

Care Your Way Limited

# Care Your Way (Burgess Hill)

## 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

The inspection took place on the 13 January 2015 and was announced. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available

Care Your Way provides personal care services to people in their own homes. At the time of our inspection 92 people were receiving a personal care service.

The service had 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 2008 and associated Regulations about how the service is run.

People told us they felt safe in their own homes. We saw the service had enough skilled and experienced staff to ensure people were safe and cared for.

The experiences of people were positive. People told us they staff were kind and compassionate and the care they received was good.

Where needed staff supported people to eat and drink. This included preparing meals and snacks. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and

# Summary of findings

treatment. Links with healthcare professionals were developed and maintained; healthcare professionals stated the staff followed their advice and delivered care according to their instructions.

We found care plans were not always consistent. In some areas of a care plan we found the information not to have enough detail. The registered manager told us they were working on the care plans to ensure they were detailed enough to meet people's needs and consistent on quality.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff required

further training so they could observe the key principles in their day to day work. Staff confirmed they would check with people to ensure they consented to care tasks before they proceeded.

Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake a qualification in health and social care as part of on going support and development, which some had done.

Staff meetings took place which provided an opportunity for staff to feedback on the quality of the service. Staff told us they liked having regular meetings and felt them to be beneficial. Feedback was sought from the manager via surveys which were sent out to people and staff.

# 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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



### Is the service effective?

The service was effective.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment. The provider was in the process of updating their MCA policy to train to all staff.

Good



### Is the service caring?

The service was caring.

People who used the service told us they felt the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

Staff were respectful of people's privacy and dignity.

Good



### Is the service responsive?

The service was not consistently responsive.

Requires Improvement



# Summary of findings

Assessments were undertaken and care plans developed to identify people's health and support needs. These documents were not always consistent with enough detail.

Staff felt they did not always have enough travel time in between visits to people in their homes. We were told they were looking into ensuring staff had sufficient time to travel in between calls and reworking the staff rotas.

People who used the service and their relatives felt the staff and manager were approachable and there were regular opportunities to feedback about the service.

## Is the service well-led?

The service was well-led.

There was a positive and open working atmosphere at the service. People, staff, relatives and professionals all said they found the management team approachable and professional.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The service had detailed quality assurance and audit processes in place to monitor the quality of the service and make improvements where necessary.

Good



# Care Your Way (Burgess Hill)

## 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.

The inspection took place on the 13 January 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A

notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with twenty people including relatives, six care staff, one co-ordinator, the registered manager and the operations director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, audits and incident reports and records relating to the management of the service.

After the inspection we spoke with two health care professionals who worked with the service regularly to gain their feedback and consented to have the feedback included in the report.

The service was registered in October 2013 and has not been inspected since this date.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person said “I feel very safe with the service, I can’t find fault with my carers”. Another person told us “The carers make me feel safe and usually on time and friendly”.

One health professional said “I feel that the care agency are good at flagging up where our input is needed and also with working jointly with ourselves so that we can ensure that solutions are workable, safe and meet the customer’s needs”.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

We saw safe recruitment procedures were in place to ensure staff were suitable for the role. This included the required checks of criminal records, work history and references to assess their suitability to deliver care.

Staff were knowledgeable in recognising the signs of abuse and the related reporting procedures. Any concerns about the safety or welfare of a person were reported to the registered manager who assessed the concerns and reported them to the local authority’s safeguarding team as required. Staff were knowledgeable about safeguarding and one member of staff told us “We do safeguarding training annually and feel confident something would always be followed up”. This ensured that staff had the skills to recognise abuse and knew how to respond appropriately.

The provider told us they held a safeguarding board meeting each month. This is where any safeguarding

concerns or incidents would be discussed and any actions or recommendations put in place. We looked at the last two minutes of these meetings which detailed and recorded what action was taken.

Staff took appropriate action following accidents and incidents to ensure people’s safety and this was recorded in the accident and incident book. We saw evidence of these but also found that some had not always been followed up with enough detail which could have an impact on people’s safety. We spoke with the manager about this and was told that they were working on improving the recording of information.

There was a system in place to identify risks and protect people from harm. Risk assessments were in place in people’s care plans for areas such as moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place for staff to follow. These provided information on how to keep people safe and support independence.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people’s homes and the process they would undertake. Staff received a detailed medication competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication.

People had a medication assessment in their care plans. We found that people who chose to self-medicate had not been assessed fully and details had not been recorded on their care plan. This could have an impact on a person’s health and well-being if not monitored regularly. We spoke with the manager who told us they would address this issue and undertake assessments on people where needed.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the care and support they received. For example one relative told us “Care staff are well matched with people and very friendly”. People said care staff listened to them and respected their choices. One person said “This is a wonderful agency with high standards and they always seek permission to do care tasks for me”.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. This meant people were cared for by skilled staff to meet their care needs. We were told the service offers the NVQ (national vocational qualification) in care to its staff. We were shown an action plan of additional and updated training the provider was working on for all staff, which included end of life and palliative care and dementia awareness.

Staff were aware and had received basic training in the Mental Capacity Act (MCA) 2005. One member of staff told us “In safeguard training we covered mental capacity and keeping people safe”. The provider was in the process of updating their MCA policy at the time of our inspection to reflect any updates and changes so the staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. We were shown an action plan that confirmed the training was being planned for the staff to attend.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at

mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One member of staff told us “I always ensure they have what they want and leave drinks and snacks out for them before I leave, we record what has been eaten and fluid intake, if we have concerns we report back to the office and a GP would be called”.

Staff had regular supervisions throughout the year and an annual appraisal which gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. One member of staff said “Any issues I have are heard and responded to, our manager understands the challenges we may face”. Another staff member told us “There is always someone on the end of the phone to help us and would recommend working for Care Your Way to my friends and family”.

We were told by the manager that she carried out unannounced spot checks on the staff. This was to ensure that the quality of care being delivered was in line with best practice. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, 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.

# Is the service caring?

## Our findings

People who used the service were happy with the staff and felt they got on well with them. One told us "My carer is skilled and well matched". People received care, as much as possible, from the same care worker. Another told us, "I can't fault my two carers usually the same ones, we get on so well, I look forward to the coming".

Relatives we spoke with told us they were happy with the service and thought the staff were caring. One said "I have already recommended the service to several people, the carers really care".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. Staff all spoke on how they promoted people's independence. One member of staff told us "I always ask if they would like me to do something or if they want to have a go themselves, I

encourage a person I visit to dress themselves and assist when needed". Another person told us "I have a lady with language difficulties so I take my time to listen to her and always confirm I know what she is saying to me".

All staff we spoke with told us they felt they had enough time to carry out people's care needs on each visit. One person told us "This is so much better being in my own home with these kind and willing care staff. We like each other and they always explain if they might be late and stay the full time".

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the service users guide given to people who used the service.

People were involved in making decisions about their care. People told us they were aware of their care plans and had input into them. We saw evidence that care and support plans were personalised to the individual to facilitate individualised care.



# Is the service responsive?

## Our findings

One person said, “If I had any concerns I would raise them with the service who are helpful and friendly”. A relative said “The service matches the care staff well, they are supportive and the care plans are always checked”.

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

One health professional told us “I have found that communication has been good with this care agency and they are responsive to our requests to be involved in any assessment or follow up visit needed.

Assessments were undertaken to identify people’s support needs and care plans were developed, with people’s input, outlining how these needs were to be met. We looked at nine care plans and found the details recorded were not consistent. In some places, the information contained in the care plan was not detailed enough for a care worker to understand and respond to the person’s needs. In one care plan we saw care needs just recorded as a list and no further detail for care staff on how to undertake the task. We discussed this with the registered manager who told us she was working on the care plans to ensure they were detailed enough to meet people’s needs and consistent on quality. The lack of details had minimal impact on people due to receiving care from regular care staff who understand their care needs.

Care plans were planned to be reviewed annually or if a person’s care needs changed. Reviews involved people, their family members and health care professionals if required. We were shown an action plan to carry out the reviews and five were overdue. The manager told us they were working on their completion.

People’s background and likes and dislikes were recorded in the care plans. This enabled care staff to understand a person and care for them. One staff member told us “We always offer choice and talk to people about what they want and how they would like to be cared for”. Another member of staff told us “Person centred care is about getting to know a person and getting into their rhythm to understand how they want their day to go”.

Care staff told us they felt they did not always have enough travel time in between visits to people. One person told us, “If I finish a call to a person early then I check if they are happy for me to go onto my next call”. We spoke with the staff member who completed the staff rotas and discussed this with them. They told us they were looking into ensuring staff had sufficient time to travel in between calls and reworking the staff rotas.

We saw records of compliments and complaints. The service had a complaints policy which they worked to. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed. This enabled the service to learn from the complaints they received. A compliment from a person read “I am sincerely thankful for the carers Sterling work”.

# Is the service well-led?

## Our findings

There was a registered manager at the agency. The manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and obtain feedback from the person using the service.

An annual survey was completed by people who used the service or their relatives. This enabled the service to hear people's opinions and look at ways they could improve the service. The surveys were analysed and any action plans put in place for improvements needed.

Staff felt there was an open and transparent culture at the service. They received regular support and advice from their manager via phone calls and meetings in the office. Staff said they felt the manager was always available if they had any concerns or needed any assistance. They told us, "I feel any issues are heard and responded to when needed". Another staff member told us "We have a very good management team who listen, I feel confident in the company structure". They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

An internal quality audit on the service was completed every three months by a member of the management team. This audit was detailed and covered areas such as compliments and complaints, care plans, records and staff training to identify any issues. The manager received a copy of the audit and an action plan on areas that needed to be addressed. The manager attended a managers meeting every two months which gave an opportunity to discuss any issues or problems they may have and share ideas with their colleagues on ways to improve the service.

The service sent in quarterly quality audits for the local authority to analyse. The local authority recommended improvements to help drive quality for the service. These audits focused on areas including staff training, supervisions, appraisals and spot checks on staff. We looked at the last audit and there were some minor recommendations made for the service which they were working on.

We spoke with the manager who told us "We always give the people choices and meet their needs the best we can. There are areas of quality monitoring that needs improvement which we are working on". We were also told they were increasing staff in the office to assist with the areas that needed improvement.