

Carefound Home Care (Harrogate) Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 14 and 30 August 2017 and was announced.

At our last inspection in June 2015 the service was meeting the Regulations and was rated outstanding overall. At this inspection the service remained outstanding.

Carefound Home Care (Harrogate) is a domiciliary care service that provides support to people in their own homes. At the time of our inspection there were 40 people receiving a service. The service also provided 24 hour, live in, care to six people who lived in the local community. People who used the service were mainly older people, people living with dementia, Parkinson's and other neurological conditions.

We observed very positive and compassionate relationships between people and care workers. People and their relatives were involved in the planning and reviewing of their care and were without exception, extremely complimentary about the care received. People told us they were treated with dignity and respect and as individuals by care workers who were kind and caring. The service promoted people's independence and provided skilled and sensitive care, including end of life care.

The care people received was extremely person centred and was regularly reviewed. It took into account people's life experiences and their physical and emotional needs. The provider and staff team understood the impact of social isolation and demonstrated how they reduced this by involving people in the local community.

People told us the service was well-led and all the care workers we spoke with were clear about the service's vision which put people at the centre of their support. Staff were highly motivated and contributed to the development of the service. The registered manager showed us how they had achieved outstanding practice, development and continual improvements of the service.

The provider had investigated any complaints thoroughly and actioned any learning from feedback they received. Robust processes were in place to record and analyse incidents to reduce the likelihood of them reoccurring and ensured the staff continued to learn from them and maintain a high quality standard of care.

People received exceptionally effective care. The provider and their staff worked in partnership with other organisations to ensure people's needs were met and followed current best practice to provide a high quality service.

People we spoke with told us they felt safe using the service. Care workers were knowledgeable of the types and signs of abuse and felt confident reporting any concerns to the management team to ensure people were protected. Risk assessments were in place to reduce the risk of harm.

There were robust and safe recruitment processes to prevent unsuitable staff working with vulnerable people. Care workers received regular supervision and received training to enable them to fulfil their role. People received support from a consistent team of staff and there were sufficient staff to meet people's needs.

Medicines were managed safely and care workers had received training based on current best practice guidelines.

People told us care workers were well trained and went the extra mile to meet their needs. We saw the service had a comprehensive induction programme.

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 support this practice.

People were supported to eat and drink to promote their wellbeing and care workers supported their healthcare needs where needed. Health professionals were contacted appropriately and promptly to ensure any changes to people's needs were addressed.

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 outstanding.	Outstanding ☆
Is the service caring? The service remains outstanding.	Outstanding ☆
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains outstanding.	Outstanding ☆

Carefound Home Care (Harrogate)

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 14 and 30 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to meet us.

The inspection team consisted of 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 service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people. They supported this inspection by carrying out telephone interviews to seek the views and experiences of people using the service.

Before our inspection, we looked at information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

During the inspection we spoke on the telephone with five people who use the service and four relatives. With their consent, we visited four people within their own homes. We spoke to nine members of staff which included four care workers, a senior care worker, a care co-ordinator and the staff co-ordinator. We spoke with the registered manager and the director of the service who is also the nominated individual. The

nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager was unavailable during the first day of our inspection, but was present on the second day.

We looked at a range of documents and records held on the office computer or on paper, related to people's care and the management of the service. We looked at six care plans, three staff recruitment and training records, quality assurance audits, minutes of meetings and policies and procedures. We also looked at findings from questionnaires that the provider had sent to people. Following the inspection we spoke with three health care professionals to gather their feedback about the service.

Is the service safe?

Our findings

All the people we spoke with said they felt safe with the care workers who supported them. One person told us, "My family feel happy that I'm well-looked after, so that's less worry for them" and "I am very confident with the carers and people in the office keeping me safe." Another said, "I always feel safe with them when [Name] is here with me." A relative told us, "I am very happy, [Name] is safe with them." People told us if they had concerns about their care they would not hesitate to speak with care workers or staff in the office. People's care records we looked at gave detailed descriptions about the security and access arrangements at their homes. This meant that care workers were clear about their responsibilities when entering or leaving the property.

The provider had an appropriate safeguarding policy to guide staff if they needed to raise concerns. Staff had individual access to the provider's computer system to access these. We saw records to confirm staff had been trained in safeguarding. Also, records showed safeguarding was dealt with appropriately and the registered manager understood their responsibilities.

Staff spoke in a way which demonstrated that safeguarding people from harm was a part of their day to day practice. For example, one care worker told us, "I will always keep people safe. If I have any concerns or am suspicious that someone is at risk of abuse I will contact the office. I am very confident to raise a concern; without a doubt."

Care records we looked at showed personalised risk assessments had been completed and regularly reviewed and updated. These included environmental, and moving and handling assessments. Information was provided to care workers about how to support people who had restricted mobility. This meant they had the guidance they required to help people remain safe.

The provider operated a robust recruitment and selection process to ensure care workers were safe to support people. This included formal interview, full work history, previous employer references and disclosure and barring checks (DBS). The DBS carry out a criminal record and barring checks on individuals who intend to work with vulnerable adults. The director explained they had introduced a specialist recruitment tool to support this process which helped to identify staff who were professional and caring.

The records we saw demonstrated there were sufficient numbers of care staff available to keep people safe and meet their needs. The provider ensured staff had time in between calls which meant they were on time and could stay for the allocated time period.

The service provided cover over a 24 hour period, seven days a week and people's care records were available electronically to the person on call. The provider operated a system which alerted the person on call or office staff by email if a care worker had not arrived. This prevented people from having a missed visit and ensured people's care and support needs were met.

We looked at records relating to the management of medicines and saw they were administered

appropriately and safely. Documentation showed people had given their consent for medicine's support. We saw up to date medication lists and individual protocols for each medicine administered were included in people's care plans to guide staff. One person we spoke with told us, "They just check that I've taken my medication. It's my responsibility really." A relative said, "The carers get [Name's] medication out for them and they sit with them whilst they take it."

The registered manager was aware of the new good practice guidance issued by the National Institute for Health and Care Excellence (NICE) for managing medicines in people's own homes. We saw the medicines policy, induction and refresher training had all been updated with the support of an independent specialist with specific expertise in this area. Records which evidenced care workers had had their competencies assessed and spot checks were undertaken. The registered manager had regularly audited medicines support and we found these were effective.

We saw the service recorded and analysed any incidents. The registered manager showed us the computer system which prevented any concerns or incident reports being closed down until they had been checked and actions taken.

Is the service effective?

Our findings

People who used the service, relatives and professionals we spoke with were very complimentary about the care workers who provided support and told us they were extremely well trained. One person said, "When the carers come, I have no worries, they [care workers] can do their jobs and are well trained. I feel well looked after." A relative told us, "The carers see my relative as first and centre and even when we're there, the carers always speak directly to them first. It gives me comfort that they're fighting my relative's corner." A health care professional we spoke with said, "Carefound invest in their staff. The carers are well trained and professional in their approach to their clients."

We saw staff had a very comprehensive induction and were provided with work books to evidence their learning. New staff were mentored and did not support people alone until they were assessed as being competent. A mentor said, "I am always there for new care workers if they want guidance as I remember what it was like." A relative told us, "If there's someone new going to start they're always sent in with someone that they know. It's an excellent system and very important to my relative."

The provider understood the importance of staff receiving training which would enable them to provide person centred care to people. All new care workers completed the Care Certificate which is a set of standards that social care and health workers should adhere to in their daily working life. The provider worked with a local college to access training opportunities which included access to the Diploma in Health and Social Care. We looked at three care workers files which demonstrated that excellent staff supervision and appraisals had continued. We saw that personal development plans were in place and supervisions were recorded in detail. Topics included the quality and proactive care provided, risk management and professionalism. Care workers told us they were extremely well supported in their roles. One member of staff told us, "I get great support." Another said, "The supervision is really good."

Dementia training was provided using the SPECAL method (Specialised Early Care for Alzheimer's). This helps care workers understand dementia from the point of view of the person with the illness. One care worker said, "The dementia training was very effective. I put into practice what I had learnt about memory loss and it made a difference."

One example of this being used to enhance a person's quality of life was seen during our visit to a person living with dementia. We saw excellent person centred care organised around their previous interests and lifestyle. For example, an activity timetable had been incorporated, in consultation with the person and family, to ensure they continued to experience activities they enjoyed outside the home. These included dancing, maintaining established friendships by having coffee afternoons and visiting garden centres. This meant the service considered people's emotional and social needs and not just tasks associated with their physical care needs. A relative we spoke with said, "They [care workers] provide a high standard of care."

We saw strong links and excellent relationships were maintained with health care professionals which ensured people's health was promoted to a very high standard. An example of this was demonstrated when staff supported a person to be rehabilitated in conjunction with an occupational therapist. Care workers

were trained how to enable this person to do their exercises, rather than taking over. The health care professional told us, "[Name] was 'in awe' of the carers. They motivated and encouraged this person and their recovery would have taken longer if they had not been involved. They accurately followed my recommendations. The outcome for this person was amazing."

Records showed the service worked closely and effectively with partner agencies to incorporate best practice which enhanced the support provided to people. For example, we saw the provider held a joint training session with the specialist nursing team from a local NHS Trust to cover continence care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw the policy and procedure the service had on the MCA and DoLS to protect people. The registered manager, director and care workers demonstrated their understanding of the principles of the MCA and had received training. We observed care workers asking people for their consent before undertaking any tasks.

One person we visited was not able to keep themselves safe. Records showed that a mental capacity assessment had been completed and we observed how risks to this person were being carefully and respectfully balanced against the quality of their life. We observed care workers working exceptionally well together as they discussed and recorded any concerns and received regular visits from their co-ordinator. The service worked closely with the family and had spoken with the local authority to check if they were depriving this person of their liberty. This meant the service was ensuring that a person's rights were being protected and upheld in a skilled and sensitive way which had a very positive impact on the person.

Excellent information was provided to care workers to ensure they met the dietary needs of people they supported. The care workers' recent newsletter had nutrition as the 'Theme of the Month' This contained links to training slides, factsheets and videos on topics such as nutrition, eating and drinking for people living with dementia and recipes for older people.

Care plans we looked at showed if people needed support with eating and drinking and their preferences. One person told us, "I buy my food but the carers prepare meals for me. The meals always look attractive and are really nice. It's worked very successfully." A relative said, "The carers are very proactive in that respect and they get involved in making meals if they need to." Another relative had written, "[Name] had great difficulty eating and swallowing and the carers all enticed, cajoled and encouraged them to take tiny amount of diet with tact and kindness. I would highly recommend this service to anyone looking for care to help keep a loved one in their own home."

Is the service caring?

Our findings

People we spoke with who used the service told us care workers went over and above what was expected. For example, a live-in care worker had organised a birthday party, with the consent of the person's family, for someone who was living with dementia. The care worker had involved this person in the arrangements. We found that in 2016 this care worker had won a national care industry award, recognising the high standard of care they had provided, not only to this person, but all the people they supported.

Without exception people told us all staff were extremely kind and caring. One person said, "It's going very well, beyond my expectations" and "The carers give an excellent service, I'm very happy with them." A relative we spoke with told us, "The carers provide a high standard of care. [Name] likes them and so do we."

A health care professional told us, "The carers are very sincere and very good. They will not leave a stone unturned to provide the best care they can." They gave an example where the service requested and achieved additional funding for a person to enable them to receive more time from carers to support their recovery.

We observed two carers working together with a person who was living with dementia. They gently encouraged this person to sit with us when we arrived and helped to facilitate conversation in a way which included the person. This person soon relaxed and showed great trust in the care workers.

The service went the extra mile to ensure people remained independent whilst their care needs were met. For example, records showed how the service worked with a family who had arranged for their relative to use a global positioning tracker (GPS). This person was living with dementia and had become confused. The service contacted a relative when the person was not at home as arranged and a care worker stayed over until they were located. On another occasion, the service responded immediately this person had not a got off the bus at their usual stop. A carer found them and ensured they were safe.

The service demonstrated they were creative and determined to overcome obstacles to provide care that was sensitive to people's individual needs. The registered manager explained they visited a person living with dementia with a care worker, as they were reluctant to receive support. The care worker had taken age related memory cards to facilitate discussion. Once the person saw an old photograph of famous dancers they began to talk about their experiences as a ballroom dancer. They had then allowed care to be provided and trusting relationships were established.

People we spoke with said care workers were respectful of their privacy and dignity and were not rushed. One person said, "I haven't come across a carer I didn't want to come back and I am never rushed." A care worker said, "If the person is taking longer we are encouraged to stay longer and be flexible. A person may take longer, but it is so important they can do things for themselves." This showed that people's needs were met in a considered way which promoted trusting relationships.

We saw the service provided care worker profiles to people who required live-in carers. This meant the

person had a choice of who they thought would be suitable. A relative told us, "We've had four live-in carers so far, and they're really superb. They offer very different styles, one has a calm style of caring and the other is very energetic and enthusiastic. The service ensured people were supported by a regular team of care workers. A relative said, "The consistency and quality of the carers really stands out. It really is quite striking." This consistency meant that care workers knew people and how they preferred to be supported.

Care workers understood the importance of promoting people's independence. One care plan showed that a person needed full support with daily living, but they were still encouraged to undertake tasks they enjoyed doing such as simple household chores. For example, a care worker described how they involved a person living with dementia when preparing food by giving them easy tasks to complete. They told us, "I will ask the person to put the kettle on or rummage through the vegetables." Another said, "It is very important to offer choice and involve people. I ask what they would like, it is their life and I am a guest in their home."

We saw end of life care had been provided with skill and compassion. A care worker told us about how they had worked with a district nurse to support someone at the end of their life. The staff had practised how to move this person from one place to another in order to provide a consistent approach. The registered manager explained they had been able to provide additional support which facilitated the person's discharge from hospital and preventing admission to a nursing home. This person's family had written to the provider and expressed their appreciation of the 'outstanding care' which had allowed their relative to die with dignity within their own home.

Is the service responsive?

Our findings

People and relatives we spoke with told us they received a personalised service and had contributed during assessment, planning and review of their care. Each person was fully assessed and their preferences identified. One person told us, "My care plan is changed with me when I have a review." A relative said, "The carers are very good and keep me informed."

We looked at six care records. All were very personalised and showed how people wanted their care to be provided. For example, one person wanted their family involved in their care arrangements and this had been achieved. One record showed a person did not like their name to be shortened. A section entitled, 'Who am I' detailed people's life experiences and beliefs. Care plans contained details of who a person had agreed the staff could speak to if there were concerns. One relative we spoke with said, "They are very good and keep me informed and they are always very truthful. It's a long-distance relationship so I appreciate their clarity."

A care worker we spoke with said, "The care is given around the person. I know what is in their care plan, what they like. I will find out their interests and see what is going on in the area for them." Another care worker explained that a shy person they supported liked classical music. They told us, "We put music on during the visit. This really worked and took away their anxiety." The care worker brought this to the attention of other colleagues who visited. This meant the staff were being proactive and understood the needs of the people they supported.

During our inspection we saw age appropriate jigsaws, flash/memory cards and colouring books available for care workers to use with people they supported. The registered manager told us they had worked with an illustrator who produced resources to help stimulate memories and aid discussions for people living with dementia. One member of staff we spoke with explained how they prepared before supporting a person who had difficulties expressing themselves. They would take books with photographs to aid conversation. This showed us the service was innovative when meeting people's needs.

The service provided hourly or longer calls which were arranged when the person wanted them. The benefit of hourly calls enabled care workers to get to know the person they supported and ensured any changes to a person's needs were identified. Records we looked at showed additional visits had been provided when for example, health care professionals were visiting and the person being supported wanted the care worker to be present. One person we spoke with told us, "I have to have regular medical interventions and they're always happy to change things to fit with my other appointments. It's a very personable service." Another said, "A relative is getting married and someone is coming in on the day, to make sure I'm dressed and on another day, they're coming to get me showered instead of taking me shopping. They're working with me for the wedding."

The service focused on companionship and reducing social isolation. The manager had acted on a suggestion from a care worker through the staff suggestion scheme. The care worker had suggested weekly updates about local events or groups could be sent through to their individual computer accounts. This

enabled them to encourage and facilitate contact within the community. One person we spoke with said, "The best thing about the service is being taken out, the carers are very adaptable." Another said, "There is not a lot I want the carers to do, but it's company and I have somebody to talk to."

We looked at the complaints policy and the guide people received when support commenced. This described clearly how people could make a complaint. We looked at records which showed how a complaint had been thoroughly investigated. The complaint had been dealt with satisfactorily and the service had received a thank you card from the complainant for their efforts. This meant people could be reassured any complaints would be investigated and action taken.

Is the service well-led?

Our findings

A consistently high standard of care and support was provided to people who used the service and their relatives. One person told us, "I'm highly delighted with the service. They're very efficient and they check how things are going." Another said, "We always have an easy dialogue with the management and office, there's no problems there at all." A relative said, "I would recommend this service to anyone." A health care professional told us, "I struggle recommending care agencies, but am always happy to put Carefound's name forward."

A registered manager was 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.

The service was led by the registered manager who demonstrated they were passionate about caring for people in a way that promoted their independence and who looked at ways to improve the quality of their lives. They would undertake care support visits to ensure they understood people's needs so they could anticipate any difficulties that might arise for the staff. A care worker said, "I can pop in the office or phone and ask for guidance. The support I get is really good and they are a great company to work for."

We observed excellent leadership. The registered manager and the director of the company both had clear values and a vision for the service that focussed on people living within their own homes, leading healthy and active lives. The director told us they involved themselves with parts of the care worker's induction and were available at refresher training. They told us, "I want carers to be clear about our values" and "I will not stretch the service so that we can deliver care properly." Care workers said, "I am never going to be part of a massive team and we achieve for our clients. This is how caring should be" and, "The ethos of the company is about person centred care, but it is person centred for staff too." This meant the service promoted a positive culture and excellent team work.

The manager told us, "I would never ask a carer to do something I wouldn't do myself" and "I want to keep developing for the service." They provided us with documentation which showed they had joined a national workforce development organisation. This demonstrated their commitment to keep up to date with current legislation and consider development opportunities for the care workers.

All the staff we spoke with told us the service was well-led and that if they raised concerns action would be taken. One said, "The service is well-led, definitely. There is always somebody on the end of a phone, even at weekends." Another told us, "I can say what I am thinking and can be open and honest. The company will and do act and are on the ball."

We saw individual staff had received national awards for their high standards and commitment to people from the Great British Care Awards in 2016 and the provider had been named 'Team of the Month' in a local newspaper on hearing about their achievements. The provider presented their own 'Certificates of

Excellence' to care workers in appreciation of the high quality care provided. This demonstrated the service and individual care workers had a track record of providing excellent care.

Links with the local community were strong. For example, we saw newspaper article's which showed the provider and the staff had attended events to promote dementia awareness and linked with a local supermarket. The service had requested support from the local police when a person they supported had their key safe tampered with. The person was distressed so the service organised a joint visit with the police which reassured them. This demonstrated the provider recognised the importance of keeping up to date with good practice and learning from and working with partner agencies.

Minutes from staff meetings showed any concerns in people's changing health needs and additional support visits, or changes to care plan were highlighted.

The director had future plans to introduce technology to replace hand written documents with electronic versions with the aim of having immediate access to up to date information. They were developing ways to ensure live-in carers did not feel isolated in addition to the weekly visit they received from the care co-ordinator. For example, having regular face to face or on-line meetings. There were also plans to introduce a newsletter for the people they supported.

The provider had robust arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that can help to assess the safety and quality of a service, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager and director met on a monthly basis and we could see that they had analysed their data for example in relation to health outcomes for people, compliments and complaints

The director told us they were keen to identify themes and act on them to improve health outcomes for the people they supported. This had included the data in relation to falls or near misses. We saw an example where a person using the service had nearly fallen on three occasions. The provider had discovered through speaking with the person that they had not been taking their prescribed medication. The subsequent action taken had reduced the risk of increased falls for this person and demonstrated effective audit analysis had been undertaken.