

# Cairbairz Limited Leicester

## 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 

### Overall summary

We inspected Leicester on 23 and 24 March 2015. The inspection was unannounced which means that we did not tell the provider beforehand that we were coming to inspect the service. Leicester

provides personal care to people in their own homes.

This is the first inspection of the service.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People who received the service from Leicester said that they felt safe. Staff had received training on how to protect people who used the service from abuse or harm. They demonstrated they were aware of their role and responsibilities in keeping people as safe as possible.

Staff had not received medication training before they supplied medication to people so there was a risk this would not be properly supplied to people.

People who used the service had risk assessments to inform staff of how to manage and minimise risks to their health and welfare, though there was no evidence that one risk had been followed up and dealt with.

# Summary of findings

People told us that they felt that staff supported them to ensure that their healthcare needs were being met.

People who used the service had their dietary and nutritional needs assessed and planned for. People received a choice of what to eat and drink.

People who used the service and relatives told us they found staff to be caring, compassionate and respectful.

People who used the service were able to participate in discussions and decisions about the care and treatment provided. This also included sharing their views and experience of the service by reviews and questionnaires.

People who used the service had not always been asked to share information that was important to them about how they wished to have their needs met. This included information about social history and lifestyles.

The provider had quality monitoring procedures in place. However further monitoring was needed to ensure that all relevant issues were covered such as staff training and whether calls were always on time.

The registered manager enabled staff to share their views about how the service was provided though staff supervision but had not yet extended this to staff meetings.

The provider supported staff by an induction and on going support, training and development. However, training was not comprehensive to enable staff to be fully equipped to deal with all the needs that people had.

Staffing levels were sufficient to attend all calls though the registered manager was aware more staff were needed to ensure she did not need to attend calls as it took time away from office based duties.

Robust recruitment procedures were followed to ensure that only suitable staff were employed.

Not all staff had a good understanding of how to assess people's capacity to consent to the care provided to them.

Communication between office staff and people who used to service meant people received a swift response to any queries they had and were always informed if their care calls were going to be late.

Staff respected people's privacy and dignity and people told us that they were encouraged to be independent.

Quality assurance systems were in place though did not check all essential systems such as staff training.

# 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?

The service was safe overall.

People reported that they received care when they needed it with no missed calls. People had been contacted when staff had been late.

People told us they felt safe with staff from the agency. Staff had an understanding of safeguarding reporting procedures.

Recruitment procedures were followed to ensure that only suitable staff were employed.

People reported that they received safe care when they needed it.

Staff had not received medication training before they supplied medication to people so there was a risk this would not be properly supplied to people.

People who used the service had risk assessments to inform staff of how to manage and minimise risks to their health and welfare, though there was no evidence that one risk had been followed up and dealt with.

Good



### Is the service effective?

The service was effective overall.

People and one relative told us that they received care that met their needs.

The provision of training required some improvement to ensure staff were provided with up to date knowledge in order to meet people's needs.

Not all staff had a good understanding of how to assess people's capacity to consent to the care provided to them.

People told us that meals prepared by staff met their needs. They said they had a choice of food and drinks.

People told us that they received appropriate healthcare support.

Good



### Is the service caring?

The service was caring.

People and their relatives told us that staff were kind and caring and treated them with dignity and respected their choices.

People had been involved in decisions which related to their care. Care reviews had been undertaken for people.

Communication between the office and people who used the service was good.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Staff had a good understanding of people's preferences so that care and support was delivered in the ways they preferred.

No formal complaint had been investigated as they had not been any complaints made though people told us that any issues they had were quickly sorted out by the registered manager.

Staff had the most up-to-date information on people's needs as staff had read people's care plans.

## Is the service well-led?

The service was well led.

Peoples' views were sought about the quality of service provided.

Staff told us that they received good support from the management team.

People told us that staff listened and acted on comments or concerns raised.

The provider's quality assurance processes required improvement to cover all aspects of the service.

The provider's quality assurance processes were in place to check the quality and safety of service people received though we identified some shortfalls to check all systems such as staff training.

**Good**



# Leicester

## 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 inspection took place on 23 and 24 March 2015 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection, we reviewed the information we held about the service, which included one notification.

Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the local authority's contract monitoring team and asked them for their views about the service but they stated that no contract was in place between them and the service.

During our inspection we went to the office of the agency and spoke to the registered manager, three care staff members. We reviewed the care records of four people that used the service, reviewed the records for four staff and reviewed other records relating to the management of the service. After the office visit we undertook phone calls to five people that used the service and the relative of one person who used the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person said: “There is no doubt that I am safe with staff.” Another person said “Yes, I feel safe.”

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff told us they were aware of this policy to be able to keep people safe.

Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. A safeguarding concern had been raised last year. The registered manager had followed the correct procedure in relation to this concern. She informed us that any concerns regarding the safety of a person would be discussed with the local safeguarding team to try to protect people’s safety.

Some staff had to be prompted though did know of relevant agencies to report to if the registered manager had not acted on any concerns they raised. We looked at the whistleblowing procedure. This had not given contact details for relevant agencies for staff to report their concerns to. The registered manager said this information would be included in the procedure and staff informed about it. This would ensure people are protected from harm as soon as possible.

People told us that they had never had a missed call. We asked people whether anyone from the agency had contacted them to inform them of any delays. A person told us “They are never really late. I will get a call to tell me if there is a delay.”

The registered manager informed us there were no missed appointments. If staff were unable to attend a care call they informed the registered manager in advance and cover was arranged so that people received the support they required. This showed us that people would still be supported safely as staff would still be available.

The registered manager stated she covered calls if necessary though she recognised that time was taken away from undertaking necessary office based tasks whilst she was undertaking care calls. She said she was aiming to reduce her input on providing personal care so that the office organisation did not become less effective in providing safe support to people and staff.

People who needed assistance with their medication told us that they received it from staff at the times they needed it. Some staff had undertaken training on medication administration. However, this was not included in induction training so they had undertaken this task without training with the risk that people may not have been safely supplied with their medication. The registered manager stated this would be followed up. This will reduce the risk of staff not administering medication properly to people.

There was evidence that the registered manager had checked medication records to make sure they were up to date and accurate. The provider had a medication policy, which was available for staff to refer to safely provide people with their medication.

Assessments were undertaken to assess any safety risks to people using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. We saw in one record there had been no stair gate at the top of the stairs for one person who was at risk of potentially falling. However, there had been no indication that this had been followed up. The registered manager told us she was going to do this shortly to keep this person safe.

The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and beds.

Hoist training had been provided to staff from a recognised organisation. However, this training had only included the theory of how to safely transfer a person. There had been no practical training. The registered manager said it was her intention to make sure this training included both theory and practice and to check that staff were competent to do this. At present, this was not a safety issue for people receiving the service as no one needed to use a hoist at present.

People told us that they felt safe when staff used any equipment whilst undertaking their care.

Staff were aware of the reporting process for any accidents or incidents that occurred involving people who used the service.

## Is the service safe?

We saw that recruitment procedures and checks were undertaken before staff commenced employment. This protected people from receiving unsafe care from unsuitable staff.

Staff told us they attended an interview to assess their suitability to work for the agency. All staff were required to

complete an induction programme. New staff worked alongside an experienced staff member before they were able to work on their own. The registered manager said new staff would not be able to supply care to people on a one-to-one basis unless they were assessed as knowing how to do this effectively and safely.

# Is the service effective?

## Our findings

People told us that they felt that staff had sufficient skills and experience to support them. One person said; “I have no problem with the care I received. Staff know how to do everything for me.”

People were supported by staff who, overall, had the knowledge and skills required to meet their needs. The registered manager provided us with a programme of training that staff received to fully ensure they had knowledge and skills related to their roles and responsibilities. This showed that staff had received training on essential topics such as health and safety, infection control, food hygiene, safeguarding people, confidentiality and communication.

Staff spoken with said they had received required training. We saw that training had not included peoples’ specific health conditions. The registered manager stated she would follow up this issue. This will mean that staff will have a greater understanding of people's needs to provide more effective care.

Staff told us that they received supervision and spot checks from the registered manager. These processes gave staff an opportunity to discuss their performance, identify any further training they required and be monitored to see that personal care was provided to effectively meet peoples’ needs.

People said that staff sought their consent before they provided care to them. Staff told us they had received some training about the Mental Capacity Act (MCA) 2005. The MCA 2005 is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. They were able to describe how they would ensure people were in agreement with the support they were providing but were less sure of

the process if someone did not have the capacity to make an informed decision. At the time of our inspection no one using the service was deprived of their liberty. The manager stated that she would check that staff were aware of their legal responsibilities under this legislation when they encountered this issue.

The manager told us that if they had any concerns regarding a person’s ability to make decisions about their care, they would work with the local authority to ensure appropriate capacity assessments were undertaken.

All of the people we spoke with who needed assistance with eating and drinking said they were happy with the support they received. One person said: “staff give me a choice about what I want to eat and drink.”

We spoke with two staff members who confirmed they supported people with their meals and that they had received training in food safety to be able to carry this out safely and effectively.

People using the service and their relatives told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. Staff told us if needed they liaised with health professionals if peoples’ health or support needs changed to make sure people received effective health care.

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health.

The registered manager told us that she tried to match staff with people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. The registered manager stated she would look to encouraging staff to learn some essential phrases of the person's first language so that there could be some effective communication with the person.



# Is the service caring?

## Our findings

All of the people we spoke with told us that staff were very caring. They told us that staff provided care at their pace and that they did not feel rushed. One person told us; “The carers could not be better. They are all first-class.”

People using the service told us they were involved in developing their care and support plans and were involved in decisions about how their care was to be carried out. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was not available in the information guide supplied to people who used the service. The registered manager said she would include this in the information supplied to people.

People told us that the registered manager had visited them to review their care needs. This meant that care supplied by staff was always relevant to people's needs.

People told us that they thought that communication from the agency's office was good. Staff members told us that the registered manager informed them if call times had been changed.

All of the people we spoke with told us that staff supported them with their privacy, dignity and confidentiality. One person told us that staff, “Always protected my dignity.”

Staff were respectful of people's privacy and maintained their dignity. Staff told us they promoted people's privacy whilst they undertook aspects of personal care, for example, by covering exposed areas whilst helping to wash people. They gave us examples of respecting people's rights. For example, closing curtains and doors before supplying personal care. We saw that these issues had also been included in information about people. For example, asking a person where she wanted to go when going on trips out, asking a person what name they preferred to be called by. Also, staff respected the wishes of a person to have their bathroom window open after having her shower. And always asking people what they wanted.

# Is the service responsive?

## Our findings

People told us that they had not needed to raise any concerns about the service. One person told us “If I have an issue staff will put it right immediately.”

People told us that the manager responded quickly and appropriately to any issues brought to her attention.

People using the service and a relative told us they were aware of the provider’s complaint procedure.

We looked at complaints records. This confirmed what people told us in that there had been no complaints since the service was registered.

People who used the service told us that they were given contact details for the office and who to call out of hours so they always had access to senior staff if they had any concerns.

People or their relatives told us people were given choice and control so that they received care and support to meet their individual needs and preferences. One person said; “if I ask staff to do anything they will do it for me.”

People we spoke with told us that they were happy with the gender of their carers. From reviewing people’s plans of care we saw that people had a choice in this matter.

Staff spoken with were knowledgeable about the people they supported. They were aware of peoples’ preferences, as well as their health and support needs, which enabled them to provide a personalised service.

Assessments had been undertaken by the registered manager to identify people’s support needs and care plans were developed outlining how these needs were to be met.

People were encouraged to maintain their independence and undertake their own personal care. One person said; “I do the things I can. There is no problem with this.” Staff described to us examples of where they prompted people to undertake certain tasks rather than doing it for them.

# Is the service well-led?

## Our findings

People said they had received satisfaction questionnaires about the service to complete. This meant that they had been provided with an opportunity to express their views about the service provided. Everyone stated that they were highly satisfied with the care provided by the agency. One person said; "The carers could not be better. They are all first-class."

The registered manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received. She undertook 'spot checks' to peoples' homes to monitor the quality of the service provided by staff.

We saw evidence of the provider undertaking checks of systems in place to ensure they were working effectively. For example, reviews of people care, checks of daily records and medication records to ensure that staff supplied proper care to people. However, further improvement of the quality monitoring system was needed, for example to ensure that audits of staff training and staff recruitment records to ensure staff had all the training they needed to supply good care to people and that only properly checked staff were supplying care to people to ensure their safety.

A registered manager was in post. Staff stated that they received good support from the registered manager via phone calls and supervisions. No staff meetings had been held to discuss relevant issues of the running of the agency. The registered manager said she was looking to implement

these. This would then give more support to staff and give staff and opportunity to discuss relevant issues, and air their views and suggestions about the running of the service.

Staff told us that the registered manager was available if they had any concerns. One staff member told us, "The manager is really good. She is always supportive and we can contact her at any time." Staff all said the registered manager was approachable and kept them informed of any changes to the service provided.

The relative we spoke with said they had a positive response when they contacted the registered manager. This relative told us; "The manager is very caring. She makes sure everything is alright."

People using the service expressed positive views about the registered manager. One person said; "The manager is always there if you need her."

We saw that staff supervision took place. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. They were able to raise any concerns they had about the person they were supporting or any other aspects of service delivery.

Prior to this inspection we checked that the registered manager had sent us notifications of any relevant incidents and issues, as required by law.

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.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.