Carepride Limited

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## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

This inspection started on 9 December 2016 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The service was last inspected in June 2014 and at that time there were no breaches of regulations.
At the time of this inspection the service was providing the regulated activity of personal care to 45 people who lived in their own homes. The service was provided to younger adults and older people.

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.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.
Staff were very motivated and proud of the service. They were fully supported by the registered manager and a programme of training and supervision enabled them to provide a good quality service to people.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People had positive relationships with their care workers and were confident in the service. There was a good emphasis on key principles of care such as compassion, respect and dignity and promoting independent. People who used the service felt they were treated with kindness.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The provider and registered manager were committed to continuous improvement. The registered manager demonstrated good values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

## 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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Staff took measures to protect people from infection.

### Is the service effective?

Good

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where necessary people were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

### Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing care that was kind, respectful, and dignified.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were pleased with the consistency of their care staff and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with kindness and respect and often went above and beyond their roles. Staff built meaningful relationships with people who used the service.

## Is the service responsive?

Good

The service was responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

## Is the service well-led?

Good

The service was well led

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

There was strong emphasis on continual improvement and best practice which benefited people and staff.

There were good systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

# Carepride 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The service re-registered at a new location in December 2015 and this was their first inspection.

One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with three people who use the service and three staff members. We spent time with the provider, registered manager and coordinator. We looked at three people's care records, together with other records relating to their care and the running of the service. This included the employment records of four staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports.

Good

# Is the service safe?

## Our findings

The service was safe. People we spoke with told us they felt safe with the staff who supported them. Comments included, "I am in safe hands, they have never said or done anything bad, they are all very kind" and, "There are a lot of things staff need to know about my healthcare needs to ensure I am safe, they do this very well and are knowledgeable about what signs to look for".

Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended by staff to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and, duty of care, to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff knew how to keep people safe and were aware of their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and, what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause of accidents or incidents.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks arising from the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility. Information was provided to care workers about how to support them when moving around their home and, transferring in and out of chairs and their bed. Some people required two staff to assist with their care and support. People and staff confirmed this was managed well by the coordinators. Staff did not perform any moving and handling on their own and always waited until their colleague had arrived for any joint visits.

People confirmed that staff were on time and they were contacted if there were any delays. One person told us, "It doesn't happen very often but staff can be late, I appreciate a call when this happens". Staff were deployed effectively to meet people's care and support needs. Staff rotas were well managed and planned in advance using a computer software package. This system automatically populated regular visits, and highlighted where gaps in the rota needed filling. Travel time was scheduled in for staff to get from one visit to another. The service covered a fairly small area so staff could travel between visits easily and maintain their punctuality. Staff confirmed they were allocated sufficient travel time. Comments from staff included, "The office staff co-ordinate this very well and relieves the pressure" and, "Clients are very understanding if we are a few minutes late, keeping them informed relieves any anxiety".

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on at least three occasions or until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Staff had received training and guidance on safe hygiene and infection control procedures. Staff were provided with protective equipment such as disposable gloves and aprons. Spot checks were conducted to ensure staff were wearing the correct uniform. Long nails, nail varnish and unsuitable jewellery were not allowed. This was not only because they could cause injury to people but because long nails and items of jewellery could harbour germs.

Good

# Is the service effective?

## Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Staff confirmed that the induction and subsequent training they received was effective. The induction programme consisted of 15 modules to be completed within three months and, was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. As part of the induction process new staff shadowed experienced staff and did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. One staff member told us, "Everyone is helping me to progress in NVQ level 3, they are very good and my knowledge is expanding". In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care and managing epilepsy. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. A new training resource provider had been introduced and staff were enjoying the courses. One staff member told us, "I'm enjoying the training; I was surprised that I have learnt some new things in refresher courses particularly around changes in law and legislation".

The service had a small, steadfast group of staff. They felt supported on a daily basis by the provider, registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. Spot checks were conducted to ensure best practice was being followed and in people's best interests. One member of staff told us, "Spot checks and observed practice are important to keep us refreshed on what we should be doing".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. They had a simple visual aid to refer to which explained the five principles of the MCA. One staff member told us it was, 'very helpful and staff talked about it at meetings to refresh their understanding'. Staff understood how to implement this should someone not have capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care

plan.  Staff reported any concerns they had about a person's food and drink intake to the registered manager.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Good

# Is the service caring?

## Our findings

Carepride provided a very caring service. People who spoke with us told us, "I really love them all, I would miss them if they didn't come to see me anymore", "They are so lovely and look after me very well" and, "I have no complaints I appreciate their visits and they are always happy in what they do". We read some written compliments the service had received they included, "Thank you so much for looking after mum, your kindness and patience was much appreciated" and, "A big thank you to all the staff for the lovely care you have given me since I have been home, I feel a little better because of all your help".

Staff morale was very positive and they were enthusiastic about the service they provided. We asked them what they were particularly proud of and what went well. Comments included, "I love my job and wouldn't change it for the world", "We provide care and support that's person centred, its important people feel their wishes are respected" and "Every day I feel like I make a difference".

Positive, caring relationships had been developed with people and their families. When the care package started people were introduced to the staff who would be visiting them. Continuity of staff to individuals was an important asset to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. Following a recent survey carried out in December 2016 it was identified that this could be further enhanced. The service has plans to develop a key working system to make sure there is improved continuity in the care they provide. Feedback received from people was that they would like to see a regular person as much as possible. The registered manager felt having a key worker system, a core group of staff attending to people would help to provide a more responsive service.

Staff were flexible and responsive to meeting people's needs. One person who had a long term chronic condition was fortunate to have a very busy social life and enjoyed visiting friends and family whenever possible. The service provided care and support four times a day which often meant that call times had to be moved to fit in with the person's social life. The care staff were always happy to do this, often at short notice.

The registered manager and staff shared with us various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. They demonstrated a positive commitment to people and would always go that extra mile in order to ensure they felt valued. We heard some heart-warming accounts where the service had improved lives for people. It was evident that staff had shown patience, understanding and true commitment to sensitive issues and previous lifestyles that people were living. They had worked together as a team with people and their families to build up relationships based on trust and confidence. For the purpose of the report we are sharing some examples of stories where staff had made a significant difference to people's lives and their loved ones.

The registered manager told us about one person who used the service and how they had been supporting them. When they first met with the person they were living in a 'rundown flat, there was mould on the walls, a sofa needed to be condemned, and there was no bedding. The flat had not been cleaned for some time. Following the initial assessment they arranged for additional funding and a full deep clean was provided by

the registered manager and a care staff member. Carepride personally provided funds for a new duvet, pillows, duvet cover and pillow cases. Funding these items was not a requirement of the service. In addition they arranged for the local authority to visit treat the damp and redecorate their lounge. There had been some difficulties with the person being able to access their benefits and in the interim Carepride supported them financially. Other acts of kindness included providing a large stock of food, sourcing a new suite of furniture and filing and organising personal paper work. The registered manager told us about the positive impact this had on the person's outlook on life and how this had changed considerably. The person had stopped drinking alcohol, and was back in contact with their family. They had also enjoyed being back in the community and had made friends.

Another example where staff had shown acts of kindness included those shown to a person who was moving house. They didn't have anyone available to help pack and move their belongings. Carepride's coordinators arranged for four carers to assist with the move and help pack. As a farewell gesture they all had a fish and chip supper to say goodbye. The family were extremely grateful to all the staff and thanked them with cakes and sweets.

The registered manager told us about, 'The little things that go a long way'. The 'little things' were acts of kindness that were conducted outside of their allocated/funded visits. One person was going to a birthday party and staff had arranged for a mobile hairdresser to visit them and style their hair. The registered manager said, "This person always likes to look their best". Another person was celebrating a special birthday but had no family or friends. The staff arranged for them to go out and have a meal to celebrate the event and they decorated their home in banners and balloons. On Christmas day, Carepride provided everyone with a Christmas dinner if they were alone. One person who used the service had a neighbour whose house had caught on fire and the family lost all their belongings. Carepride started a collection for the family, including clothes, toys and other items.

The service supported people when receiving end of life care. Staff often received heartfelt thanks from relatives following the death of their loved ones. One person recently wrote to the registered manager and said, "We would like to say thank you to you and all the carers that helped look after X during her illness, with a special thank you to two care staff who made her laugh each morning, it cheered her up no end".

Staff told us about how they supported the 'whole family' when providing care and support to an individual, particularly those living with the client. They had built positive relationships based on trust and mutual respect. This helped to support sensitive, emotional situations when people were receiving end of life care. Bonds were built between staff, spouses and family members and staff genuinely cared about them all. One staff member told us about how they had recently supported a wife whose husband was receiving end of life care. They explained how they often beyond the allocated time in order to provide emotional support to the wife who was understandably very upset and needing comfort. They also did everything they could to relieve any other pressures for example co-ordinating and liaising with other health professionals involved in the end of life care for the gentleman. Staff also provided a sitting service so loved ones could have some time for themselves, they also found people would call the office just to 'talk to someone and tell them how they were feeling'.

Good

# Is the service responsive?

## Our findings

The service was responsive. People told us they were happy with the care and support they received. They confirmed that the registered manager completed a thorough assessment when they were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met. One person told us, "The process was straight forward and they came to the house to see what we needed, there were lots of questions and they were very thorough and helpful".

Staff developed care plans detailing how people wanted to be supported. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and outlined personal preferences, likes and dislikes. They provided staff with step by step guidance about what to do each visit, the person's preferred daily routines and what level of assistance was required. People told us about their experiences when staff visited. Comments included, "I still remain as independent as possible, but the support is helpful and reassuring" and, "They all do everything I need and are so willing to help with anything I ask".

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes. Records provided staff with a good level of detail about health conditions, for example, heart failure, rheumatoid arthritis. The information described what to look out for if these illnesses became worse or 'flared up', for example increased breathlessness, ankle swelling, swollen joints and pain.

Staff used a telephone monitoring system to log in when they arrived at each visit, and again before they left. This helped ensure staff stayed for the allocated, funded time. Staff consistently told us they had enough time to complete their support without rushing. Staff shared with us examples where it had been identified there was not enough time to meet people's needs and this had been responded to and actioned. On other occasions, especially where people's health and well-being had improved, allocated funded time had been too long. In both scenarios the registered manager had taken the appropriate action and additional time had either been allocated or reduced.

The service had received no formal complaints in the last 12 months. The service had a complaints and comments policy in place and this was shared with people and families when they started using the service. Everyone was reminded of the complaints procedure at reviews. People told us they felt confident to express their views and could always talk to a staff member if they had any problems. Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

# Is the service well-led?

## Our findings

The service was well led. People and staff told us the registered manager and senior staff were 'supportive and good at what they do'. One person told us, "They are all very attentive and make sure I am happy with everything". Staff comments were positive and included, "I trust the manager, if I need any advice she always has the answer", "The manager is easy to talk to and puts service users' needs first", "Everything runs smoothly, thanks to the manager and coordinators" and, "Communication is key, they are very good at communicating. I also feel a valued member of the team and that helps morale and wanting to be a good carer".

The registered manager had a gentle, kind, calm demeanour. This was reflected in how she ran the service. She was proud of the services' achievements to date. They had slowly built a small staff team with a clear management structure. They told us they were all feeling 'settled and grounded and excited about moving the service forward'. They were proud of the service and wanted it to be a positive experience and place for everyone. As a team they had considered the Key Lines of Enquiry which CQC inspect against and how they will plan for the future to improve and further enhance current good practice they were achieving.

Plans for the future were to further enhance the existing personalised approach to care. They had a clear view on how this would be achieved through Dementia Care Mapping (DCM) and the implications for people and staff. DCM is an established approach to achieving and embedding person-centered care for people with dementia and is recognised by the National Institute for Health and Clinical Excellence. The manager had recently completed the course at the University of Bradford.

The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities in order to further enhance the service they provided. Staff members had taken individual lead roles and become champions (experts) in dignity and dementia. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and delivered learning sets for staff about these particular subjects.

The service monitored and assessed the quality of service provided by giving people and their relative's surveys to complete every year. These had just started to be returned. Written feedback from the surveys was positive about the services provided and all staff. Comments included, "My carer is truly dedicated to her role, she is excellent", "Staff are kind and friendly" and "I have a good carer, I am very satisfied with the way she cares for me".

To ensure the service keeps up to date with relevant changes relating to good practice, the manager attended regular forums with other registered managers. They ensured they had effective working relationships with outside agencies such as the local authorities (South Gloucestershire Council and Bristol City Council), district nursing teams, GP practices, the safeguarding and DoLs team and CQC. Carepride also signed up to email alerts from different organisations, CQC, HSE and skills for care.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the service provided. Regular audits were carried out including health and safety, environmental factors, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed identifying improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.