

Care As You Like It Ltd

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Inspection report

13 Stoneleigh Close
Luton
Bedfordshire
LU3 3XE

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05 February 2016

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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

We carried out an announced inspection on 5 February 2016. The service provides care and support to people in their own homes. At the time of the inspection, 19 people were being supported by the service, some of whom were living with chronic health conditions, physical disabilities and dementia.

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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. When required, suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff had received regular supervision and had been effectively trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where people did not have capacity to make decisions and consent to their care, this was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. It was apparent that staff did whatever they could to ensure that people lived happy and fulfilled lives.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were supported to access other health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continuously improve the quality of the service.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements. People consistently described the service as 'excellent'. They had no concerns about how care was provided and how the service was managed. There was good communication between the manager and staff, and this meant that they were able to deal quickly with any issues that arose.

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.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of possible harm.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring, friendly and passionate about people they supported.

Staff understood people's individual needs and they respected their choices.

Staff protected people's privacy and dignity, and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff and promoted an open, caring and respectful culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements.

Care As YOU Like It Ltd

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 5 February 2016 and it was carried out by one inspector. We gave 48 hours' notice of the inspection because we needed to be sure that there would be someone in the office.

Before the inspection, the provider completed 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 plan to make. We also reviewed information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and two senior support workers. We reviewed the care records for six people who used the service, the recruitment and supervision records for four staff, and the training records for all staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the office visit and 22 February 2016, we spoke with a further two care staff, four people who used the service, a relative of one person and a friend of another person. We contacted five professionals who worked closely with the service and we received a response from one of them.

Is the service safe?

Our findings

People told us that they felt safe and that staff supported them really well. One person said, "They are all good people, I have never been worried about my safety." A relative of another person said, "I have no concerns at all, they have all been very good."

The provider had safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the provider's office and this included contact details of the relevant agencies to whom concerns could be reported. We saw that staff had received training in safeguarding people and this was up to date. Staff we spoke with demonstrated good understanding of safeguarding processes and they knew what to do if they had concerns about people's safety. A member of staff said, "People in our care are very safe, but if needed, I would discuss any concerns I might have with a senior support worker or the manager. We can then decide together whether we need to report the issue to the safeguarding team."

As part of the provider's initial assessment process, staff had completed an environmental risk assessment of each person's home to identify and minimise any potential risks to them and people they supported. The service also had systems to keep a record of accidents and incidents. People's care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people's health and wellbeing had been completed and there were personalised risk assessments in place for each person. These gave guidance to staff on how specific risks to people could be minimised. The risks identified included those associated with people being supported to move, pressure area damage to the skin, preparation of food and drinks, not eating and drinking enough, and falling. We saw that people's risk assessments had been reviewed and updated regularly, and promptly when their needs had changed.

We looked at the recruitment records for four members of staff and we found that the provider had effective recruitment systems in place. This enabled them to complete relevant pre-employment checks, including obtaining references from previous employers, checking each applicant's employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there was enough staff to support them safely and at their preferred times. A relative of one person said, "They are normally here on time and they always ring to tell us if they are running late." We saw that there was an effective system to plan the staff rotas and these showed that enough staff were available to support people. A member of staff told us that they always received their rota in advance and in most cases, this did not change much as they normally supported a consistent group of people. We noted that the regular care team was made up of the manager, two senior support workers and five care workers. The manager told us that they had an ongoing recruitment plan so that they covered staff vacancies as they occurred. They also did not accept new care contracts if they did not have enough staff to support those people.

Some of the people who used the service were being supported to take their medicines and they told us that they were happy with how this was managed. We saw that people had signed a form to show that they consented to staff supporting them to take their medicines. We looked at some of the medicine administration records (MAR) that had been returned to the office for auditing and safe keeping, and we noted that they had been completed correctly with no unexplained gaps. This was evidence that people's medicines had been managed safely and administered as prescribed. We also saw that staff who administered people's medicines had been trained to do so safely and their competence had been assessed. People and staff we spoke with confirmed that medicines were stored securely within each person's home.

Is the service effective?

Our findings

People told us that staff had the right skills and experience to support them appropriately and in a way that met their individual needs. One person told us, "I am really happy with my care." A relative of another person said, "They provide the care needed and they seem to have been trained well."

Staff told us about the training they had received and that this had been effective in ensuring that they had the right skills and knowledge to support people appropriately. None of the staff we spoke with said that they had training needs that had not been met. A member of staff said, "I have done a lot of training either in-house or externally." Another member of staff said, "The training is really good. I seem to do training of some sort every couple of weeks." We saw that the provider's compulsory training programme included an induction for all new staff and training in a variety of relevant subjects for all staff. Some of the care staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. The manager told us that the two senior support workers were due to start a level 5 diploma in Leadership for Health and Social Care in the next few months. We noted that the manager monitored staff training regularly to enable them to update their skills and knowledge in a timely manner. This was updated and tracked via the Skills for Care website and the provider had given permission for the Care Quality Commission to access this information. This enabled us to assess whether staff employed by the service had received training in key areas relevant for their role.

Staff told us that they were effectively supported by the senior support workers and the manager. There was evidence that staff received regular supervision and this had been mainly carried out by another manager who had also been registered until they recently left the service. The manager told us that from now on, they and the senior support workers would carry out staff supervision meetings. The manager said that the senior support workers would be provided with supervision training to ensure that they would carry out this role in accordance with current good practice guidance. Staff we spoke with found the supervision process positive and beneficial to their personal and professional development. A member of staff said, "The manager is always very supportive. She gives positive support and feedback, and any issues are addressed professionally." Another member of staff said, "Positive comments about staff are feedback to them. This gives staff an extra boost and influences how well they provide care."

We saw that some of the people who used the service had signed forms to show that they had consented to their care and support, including being supported to take their medicines. Staff understood their roles and responsibilities in ensuring that people consented to the care and support they provided to them. A member of staff said, "We always ask for consent before we do anything." Some people who used the service were living with dementia and may not have had capacity to make their own decisions about some aspects of their care. There was evidence that these decisions had been made by others in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

Some people were being supported by staff to prepare and eat their meals. A member of staff told us that they sometimes cooked for people if their care contract meant that staff had enough time to do so. However for the majority of people, staff mainly warmed already cooked meals, prepared sandwiches for the evening meal and gave people whatever they wanted to eat for their breakfast. A member of staff told us about some of the food preferences of the people they supported, adding, "We try to find out as much as possible about what people like to eat and how they want it served. It is helpful that a care staff who knows the person very well always goes in with a new member of staff. That way, we can make sure that the service user consistently gets the support they want." People who were being supported with their meals told us that this had been done with care and staff respected their choices. Staff we spoke with had no concerns about people not eating or drinking enough. A member of staff told us that they would report to the manager if they had such concerns or refer the person to appropriate health professionals. However they added, "We would only contact people's GPs if they consented to it or they had no capacity to do so. Otherwise, we can only encourage them to seek treatment if needed."

People told us that they were appropriately supported to access other health and social care services, such as GPs, occupational therapists, dietitians, and community nurses. When required, staff told us that they were able to accompany people to hospital appointments. We also saw that they took prompt action to ensure that people had support from other health professionals. For example, we saw that staff had ensured that a person who had developed pressure ulcers prior to being supported by the service had received appropriate treatment from the district nurses (community nurses). A member of staff said, "The district nurses go in regularly to check the person and we report to them if we see any changes to the person's skin condition." A friend of a person who required specific equipment in order to be supported at home was complimentary about how staff had worked closely with other services to ensure that the person had the equipment they required.

Is the service caring?

Our findings

People told us that staff were caring and provided their care and support in a compassionate manner. One person said, "They are all very good. I am happy with all of them." A relative of another person said, "Because it is a small agency, we have got to know the staff really well. It is good that way." A friend of another person said, "[Friend] is generally happy with the staff that support them. They are flexible, efficient and personable."

We noted that staff spoke passionately about people they supported. A member of staff said, "We will do anything that a person needs us to do to make their lives easier and happier, as long as it is legal." Staff we spoke with told us of some of the things they did for people over and beyond their agreed care plans. For example, a member of staff told us that it was common for them to visit people while they were in hospital. They said that this was done in their own time as they felt strongly that people benefitted from seeing familiar faces. In addition, they told us that at times during these hospital visits, they supported people with their personal care and ensured that they were eating well. A member of staff said, "Nurses were impressed about the level of care and concern we have for the people we support." Another member of staff said, "As a small service, we get to know people really well and we build close relationships with them." A third member of staff told us that as well as providing personal care to a person, they were now much happier when staff provided an additional service where they sat and chatted with them, had cups of tea and played card games or dominos. They added, "It has been rewarding to see how this has completely changed their lives."

People told us that they had been involved in making decisions about the care and support they wanted, and that staff took account of their individual choices and preferences. Staff told us that it was important to them that they supported people in a way that ensured that they remained as independent as possible. A member of staff said, "I believe we provide really good care that ensures that people can remain in their homes as long as possible. We have also provided excellent end of life care for people who did not want to go to hospital or a care home and that makes me proud of what we do."

People told us that staff treated them with respect and dignity. One person said, "They are always respectful, lovely girls indeed." Staff demonstrated that they understood the importance of respecting people's privacy, dignity and their rights. A member of staff said, "I am always respectful of people when I support them. I treat them the way I would like to be treated." Staff understood the importance of protecting people's personal information by not discussing about their care outside of work or with agencies not directly involved in their care. We also saw that copies of people's care records were held securely within the provider's office.

The provider had an example of the file kept in each person's home that showed what information they had been given when they started using the service. As well as the care records, medicine records and other relevant forms, there were also details about what the service does in a document called a 'statement of purpose'. This helped people to make informed decisions and choices about how they wanted to be supported. Other information in the file included the person's contract and fees, the service's contact details and the complaints procedure. People we spoke with confirmed that they had this information in their files.

Is the service responsive?

Our findings

People's needs had been assessed before they started using the service and this information had been used to develop their care plans. We noted that the care plans were detailed and person-centred so that people received the care they required and that appropriately met their individual needs. Staff told us that the care plans had sufficient information to enable them to provide the care people wanted. They had also been encouraged to keep detailed daily records so that they reflected the support they had provided to each person. A member of staff said that prior to supporting people, it was important for staff to read the previous few days of daily records if they had not supported the person for a while. They said that this ensured that they had a better understanding of how the person had been and whether their support needs had changed, adding, "This will make the care we provide much more person-centred."

People's preferences, wishes and choices had been taken into account when planning their care and they confirmed this when we spoke with them. One person said, "I am happy with my care, it's exactly how I like it." A relative of another person told us, "[Relative] gets all the support they need. We have never been concerned about anything." There was evidence that people and their relatives had been involved in planning and reviewing their care. A person's friend said, "[Person] has contributed to the care plan." A member of staff told us that the support they provided had been adequately planned to meet people's individual needs, adding, "We are always flexible in adjusting care times when people's needs have increased."

We saw that for people who were unable to do so, their relatives or friends had provided information about how they enjoyed spending their day. The nature of the service meant that their responsibilities did not always extend to providing support for people to pursue their hobbies and interests outside of their homes. This was mainly organised by people or their relatives. However, we noted that staff were able to provide this support if people requested it. For example, we saw that a person lived a busy and active life because they were being supported to regularly attend a variety of activities they enjoyed. These included going to a local dementia café once a month, visiting a hairdresser, shopping, eating out, and attending art and exercise classes. They also attended a social club run by a charitable organisation twice a week. Some of the people supported by the service regularly attended local day centres to ensure that they were not socially isolated and they had opportunities to develop friendships. Staff supported them with their personal care before they left for the day and they also ensured that they took their medicines if they needed to take these while they were out. A member of staff described a pleasant moment when they first took a person shopping and how they helped to make this memorable, relaxed and pleasant. They also said, "The person really enjoyed the social aspect of it."

People had been given a copy of the complaints procedure when they started using the service. Everyone we spoke with told us that they had never had any reason to complain about the care and support provided by the service. One person said, "Everything is fine and I have no reason to complain." A relative of another person said, "We have never had to complain about anything." We noted that there had been no complaints recorded in the 12 months prior to the inspection. However, the provider had an effective system to handle any future complaints. A member of staff said, "People are generally happy with the quality of care we

provide. Minor concerns are dealt with quickly and resolved before they escalate."

Is the service well-led?

Our findings

The service had a registered manager who was supported by two senior support workers. People and their relatives knew who the manager was as they normally completed the assessments of people's needs before they started using the service. In addition, the manager worked alongside care staff to provide care to some of the people who used the service. Staff said that the service was well managed and they received the support and guidance they needed in order to provide a good service to people. A member of staff said, "The service we provide is excellent. I have not had any problems and I can't think of anything that we need to improve." Another member of staff said, "I would not do this work for any other company, it is great." They further told us that they were able to provide good care to people because the service's minimum visit time was 30 minutes. This gave them enough time to support people without rushing them. A professional who provided feedback said that they would recommend the service to their friends and family as they believed the provider to be ahead of their competitors in terms of quality of care and respectful values.

We saw that the manager had vast experience of working within health and social care services, including health education. As well as modelling expected behaviours to staff, they also provided a lot of the staff training, which was supplemented by that provided by external trainers. A professional said that the manager was very knowledgeable and experienced in all aspects of care. They had also witnessed how well the manager had advocated on behalf of people they supported in professional care meetings.

The manager promoted an open and caring culture within the service so that people or their relatives and staff could speak with them when they needed to. People told us that the manager was friendly and approachable. A person said, "She's a lovely person and very caring." We saw that people and their relatives were encouraged to provide information that would help staff to tailor each person's care and support to their individual needs.

Staff told us that they were encouraged to contribute to the development of the service so that they provided care and support that met people's needs and expectations. Staff meetings had been held every two weeks so that they could discuss issues relevant to their roles. This also enabled the manager to relay new information to all staff so that they provided appropriate care that met current good practice guidance. The minutes of previous meetings showed that where necessary, action had been taken to resolve any issues discussed during these. Staff also used a secure online social networking site to communicate work issues.

There was evidence that the manager regularly sought feedback from people who used the service or their relatives so that they had the information they needed to continually improve the service. We saw that every month with people's invoices, the manager sent a letter to each person or their relatives asking them to comment on the quality of the service they received. We saw that the responses they received had been positive. Additionally, the provider completed an annual survey and the results of that completed in 2015 showed that people were happy with the quality of the service provided. A number of compliments had also been received by the service and we noted that people were very complimentary about the quality of the service provided. Also, everyone we spoke with described the service provided as being 'excellent'.

The provider had effective systems in place to assess and monitor the quality of the service provided. The manager regularly completed various audits and these included checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information. The manager told us that they always checked the quality of records when they supported people and would immediately communicate any concerns with staff using text messages or the social networking site. We saw examples of the messages that had been sent to staff and this had normally been followed up by discussions at the next staff meeting. For example, when it was noted that people's daily care records were not always detailed enough, staff had been given report writing guidance to ensure that the records fully reflected the support they had provided to each person.