after me really well." Relatives also gave positive feedback about the staff's ability to keep people safe. A relative commented, "I am completely relaxed knowing that [person] is safe." Another relative said, "I know I can pop out while staff are with [person] and they would be in safe hands."

Staff recognised how to identify signs of abuse and knew how to raise any concerns. One member of staff said, "I would ring up the office and report it straight away, if I was worried I would contact safeguarding or ring 999. I would make sure the person was safe." All the staff agreed the provider would take immediate action to keep people safe if they were made aware of any concerns. Another member of staff commented, "[Registered manager] would contact the local authority, I am confident they would do that." Conversations we had with the provider confirmed they understood their responsibility to refer any allegations of harm or abuse to the local authority safeguarding team. This demonstrated that people were protected from the risk of harm or abuse as the provider had appropriate systems in place.

Risks to people were assessed, monitored and managed to enable people to live in their own homes safely. One relative said, "They make sure [person] walks safely to the bathroom by walking alongside, they keep a very careful eye on them." Staff we spoke with explained how they considered people's safety when they were providing care or support. For example, one member of staff said, "I make sure I have everything to hand so that I can concentrate on what I need to do." Other staff commented that they ensured areas were free from obstacles to help people move freely around their homes. Staff told us if they noticed any changes in a person's needs they contacted the office and updated information in the daily notes to inform staff of any change. Risk assessments we looked at were comprehensive and clearly identified any risks to people's health and care needs. They also contained guidance for staff to refer to about how to reduce any risk of harm.

People and their relatives told us there were enough staff available to meet their needs. Everyone we spoke with said staff were reliable and they received care from a consistent number of staff. One person said, "I don't have any late or missed calls." People said staff arrived and stayed for the allocated time. One person said, "I receive my 30-minute visits every-day." People and their relatives explained that on the rare occasion their regular carer was not at work they were contacted by the office staff and another member of staff attended the call. One person explained, "Once the carer was 45 minutes late. The office rang us and apologised that the carer had been held up. This put us at ease and they eventually arrived." Staff told us there was consistency in their visits so that they got to know people well. All the staff felt there were sufficient numbers of staff to meet people's needs and that there was adequate travelling time allocated between care calls which resulted in people receiving calls at their agreed times.

We saw the provider's recruitment process was thorough and minimised as far as possible the risks to people's safety. Staff we spoke with confirmed they had an interview and pre-employment checks completed before they started in their role. One member of staff said, "I came for an interview and had to

provide references and a [Disclosure and Barring Service] [DBS] check before I started." DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people.

People and their relatives told us that where necessary care staff assisted them with their prescribed medicines. One person said, "The staff check my medicine blister pack and make sure I have taken my tablets properly and remind me to re-order my tablets." Staff we spoke with told us they felt confident to support people with their medicines. One member of staff said, "I feel confident with administering medicines they are mostly in a blister pack and written on a medicine record. If they are not recorded on that I don't give them." All the staff confirmed they had received training in administering medicines and checks of their competency were completed by the provider regularly. We looked at the systems used to manage medicines which confirmed regular competency checks of staff were conducted and we saw Medicine Administration Records (MAR) were completed correctly. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

We looked at the systems in place regarding infection control. One person said, "Staff empty, change and clean my catheter. They understand the risks around infection, they are so careful and do the task very carefully. I have full confidence in the way they help me." People told us staff wore aprons and gloves when providing care and staff confirmed they had access to sufficient amounts of Personal Protective Equipment (PPE). This showed staff understood what they needed to do to reduce the risk of spreading infection.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided to reduce the likelihood of them happening again.

## Is the service effective?

### Our findings

People told us an assessment of their needs was completed before they received support from the service. They confirmed they were involved in developing their care plan and said a copy of it was available in their home. Care records we looked at showed an assessment of many areas including personal care, medical history, dietary needs and sexuality had been considered when developing people's care plans.

People and their relatives were extremely positive about the staff that supported them. Everyone told us staff had the skills and knowledge to meet their care and support needs. One person said, "Everything is done properly." Another person commented, "The staff have tremendous experience they seem to know what to do almost without asking us. They get on with their jobs and have made our lives a lot easier." Staff told us they had the skills and knowledge to meet people's needs. For example, one member of staff explained how they supported people who required catheter care. Another member of staff told us, "We complete different training and our competencies are checked by our supervisor." New staff received an induction when they first started working for the agency which included working with experienced members of staff and completing the Care Certificate training. The Care Certificate is an identified set of standards for health and social care staff. Staff told us they received regular one to one meetings with their manager which provided them with the opportunity to discuss any concerns or work practices.

Some people required support with preparing their food and drink. People who required support were happy with the way staff supported them. One person said, "My carers know I love porridge and a cup of tea for my breakfast, but they still ask me what I want." A relative commented, "I prepare all [persons] food and the care staff help support them to eat it." Staff told us they asked people what they wanted to eat and drink and respected their choices. They could explain people's different nutritional requirements and how they met these. Such as meeting a specific cultural dietary need. Records we looked at identified any nutritional risks people might have and how these should be safely managed to ensure they maintained good health.

Most people said their relatives helped them to attend healthcare appointments; however a person said if required the service would provide them with support. People and their relatives told us staff were responsive to changes in their health needs and where required took appropriate action. For example, staff contacted the registered manager or liaised with healthcare professionals such as district nurses to ensure people received the care and treatment they required. Records we looked at showed clear information was recorded about people's health needs and any outcome of people's contact with healthcare professionals.

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our inspection no one was receiving care or support that was subject to a court order. We checked whether the service was working within the principles of the MCA. People had capacity to make decisions about their care and staff had received training in the MCA and demonstrated they understood



their responsibilities under the Act. People told us staff always sought their consent before providing their support. One person said, "They always ask first before they do anything."

## Is the service caring?

### Our findings

People were positive about the support they were provided with. One person said, "I get on well with all my carers they are all so friendly." Another person told us, "The staff are lovely and very gentle with me. They work at a pace that suits me and they make my life easier."

Staff we spoke with were passionate about the care they provided and said they tried to do the best they could for the people they supported. One relative commented, "Carer is a kind of life coach to [person], they talk to person about certain social skills and [person] has grown in confidence. They are so very caring." People told us they had developed positive relationships with staff and gave examples of staff working outside their normal working hours to support and care for people. For example, staff visited people whilst they were in hospital and helped to organise family celebrations.

The agency was extremely positive about matching people with staff for positive relationships to be developed. The provider matched staff with the personalities and likes of people who used the service as far as possible. This provided continuity of care whilst enabling staff and people to talk about similar interests. This was confirmed from our conversations with staff. Staff said they knew people well and had built up friendships with people. For example, some staff had been invited by one person to attend their birthday celebrations. People told us staff listened to them and understood their needs and preferences. One person said, "I don't need them to do much because I like to be independent but they help me get washed and dressed and they look out for me." Another person explained that staff listened to them and that made them feel they could trust them to look after them and provide the care and support they needed. All the people we spoke with were satisfied with how staff provided their care. Staff we spoke with shared examples of how they supported people in the way they preferred such as with their personal care choices, what they liked to eat and drink and things they like to do. They also told us about the things that were important to people, like their family and friends.

People told us they had been involved in making decisions about their care and support and how they would like to receive this. For example, one relative commented, "[Person] speaks little English so the provider only sends Punjabi speaking female staff to their home. This works really well because [person] can explain very clearly how they want them to help."

People told us staff promoted their independence as much as possible. One relative commented, "Staff respect [persons] independence and only help when asked." Staff also provided examples of how they promoted people's independence. One member of staff said, "I encourage people to do as much as they can for themselves so they can remain independent."

People said staff treated them with respect and dignity when providing care. One person said, "Staff make sure I am covered up properly after I have been washed and look after my privacy by making sure my dressing gown is wrapped around my body. They also check they are doing things how I like them to be done." Staff we spoke with understood the importance of maintaining people's privacy and dignity and shared examples of how they worked to maintain this when providing care. One member of staff said, "I

make sure I provide care the way the person wants to receive it. I ask if they would prefer a wash or a shower and always draw the curtains and close the door. I make sure the person does not feel rushed."

## Is the service responsive?

### Our findings

People told us they received care and support based on what they needed and in a way that they liked. People we spoke with knew the times of their care calls and said staff arrived on the time expected. One person said, "Staff are not rushed and stay the full time and carry out all their tasks properly."

Staff completed daily records of the support they had provided and these were kept in a person's care record within their home. Care records we looked at were personalised and contained information about all aspects of a person's health, communication and care needs. The daily records also evidenced that staff were supporting people according to their support plan and in accordance with their choices and preferences. Care records also provided guidance about what staff should do on each visit and how care should be given. Specific information about how to use equipment such as hoists was detailed in the care records for staff to refer to. Staff we spoke with were aware of this guidance and could explain the steps they would take to ensure they used equipment safely. Staff explained and we saw in care records that they reported any change in a person's needs to office staff. This then led to an update in a person's care record. Staff told us if they had any concerns about a person's health or well-being they would contact the office and the person's family. We saw information about people's changing needs was shared with staff via communication books in people's homes and conversations with office staff.

People and their relatives knew who to contact if they were unhappy with any aspect of their care and said they felt they would be listened to. They told us they had a contact number and details of who to contact if they had any issues or concerns. One person said, "I have no complaints at all everything is going well." We looked at records relating to complaints and found the provider had responded appropriately to any concerns that were raised. We saw investigations had been carried out and outcomes had been provided to the complainant.

At the time of this inspection, the provider was not supporting people with end of life care. However, the registered manager said if people required end of life care they would have conversations with people, their relatives and professionals to discuss a person's wishes and preferences in relation to this.

## Is the service well-led?

### Our findings

People and their relatives spoke positively about the management of the service. One person said, "Really good company, true family focus they are not just interested in the welfare of [person] but in all of us." Another person said, "They have plenty of empathy, they listen to what I want."

The service was family run with members of the family involved in the day to day running of the business. It was evident from our conversations with the registered manager that they had a good understanding of people's care and support needs and knew both relatives and staff that provided people with support well. The registered manager provided clear information about how they ran their business and staff felt valued and supported in their role. One member of staff said, "I feel really supported in my job you can always get hold of someone if you need them." Another member of staff told us, "The manager is really approachable it is a good company to work for." Staff said the management team were always available to speak to should the need arise; and that they received regular supervision sessions which provided them with the opportunity to discuss any concerns or issues they might have in relation to their role or training needs. All the staff we spoke with were aware of their role and responsibilities and were aware of the provider's whistle-blowing policy. All staff were confident any issues they might raise would be listened to and acted upon by the registered manager. We saw staff successes were celebrated by the provider and an annual awards party was arranged each year to acknowledge staff achievement.

The quality of the service was monitored through audits, competency checks and contacting people to gain their experiences and views of the service provided. We saw there were weekly, monthly and annual audit checks in place to assess the quality of service provided to people. These were completed by the registered manager and members of the management team and included checks of medicine administration records, care and risk assessments and training and supervision records. Staff told us they also had regular unannounced competency checks completed of their practice to ensure they were providing safe care. Feedback about their performance was provided during supervision sessions. The provider had a process to gather the views of people, relatives and staff through surveys, meetings and individual conversations such as coffee mornings. This meant people and their families had the opportunity to be involved in the service and showed the provider took account of people's views.

The provider was involved in several initiatives to promote and encourage high standards of care. For example, a falls and prevention programme and the development of an assessment process. The provider was also a member of a variety of forums and groups to share best practice within the care sector to improve the quality of care people received.

'Registered persons' are required to notify CQC about events and incidents such as serious injuries or allegations of abuse. The registered manager knew and understood their responsibilities as a 'registered person' and had notified CQC of all significant events which had occurred in line with their legal responsibility.