

Caring for You Limited

Caring for You Limited - Portsmouth

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2017. The inspection was announced.

Caring for You Limited – Portsmouth provides personal care services to people in their own homes. At the time of our inspection there were 106 people receiving care and support from the service. They were supported by 29 care workers, three co-ordinators, which included one trainer, one team leader, an administrator, a senior care worker and the 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.

At the last inspection on 23 April 2015 we received some concerns that people received late calls and were not made aware if the care worker was running late. We made a recommendation to the provider to address people's dissatisfaction with the duration of calls and continuity of care staff. At this inspection we found this had improved and although some lateness still occurred, this was unpredicted and a plan was in place to ensure people were safe and received a service.

Staff knew how to keep people safe from harm and safeguarding concerns received had been dealt with appropriately. A variety of risk assessments were in place to keep people safe and meet their needs. Staffing levels were sufficient and safe recruitment and medicines practices were followed.

Although people felt staff had the skills and knowledge to support them and meet their needs; refresher training was not always provided, staff felt the training was not always effective and the induction programme was not always followed. Staff received regular supervisions and spot checks. The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 and how to put this into practice. People were supported to maintain good health, hydration and nutrition.

Positive caring relationships were developed between people and staff. Staff were kind, caring and respected people's dignity and privacy and promoted people's independence. People consented to and were involved in their care.

People received care that was personalised, up to date and met their needs. They had individual care folders which contained a care needs assessment, care plan, risk assessments and completed daily logs. People were involved in their care planning and communication between the office and care staff about people's care needs was effective. Complaints had been dealt with in line with the providers policy.

People and their family were positive about the management of the service. Staff felt supported by the registered manager and office staff and felt able to question practice with confidence that their concerns

would be dealt with. Systems and Audits were in place to review the quality and safety of the service and feedback on service delivery had been recently received and analysed. However some audits to assess staff training and ensure care plans were correct were not always effective. Notifications had been sent to the Commission.

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.

People were kept safe from harm and potential abuse. Risks to them and to others were assessed.

There were enough staff to meet people's needs.

Recruitment and medicines practices were safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive updated training and felt the training was not always effective. Staff induction programme was not always followed.

Staff demonstrated a good understanding of the Mental Capacity act and how to put this into practice.

People were supported with sufficient food and fluids and to access health care services when necessary.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respected people's privacy, dignity and promoted people's independence.

People were involved in their care and expressed their choices and decisions about their care requirements.

Is the service responsive?

Good ●

The service was responsive.

People received support which was personalised and up to date.

Complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Audits were not always effective in analysing areas for improvement.

There was a registered manager in post who was supportive and supported staff to question practice. Notifications had been received.

Positive feedback was received about the management of the service and there was a plan in place to deal with unforeseen lateness.

Caring for You Limited - Portsmouth

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 25 and 26 April 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors and two experts 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.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We reviewed notifications which had been sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR) which had been sent to us by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with 10 people who used the service and four relatives. We also spoke with 11 care staff, one co-ordinator who is also a trainer, one team leader and the registered manager who is also the nominated individual. We also spoke with external professionals and the local authority safeguarding and commissioning teams.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for five people which included specific records relating to people's capacity to make decisions,

health, choices, medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints and service quality audits . We looked at the training plan for 32 members of staff and recruitment records for five staff members. We also looked at supervision records and training records for nine members of staff.

We asked the provider to send us further information after the visit. This information was sent.

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this. We received comments such as, "My relative is very safe with carers." "When they leave at night, they are very careful to check the windows, draw the curtains and make sure the door is properly locked. I feel very safe."

Staff knew how to keep people safe from harm and could recognise signs and symptoms of potential abuse which included recognising unexplained bruising and marks or a change in behaviour. Staff said they would report any concerns to the registered manager and were confident to inform other appropriate professionals if they felt the registered manager did not deal with the concerns appropriately. One staff member said, "[Registered manager] always deals with concerns and communicates regularly with [external professionals]."

Safeguarding concerns had been received by the service and had been dealt with in line with the provider's safeguarding policy. We received positive feedback from the local authority safeguarding team regarding how the service dealt with safeguarding concerns. One external professional from this team said, "They always deal with concerns raised and are always on board."

Risk assessments were completed for people which identified risks to their environment, if they were at risk of falls, poor nutrition, dehydration and highlighted if manual handling equipment was required. Risk management plans were implemented for people who required support with manual handling equipment and staff were supported to stay safe when supporting people with the equipment. Staff received practical manual handling training and were confident with identifying risks associated with their roles and responsibilities.

There were enough staff to meet people's needs and keep them safe. Staff confirmed they felt there were enough staff available to meet people's needs. The registered manager informed us that missed calls had recently occurred due to unforeseen circumstances when a care worker had not turned up for work. They told us once they became aware of this situation they contacted people to speak with them and checked they were safe and if they required support to be provided. The team leader and co-ordinator confirmed this action had been taken following the missed visits. People did not express any concerns with missed visits.

Informal processes were in place to ensure the service had sufficient staffing levels. Applicants were required to specify their availability for work when completing an application to apply for the care worker role. Care package referrals were only accepted if the service had availability to provide care to people in line with staff availability. Records viewed and observations confirmed this practice.

Safe recruitment practices were followed. We looked at five staff members' recruitment files and saw the appropriate steps had been taken to ensure staff were suitable to work with people. All necessary checks, such as Disclosure and Barring Service checks (DBS), work references and fitness to work had been undertaken. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Systems were in place to discuss

concerns with applicants and risk assess the applicants suitability for the care worker role prior to starting employment.

There were clear procedures for supporting people with their medicines. People did not express any concerns with how they were supported with their medicines. One person said, "There was one time when the tablets from the chemist were wrong and they saw that and sorted it out for me." Systems were in place to ensure people who received support with their medicines had the appropriate records in place and these records were regularly checked and updated. One medicines error had occurred in the past 12 months and records demonstrated the service dealt with this concern appropriately.

Is the service effective?

Our findings

People and their relatives said they received care from regular staff and felt they were well matched with care staff and they had the skills and knowledge to carry out their roles effectively. One relative said, "I think they are really well trained and know what they are doing."

Staff said they received an induction programme when starting work for the service which included shadowing experienced members of staff. However staff records demonstrated that the induction process was not always completed within the required 12 week timeframe. The registered manager told us they were reviewing the induction timescales and would take immediate action to address this concern. This meant the service required time to implement these improvements and evaluate their effectiveness.

The registered manager had introduced The Care Certificate into their induction and were supporting staff with this through their supervision sessions. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager had a training plan in place which assisted them to identify which staff required updated training. The training plan showed twenty out of twenty nine care staff had achieved a higher level certificate in health and social care. There were some gaps present in the training plan which showed staff required training to be refreshed. The registered manager confirmed they were aware of these gaps and were addressing this issue. This meant the service required time to implement these improvements and evaluate their effectiveness.

Staff training was mostly given and refreshed by way of training packs. Staff confirmed they did not find this type of training interesting or useful. One said, "The dreaded training packs, everybody hates them." The registered manager, team leader and staff confirmed that the service had plans to move away from using training packs and practical training sessions were being organised for more subjects, such as safeguarding and medicines training. However, although staff did not feel the training packs were useful and new staff did not always receive their induction training within given timescales people felt staff had the skills and experience necessary to complete their care effectively and this did not impact on them. This meant the service required time to implement these improvements and evaluate their effectiveness.

Staff received a regular supervision and spot checks. A spot check is an unannounced observation made without warning on a randomly selected staff member. Appraisals were provided to staff who had been working for the provider for more than one year. Staff said they felt well supported and had recently completed a staff questionnaire. We looked at six staff questionnaires which had been returned. All six staff confirmed they received sufficient training and support to carry out their duties and felt the communication and working conditions were good.

The registered manager and staff demonstrated a good understanding of the Mental Capacity Act 2005

(MCA) and how to put this into practice. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. For example, the registered manager and staff confirmed that people could consent to decisions concerning their day to day support. People were helped to make decisions by care staff who used different methods of communication. Consent forms agreeing with care plans had been signed by people and when people were unable to sign; reasons for this were provided.

People and their relatives did not express any concerns about nutrition or hydration. Those that required support with eating and drinking were supported by care staff to have sufficient food and fluids. One relative told us how care staff would always keep their relatives drinking water topped up and fresh. Risk assessments were in place for those people who were at risk of dehydration and poor nutrition. For one person a food and fluid chart had been put into place because they were assessed as being at risk of dehydration and malnutrition. This information was added to their care plan and food and fluid charts were completed to monitor the person's intake of food and fluids throughout each day.

The service regularly contacted external health and social care professionals, such as Occupational Therapist's, Physiotherapist's, District Nurses's, Older Persons Mental Health services and GP's. Records kept and observations during the site visit demonstrated this. One person said, "They [care staff] noticed that I've got a sore on my backside from sitting all the time and they got the district nurse to have a look at it. Now they put cream on that as well." One relative told us their relative was at risk of pressure area's developing because they were mostly in bed. They told us that district nurses were involved and worked well with care staff.

Is the service caring?

Our findings

People and their relatives were positive about the care and support received from staff. People confirmed care workers were understanding around confidentiality and kind, respectful, polite and observed their rights and dignity. One person said, "This is the best agency by far. It brightens my day to see them." Another said, "They are really good people. I have no family and I lost my partner last year after a long illness. I have been very low and it helps to be able to talk to somebody." Other comments included, "A certain carer I have in the morning is superb. [They] always put a smile on my face when I have been low. [They] are a credit to the team." "The people who come are lovely." One staff member said, "I'm proud to be part of a great company who really do care not just for the clients but for the carers as well."

People and their relatives said office staff were polite, courteous and respectful when speaking with them on the phone. One person said, "The office staff are always polite and helpful." Our observations confirmed this. Another person told us that if the office was busy when they called they would always receive a call back.

Compliments had been received by people and their relatives in the form of thank you cards and complimentary emails had been sent from external professionals on behalf of people who had contacted them about the agency. Thank you card expressed gratitude and thanks for a caring service. One said, "Thanks a bunch, you are simply wonderful." Another said, "Thank you for ally our care, you were all kind and effective." The feedback from external professionals complimented the service on their "Person centred approach."

People felt involved in their care and felt they made decisions about their care. People and their relatives told us they or their relatives were able to make their own decisions and that their preferences were always taken into consideration. One person said, "I think the carers are marvellous. They never do anything without asking me if it's alright even though they do the same things most days." A relative told us, "They are very good. They always have a chat with [my relative] and explain what they need to do; but then they ask if [they are] happy with that." Care plans viewed demonstrated people's preferences were taken into consideration when the care plan was written.

People confirmed staff supported them to keep their independence. One person said, "They only come morning and evening because I'm able to sort out my own meals but they make sure that I'm clean and tidy in the morning and in my pyjamas and dressing gown at night. I get myself to bed when I'm ready but they never leave without asking if I need anything else doing." Care staff said they promoted people's independence by encouraging and supporting them to complete some personal care tasks they were able to do. People's care plans were written in a way which promoted people's independence.

People's privacy and dignity was respected and promoted. People told us they felt staff respected their privacy and dignity at all times. One person said, "When my relatives are here and I need to be showered the carers close the door and keep my dignity." Another said, "I am treated properly and respectfully."

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed by the team leader or senior care worker. Relatives were only involved in the assessment of people's needs if the person requested their involvement.

At the last inspection on 23 April 2015 we received some concerns that people received late calls and were not made aware if the care worker was running late. We made a recommendation to the provider to address people's dissatisfaction with the duration of calls and continuity of care staff. At this inspection we found this had improved.

People confirmed staff mostly arrived on time and met their needs. They told us when staff did not arrive on time this did not happen often and they were kept informed. Following the previous inspection, processes had been put into place to ensure the office notified people when the care worker was running late. The registered manager and co-ordinator said that late visits could still occur due to unforeseen circumstances, however this did not happen often. One person said, "It's not often the carer is late but if [they are], there will always be a good reason and I get a phone call to tell me [they] will be late." Another said, "If the care worker is inadvertently delayed, I am always advised by phone. I regard this very reasonable. I have found all the care workers to be very good. My main carer is outstanding." We have addressed this further in the well led section of the report.

People had individual care folders which contained a care needs assessment, care plan, risk assessments and completed daily logs. People's care plans were very detailed and included their likes and dislikes, personal histories, such as medical conditions, cultural needs and how they would like to be supported. For example, people's care plans detailed how the person liked to have their support at each visit and detailed what the person liked to do for themselves and what support they required from the care staff. This meant arrangements were in place for people to have their individual needs assessed and met. Two of the five care records viewed contained inconsistent information between the care needs assessment and care plan. The registered manager advised this would be dealt with immediately. People did not express any concerns about their care provided and care staff and office staff knew people well. We have addressed this concern in the well led section of the report.

People were involved in their care planning, they confirmed they had a care plan and had choice and control over their care planning. One said, "I would recommend [this agency] to anybody. I've had a couple of different people from the office come from time to time to go through my book [care plan]." The team leader said they always sought the views of people when completing a care plan and this was on-going through the care process. People living with dementia were involved in their care planning as the registered manager and team leader confirmed they were able to understand the care planning process. Care staff confirmed there was always a care plan available in the person's home which was up to date and detailed.

Care plans were reviewed regularly and a system was in place to ensure reviews took place on time. We observed a white board was in use in the office which identified the care plans which were due to be reviewed. Once the care plan had been reviewed a tick had been placed next to the information on the white

board to inform the office, staff and the registered manager that this had been completed.

Staff were kept update with information about people and staff felt the communication between them and the office about people's care needs was effective. One said, "My introduction to the new service user is a call from my line manager to inform me of the new man or lady [contact details], what is required of me. Its then added onto my rota, for example, personal care, meds, food and fluids, pendant check. There is a detailed care plan which will be in place as soon as it's been typed up. If I go to a new service user and see other things that need to be added, I let the office know and they will update the care plan."

People told us they had been given information about the service's complaints policy, however most people we spoke with said they had not needed to use it. One said, "I have no complaints at all. This is by far the best agency in Portsmouth."

People said they felt confident to raise a complaint or a concern if it was necessary. One said, "If I was worried about anything I would have no problem in ringing the office. I think the communication from them is very good. I must say though that I've got no complaints at all."

Three complaints had been received into the service since the last inspection and had been dealt with, responded to and investigated in line with the provider's policy. One person who had made a complaint about a staff member told us they felt the agency had dealt with it appropriately.

Is the service well-led?

Our findings

People and their relatives felt the management and office were good. One person said, "I can't think of any improvements they could make." One relative said, "This is one of the better agencies, its run pretty well. They are professional and send qualified staff."

There was a registered manager at the service, they were present at the time of inspection and demonstrated a good understanding of the service. The registered manager said they liked to be approachable to staff and had an open door policy. Staff confirmed the office were very supportive. One member of staff said in their survey that they felt valued as a team member because the manager and office staff made them feel "magnificent."

Staff were supported to question practice and were confident that if they raised any concerns they would be dealt with by management. Staff demonstrated an understanding of what to do if they felt their concerns were not being listened to by management. One said, "Concerns are always acted upon." Safeguarding concerns had been raised and dealt with appropriately and the Commission had been notified.

Systems and audits were in place to review the quality and safety of the service. However some audits were not effective. Care plans were reviewed systematically, however did not identify inconsistencies between risk assessments and care plans for two people's records viewed. Training plans in place to identify updated training needs showed gaps where staff had not received a training update and the induction training programme was not always followed. The registered manager said they would take immediate action to address this concerns identified during the inspection. As a result the registered manager would require sufficient time to ensure the audit processes were improved to ensure any such issues would be identified sooner through their auditing processes thereby demonstrating improved effectiveness.

There were systems in place for the checking and auditing of Medicine Administration Records (MARs). Records demonstrated the effectiveness of this system as audits had identified gaps which were present on people's MARs where staff had not signed to say they had given this medicines. An investigation was completed by the registered manager which identified the staff members responsible and confirmed that people had received their medicines. Supervision records demonstrated that appropriate action had been taken with these staff.

Monthly clinical and quality assurance audits took place which the registered manager completed to assist them with reviewing accidents and incidents. The registered manager also used this form to monitor the number of supervisions, spot checks and appraisal that had been completed for staff each month. This form was also used for the registered manager to check staffing levels and check the number of starters and leavers each month. This information was added to the quarterly agency branch audit which was sent to the directors for review and discussion to improve the overall quality and safety of service delivery.

Recent feedback about the service had been sought from people and staff. People told us that they received questionnaires from time to time asking what they thought about the service. The results had been analysed

and the outcome communicated to people. People did not express any concerns with the lateness of calls and the registered manager had a plan in place to deal with any unforeseen staff lateness.