

Caretakers (SW) Limited

Caretakers SW Limited

Inspection report

Suites 1-3
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06 June 2019

10 June 2019

11 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Caretakers SW Limited is a domiciliary care agency that was providing personal care to people in their homes in Paignton and Torquay. At the time of our inspection 96 people were using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Personal care is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

People's experience of using this service and what we found

Since the previous inspection, the service had made improvements to record keeping and travel time between visits.

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed. There were enough staff to complete planned visits.

People's needs were met by staff who had received regular training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care from staff who knew them well. People were treated with kindness and compassion by staff. People were involved in making decisions about their care and supported to maintain their independence. Care plans contained up-to-date information about each person's needs and preferences.

People and their relatives were asked for their views about the service. The most recent feedback results showed that people were happy with the service they were receiving.

There were effective quality assurance and governance systems in place to assess, monitor and improve the quality and safety of the service.

The registered manager was committed to improving care where possible and had developed effective working relationships with other professionals and agencies. The service had been nominated for The Outstanding Care Awards for Devon and Cornwall 2019 in the categories of 'domiciliary provider of the year'.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 19 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We received some concerns before the inspection relating to staffing, staff training, and people's needs not being met. We examined these risks as part of the inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective, and Responsive sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Caretakers SW Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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 care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 June 2019 and ended on 11 June 2019. We visited the office location on 4 June 2019. We carried out phone calls to people and their relatives on 10 and 11 June 2019. We carried out home visits to people on 6 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with 17 people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, team leader, care workers, and training consultant.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We sought feedback from the local authority and professionals who work with the service. We received feedback from three professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found assessments did not always contain enough information for staff to minimise risks to people. The provider had made improvements.

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- When a moving and handling procedure was identified as unsafe, the registered manager contacted an occupational therapist. Further assessment was carried out to ensure the person and staffs' safety.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

At our last inspection staff told us they did not have enough travel time between visits. The provider had made improvements.

- Staff told us they had enough time at visits and travel time between visits.
- There were enough staff to complete the planned visits. There had been no missed visits and people told us staff were usually on time.
- The service was responsive to people and relatives changing their visits at short notice, where possible. Calls could be cancelled on request.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home. One person said, "I feel incredibly safe."
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was done safely.
- People received their calls at the right time to ensure medicines were given at the correct intervals.

- The registered manager carried out observations of staff administering medicines to ensure safe practice.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care. For example, gloves and aprons.

Learning lessons when things go wrong

- When an incident occurred, the provider wanted to ensure staff felt able to raise concerns. In addition to being able to speak with management, staff were able to raise concerns anonymously via the provider's secure website.
- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Accidents and incidents were regularly reviewed to consider possible trends or themes.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- The provider employed a training consultant who was available at the office one day a week. The service manager and team leader were qualified to train and assess staff for moving and handling. One person said, "They have to hoist me and they seem experienced and well trained to help me." A health professional told us staff "adopted a safe approach to manual handling and it was clear they had relevant training."
- Staff completed face to face training and had access to a range of information and videos on the provider's website. New staff completed the Care Certificate and a diploma in health and social care.
- People told us staff knew how to meet their needs and understood their medical conditions. Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said, "I've done lots of training and we get to take away a booklet to refer to." When new staff started work, they shadowed more experienced staff to learn about people's needs.
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role. They said the management team were always there to give help and support if needed.

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to eat and drink enough to maintain a balanced diet.
- Staff listened to people's requests and prepared what they would like to eat or drink. Staff knew people's food and drink preferences. For example, when we arrived at one person's home they had turned the cooker on remotely. When staff arrived it had warmed up, and the staff member cooked scampi and chips for them.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary. Staff were able to fill in a form via the provider's website if they had any concerns about people's health. This meant information could be acted on quickly.
- Staff worked with other healthcare professionals such as occupational therapists and district nurses to ensure people received appropriate care. Healthcare professionals told us staff were open for discussion

and followed agreed actions when changes were needed.

- Staff completed detailed records at care visits to ensure care remained consistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

- Staff were aware of the MCA and knew to always ask for people's consent.
- Each person who used the service had capacity to make decisions. If staff identified that a person may lack capacity to make decisions, an assessment was carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion by staff. People said, "They're all lovely people. They can't do enough for you" and, "I don't know what I'd do without them."
- Staff spoke about people with compassion and told us they enjoyed their work.
- People had continuity in the staff who visited them and staff knew people well. One person was full of praise for their regular care staff and said "She helps me in the shower and puts the tumble dryer on to warm the towel for me when I come out. It's lovely." Another person said, "I am very fond of my carers."
- People's cultural and spiritual needs were respected. Staff had completed training in equality and diversity. People were able to express their gender preference for staff and told us this was respected.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views. The provider information return stated, "At all times service users and significant others are involved in all changes of care that is needed."
- People told us they had met with staff at the start of the service to arrange their care plan and routine.
- People were given choices during their visits. For example, what they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person said, "They respect me; I respect them – like a family."
- Responses to the most recent provider survey confirmed staff treated them with dignity, respect and understanding.
- Staff were aware of each person's ability to carry out daily living activities and encouraged people to do as much as they could for themselves. People told us staff respected their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to keep accurate records relating to people's needs. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People told us they received personalised care that was responsive to their needs. A new care plan format had been introduced. Care plans contained personalised information, people's preferences, and detailed daily routines. Staff were able to explain the support each person needed and what was important to them.
- Care plans were in people's homes. People confirmed care plans were reviewed regularly.
- The provider had recently employed a welfare champion who was working with people to understand what was important to them. They were also able to respond to any concerns raised by staff. For example, staff identified one person was confused. The welfare champion visited and found the person was in pain. As a result, the person was referred to health professionals and received treatment for an infection.
- Staff understood their role in reducing the risk of social isolation for people. People enjoyed their time with staff. The welfare champion told us part of their role was to promote wellbeing. They were able to support people to find activities if they wanted to follow their interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals. For example, one person used pen and paper to communicate as their speech was hard to understand due to having a stroke.
- One person who was blind told us staff always placed items so they could find them. Staff offered to post their audio book so they would receive another one.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. People told us they were happy and hadn't needed to complain. One person said, "I can't find any faults."
- Where a complaint had been received, this had been investigated and responded to appropriately.
- People felt confident the registered manager would act to address any concerns.

End of life care and support

- The service was not providing end of life care at the time of the inspection.
- The registered manager told us they would provide end of life care if a person deteriorated whilst using the service. They would work with other professionals to ensure the person's needs and wishes were met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's audits had not identified the issues we found. The provider had made improvements.

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.
- The registered manager was supported by senior care staff and care staff. Each staff member knew their responsibilities and there were clear lines of accountability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to providing high quality care for people. They worked alongside staff and led by example. They had a good understanding of people's needs, likes and preferences.
- People, staff and healthcare professionals told us the service was well managed. When speaking about the registered manager, a relative said "The manager; she won't let you down. They're on the ball." One person said, "It's the best company I've had." A healthcare professional told us "I have been very satisfied with the communication I have had from the manager." Staff told us they felt listened to and enjoyed working at the service. Comments from staff included, "It's such a good company" and "You only have to pick the phone up if you need to."
- The service had been nominated for The Outstanding Care Awards for Devon and Cornwall 2019 in the category of Domiciliary provider of the year. They had reached the semi-finals.
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were asked for their views about the service via visits, phone calls and surveys. The most recent feedback results showed that people were happy with the service they were receiving. Comments included, "I rate the service as excellent" and "Very satisfied with the help and support offered."
- Staff felt able to contribute their thoughts and experiences. Newsletters were also used to communicate updates in best practice.

Continuous learning and improving care

- The registered manager was committed to improving care where possible. They kept up-to-date with national developments in the care sector.
- The registered manager attended the local manager's network with other care professionals to improve information sharing and knowledge.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care.
- The service held a coffee morning once a month for people who used the service and local organisations. There were talks in relation to medical conditions and how people could access further support.
- The registered manager was working with the local trust and another provider to pilot self-managing teams. This meant a group of staff were responsible for planning and managing their work.