Caring 4 All Ltd

Caring 4 All

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Caring 4 All on the 7 November 2016 and it was an announced inspection. Forty eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. Caring 4 All provides personal care to people living in the areas of Hailsham, Eastbourne and surrounding villages. At the time of this inspection they were providing personal care for 14 people. These included people living with dementia, old people and people receiving end of life care.

The last inspection of the service was carried out in July 2014. No concerns were identified with the care being provided to people at that inspection and the provider was meeting the requirements of the Health and Social Care Act 2008. There is 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.

People who received personal care and support from Caring 4 All told us they were happy with the service provided. One relative told us, "Overall I would say first class we are very happy." One person told us, "Excellent so far, no ifs or buts, even if I ring at short notice they will do things for me." Another relative told us, "They have made things far easier for us and they brighten her day."

Care workers received essential training on medicine management and people confirmed they received their medicines when required at each care call. Care workers demonstrated a firm awareness of how to administer medicines safely. However, medicines risk assessments were not in place. We have made a recommendation about the implementation of robust medicine management risk assessments.

Training schedules confirmed care workers had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Care workers told us how they gained consent from people before delivering care. Consent forms were in place for people to sign to indicate their consent to the package of care, care plan and sharing of information. However, where relatives were signing consent forms, the provider was unable to demonstrate that they had appropriate authority to do so. Where bed rails were in situ, the provider had not considered if the person consented to the bed rails of whether the bed rails were implemented in the person's best interest. We have made a recommendation about mental capacity assessments and following the code of practice.

A robust quality assurance framework was not in place. The provider was not completing internal audits. Systems to monitor if care workers were staying the allocated times at care calls was not effective. Where care workers were not staying the allocated time, documentation failed to record the reason why. For example, although a care call was funded for 45 minutes, documentation reflected the care workers only stayed 15 minutes. People and their relatives raised no concerns over the timings of care calls and care workers not staying the allocated time. However, we have made a recommendation about a robust quality assurance framework which governs the running of the care agency.

People and their relatives told us care workers were respectful and treated people with dignity, kindness and respect. They told us care staff went above and beyond to ensure they were happy and well. People's privacy was maintained. Care workers had a firm understanding of respecting people within their own home and providing them with choice and control. One person told us, "They are very friendly and I am not made to feel like nuisance they are very caring and patient with me." Another person told us, "They are very encouraging to me and respect my independence because I try and do what I can and when I am down in the dumps they try and cheer me up."

People could be confident that good practice would be maintained for their end of life care. One relative told us, "They are caring in every respect. They have a personal warmth because they are dealing with end of life and they are very reliable." Another relative told us, "I'm staying with her at the moment and they are a big help to me, nothing is too much trouble for them like they will help flush the catheter tube and help with Mum's teeth, they go the extra mile. They are talented in palliative care and she likes them." The provider was committed to attending the funerals of the people they supported. A local newspaper article praised the service and the caring nature of the care workers employed.

The culture within the service was transparent, personalised and open. The registered manager led by example and care workers spoke highly of their leadership style. The registered manager kept up to date with legislation and policy and attended various forums in the local community. There were enough care workers to meet people's needs effectively, and people told us they had a consistent and small group of care workers who supported them, which they appreciated.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with adults at risk were carried out. Staff had also received training in adult safeguarding. People said they felt safe when being cared for. One relative told us, "She does feel safe the care workers are wonderful with her."

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Care workers told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions.

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

Caring 4 All was safe.

People told us they felt safe receiving care in their own home.

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

Safe recruitment practices were in place and there were enough care workers deployed to meet people's needs safely. People were supported to receive their medicines safely.

There were environmental and individual risk assessments with up to date plans in place to reduce and manage risks to people.

Is the service effective?

Good

Caring 4 All was effective.

Care workers received regular training to ensure they had up to date information to undertake their roles and responsibilities. People commented they felt confident in the skills and abilities of care workers.

People were supported at mealtimes to access food and drink of their choice in their homes and assisted where needed to access healthcare services.

People were always asked for their consent before care was given.

Is the service caring?

Good

Caring 4 All was caring.

People and their relatives could be confident that good end of life care was provided in a kind, sensitive and empathic manner.

Care workers involved and treated people with compassion,

kindness, dignity and respect. The principles of privacy and dignity were upheld and care workers spoke with compassion about the people they supported.

People's confidentiality was respected and maintained.

Is the service responsive?

Good

Caring 4 All was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

The delivery of care was personal to each person and responsive to their changing needs.

Is the service well-led?

Requires Improvement

Caring 4 All was not consistently well-led.

There was not a robust quality assurance framework in place. The provider was unable to demonstrate how they internally monitored, reviewed and assessed the quality of the agency.

The ethos, valued and vision of the organisation were embedded into practice. Care workers spoke highly about working for the provider and recognised they worked together as a team.

Systems were in place for the provider to keep up to date with changes in policy and legislation.

Caring 4 All

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.

We conducted a comprehensive announced inspection of this service on 7 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector and an expert by experience. The expert by experience spoke with people who used the service and their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. As part of the PIR, questionnaires were sent out to people who used the service, their relatives, care workers and healthcare professionals. We received responses from four people who used the service, three care workers, two relatives and one healthcare professional. We have included their feedback within the body of the report.

We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We contacted the local authority commissioning teams to seek their views of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with two people and nine relatives. We also spoke with registered manager, director and three care workers. We sampled the records, including six people's care plans and associated risk assessments, three staffing records, complaints, policies and procedures, quality monitoring records and Medication Administration Records (MAR charts).

Good

Is the service safe?

Our findings

People told us they felt safe with the care workers coming into their home and providing care. Feedback from questionnaires commented that people felt 'safe from abuse and or harm from their care and care workers.' People explained care workers were easily recognisable due to the uniform and identification badge they wore. One person told us, "I do feel safe they have access to the house and I trust them."

People confirmed care workers supported them to take their medicine, apply cream or any pain patches. Care workers demonstrated good knowledge of safe medicine administration. One care worker told us, "We support one person to change their medicine patch every three days. We check the Medication Administration Record (MAR chart) to see when it needs changing and destroy the old patch." People's individual care plans included information on whether support was required with medicine management. For example, whether the person required prompting, if they self-medicated or if a family member provided assistance. Although information on medication management was provided, individual medicine risk assessments had not been completed. There was no guidance on any of the risks associated with the safe administration of medicines. For example, the local authority care plan for one person identified there was the risk of mismanagement of medicines. However, this risk was not reflected in the care plan and the absence of a medicine risk assessment meant the steps required to mitigate this risk were not recorded. The lack of medicine risk assessments, also meant other associated risks had not been explored and mitigated such as; 'whether the person was able to order and collect prescriptions if needed and dispose of medicines safely or whether the person knows and understands what medicines they should be taking and why.' Although care workers and the registered manager were able to tell us this information, for new care workers, this information would not be readily available.

We recommend that the provider seeks guidance from a reputable source about medicine risk assessments.

Sufficient numbers of care workers provided a dedicated and consistent team for the person and ensured that they were safe and well cared for. One relative told us, "She has a consistent rota of girls she knows and regular faces that's why we like it." Another relative told us, "We have a little team and we know them all, he is fine with them he calls them his girls." A third relative told us, "We do have a rota and about five regular carers and if there is a new one they are introduced to her." The registered manager told us, "We are a small team, we have ten staff members, but staffing numbers are sufficient. They allow us to cover sickness, holiday and take on new packages of care." Care workers also confirmed that staffing levels were safe and sufficient. One care worker told us, "Yes there are enough staff. As we are a small team, it also means we all get to work with one another." Staffing numbers were determined by the number of hours of care commissioned, geographical areas and the individual needs of people. On the day of the inspection, Caring 4 All was commissioned to provide 250 hours' worth of care. The registered manager told us, "Within our current staffing levels, we would be able to provide up to 320 hours' worth of care, anything above that, we would need to recruit more care workers."

Rotas were planned a week in advance and care workers were informed of the calls they would be covering via email in advance. The weekly rota's for the weeks commencing the 24 October, 31 October and 7

November 2016 confirmed people received care calls from the same care workers. The registered manager told us, "When devising the weekly rota, we spilt the care calls into geographical areas, so we have an Eastbourne and Hailsham run. We then allocate care calls to care workers who live near that area." Care workers told us that although travelling time was factored into the rota, this was not always sufficient. One care worker told us, "We can be chasing our tails, but we never rush a person and we always make time for a chat." The registered manager told us, "If care workers are running more than 10 minutes late, the protocol is that they contact us, and then we contact the person to inform them." People and their relatives confirmed that if care workers were running late, they were informed. One relative told us, "They are on time mainly but if they are going to be a bit late they ring to let her know."

Care workers had been recruited through a recruitment process that ensured they were safe to work with adults at risk. Appropriate checks had been completed prior to care workers starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective care worker had a criminal record or were barred from working with children or adults at risk. Care workers confirmed these checks had been applied for and obtained prior to commencing their employment with the service, records confirmed this. As care workers were driving in the local community and accessing people's individual home through the use of their individual car, the provider had sourced appropriate documentation to confirm that care workers were safe to drive and had up to date car insurance and valid MOT certificate.

The provider made provision to ensure people's care was safely managed 'out of hours'. The registered manager, director and senior care workers were on a rota to be on call. The on call member of staff was responsible for responding to queries raised by care staff and calls from people. Care workers spoke highly of the 'out of hours number.' One care worker told us, "It's nice knowing there is always someone available if we need them." Another care worker told us, "The on-call phone is always answered, so in an emergency, you know there's someone to contact."

Care workers recognised the importance of leaving people's property secure at the end of a care call. People expressed confidence in the care workers abilities to leave their home secure. One relative told us, "They will not go until they know the door is locked safe behind them." One care worker told us, "When leaving a care call, I always double check the property and make sure the oven is off, any windows are closed and if it's cold, ensure the person is warm enough." Measures were also in place to ensure staff safety when working alone. Upon commencing employment with the provider, care workers were provided with a kit bag. The kit bag included; food, water, torch, rape alarm, parking vouchers, telephone charger, policies and procedures, watch, shaving kit and emergency telephone. Care workers spoke highly of the kit bag. One care worker told us, "When I started the job, I went to one person who wanted a shave. Luckily the kit bag included shaving equipment; I was able to give the person a shave."

Risks to people's safety were assessed and risk assessment developed. The provider recognised the impact of providing care to people in their own homes and as part of the delivery of care considered the home environment and any possible risks. For example, health and safety risk assessments were in place which considered the internal and external environment of the home. This also considered if lighting was sufficient, if mobile phone reception was good and if any pets were present in the household. The risk assessment for one person identified they had a dog; however it was reflected that the dog was friendly and approachable. A care worker risk assessment was also completed. This considered specific areas of risk such as the location of the home and availability for parking. Where people lived in the town centre of Eastbourne, the registered manager acknowledged that parking was hard for the care workers. The registered manager told us, "Often the care workers can spend up to twenty minutes, just trying to find parking. I've written to one hotel to see if we can share parking with them and we have some parking

vouchers."

Care workers understood safeguarding and their role in following up any concerns about people being at risk of harm. They were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. Care workers told us that knowing people well enabled them to identify possible signs of abuse. One care worker told us, "If I noticed any safeguarding concerns during a care call, I would report them to the manager immediately." Care workers also knew the process for referring safeguarding concerns to the local authority if required. Within the kit bags provided to care workers, included the local authority's safeguarding policy and procedure. Training records also demonstrated that care workers had received essential safeguarding training. Care workers were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

Good

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the care workers. Feedback from questionnaires included that people 'received care and support from familiar, consistent care workers.' People also commented that their care workers had the 'skills and knowledge to provide the care and support they required.' One relative told us, "I wouldn't have them round if they were not trained and they always ask for consent before they do something."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Training records demonstrated that care workers had received essential training on the Act. They demonstrated a firm awareness of how to gain consent from people. One care worker told us, "We always gain consent from people that they are happy for us to come into their home and provide care. I always explain what I am doing and if they are happy for me to do that." People and their relatives confirmed that they were always asked for their consent. A variety of consent forms were available which included consent to share information. We identified that on occasions, these consent forms were signed by a relative. We explored with the registered manager whether these relatives had the appropriate authority to sign these consent forms, such as lasting power of attorney for health and welfare. The registered manager was unaware if relatives had the appropriate authority to be signing the consent forms. Consideration had not also been explored as to whether the person lacked capacity and required someone to make this decision or sign the consent form on their behalf.

Due to the care and support needs of some people, they received care in a hospital bed with integral bed rails. Care workers confirmed that some people had the bed rails up. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. Care workers confirmed that one person preferred to have the bed rails up due to fear of falling. This information was not recorded within the person's care plan but care workers were aware of this and felt it was the person's preference rather than in their best interests. We brought these concerns to the attention of the registered manager who was responsive to our concerns and started to take action immediately by exploring with relatives if they had lasting power of attorney.

Care workers understood the importance of gaining consent from people and training records demonstrated that training on the MCA 2005 was in place. However, the provider could not consistently demonstrate how the principles of the MCA 2005 were embedded into practice.

We recommend that the provider seeks guidance on how to implement the MCA 2005 Code of Practice.

Care workers undertook an induction and a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Upon commencing employment with Caring 4 All, care workers were subject to a probation period. This included shadowing care workers until it was deemed they were competent to work unsupervised. One care worker told us, "When I started with the company, I shadowed another care worker for a week. This allowed me to meet the other care workers and the people I would be supporting." Training schedules confirmed care workers received training in various areas including moving and handling, first aid, fire safety and infection control. Care workers completed their training on the computer and also accessed face to face training provided by the local authority and local colleges. One care worker had recently been supported to attend a four day moving and handling training course and become the companies approved moving and handling trainer. The registered manager told us, "We are also keen for other care workers to become champions in areas such as care planning. We have identified one care worker who we feel would be good within this role and we are discussing it with them." Care workers spoke highly of the training provided and confirmed they felt the training equipped them with the skills required to provide effective care.

Mechanisms were in place to monitor and ensure that the training care workers completed was effective and implemented appropriately. Records demonstrated that care workers were observed annually undertaking specific tasks to ensure that their practice was competent and meeting the needs of the person. These observations enabled the registered manager to ensure care workers arrived to the care call on time, wear the appropriate uniform and ID badge, if they read the care plan and what the care worker did well to put the person at ease.

The provider recognised the importance of care workers continuing to learn and develop and how this improved the quality and delivery of care and outcomes for people. Each care worker had an individual personal development plan in place. These considered areas for development, how that will happen, resources needed and how this would improve their skills and abilities. For example, one care worker was keen to develop their management skills, so clear actions were in place to help the care worker achieve this goal. Formal systems for development also included one to one supervisions with the registered manager and care workers. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. Care workers confirmed they had scheduled supervision meetings with the registered manger where they could sit down in private and have a one to one discussion. They told us they had an annual appraisal of their performance and confirmed they felt supported in their role.

Where required, care workers supported people to eat and drink and maintain a healthy diet. People were supported at mealtimes to access food and drink of their choice. Care plans included information on people's dietary likes and dislikes. For example, one person liked tea but with no sugar. Care workers told us how they supported people to make their own decisions on what they wished to eat. One care worker told us, "One person's relatives often leave meals in the freezer, so we always offer those meals but also alternatives so they always have a choice." Relatives commented they felt confident that their loved one's nutritional needs were being met. One relative told us, "She has ready meals they help her with and sometimes they will cook from scratch for her." Another relative told us, "They do food for her as well as me and they wear the gloves and apron when they are preparing it."

People's health care needs were met. Care workers provided care and support to people nearing the end of their life. The registered manager told us, "Most of our packages of care are funded by the Continuing Health Care (CHC) as people are end of life." Documentation confirmed care workers worked in partnership with district nurses, hospice team and GPs. One care worker told us, "We've recently supported someone who was end of life. During one care call, I felt the person was in a lot of pain, so I expressed my concerns to the

family and district nurses and a 'just in case box' was implemented which allowed their pain levels to be managed to ensure they were comfortable and pain free." People and relatives told how care workers helped to ensure their health and care needs were met. One relative told us, "They have called an ambulance in the past and they waited until the paramedics came and they always let me know if he is unresponsive or vague or if he has a tummy upset." One person told us, "She has called the Doctor for me in the past and taken me to Lewes hospital."

Where people used specialist moving and handling equipment, input and guidance from the Occupational Therapist (OT) and Physiotherapist was available within the care plan. Feedback from a healthcare professional praised the service. They told us, "The managers of Caring 4 All have been extremely supportive to the OT role, following handling plans and reporting back any problems. The carers they employ are professional and kind to clients and have done everything and more that is asked of them. I have nothing but positive comments to make based on my experiences of working with them."

Good

Is the service caring?

Our findings

People's experiences of care were overwhelmingly positive. They told us that they were consistently looked after by care workers that were exceptionally caring, understanding and compassionate. One relative told us, "They are caring in every respect they have a personal warmth because they are dealing with end of life and they are very reliable." Another relative told us, "They couldn't be any kinder they are always cheerful with him and very efficient we are very lucky." A third relative told us, "They are kind and caring they will ask me how I am coping as well as my Mum." A fourth relative told us, "Their added support and kindness is a great relief."

People and their relatives told us that care workers were extremely thoughtful and empathetic towards their needs, showing high levels of compassion and empathy, going out of their way on a consistent basis to ensure that people's needs were more than met. In the provider's PIR, they told us of a recent example of one person who was receiving end of life care. They desperately wanted to visit a club they had been a member of for years just for one last time. 'They had been a very active member of the club and wanted to say his good byes to all his friends. Following an assessment care worker was identified to help take the person to the club one Sunday lunch time. The person was delighted; he saw all his friends for a couple of hours and then went home. He passed away the following Wednesday.' People and relatives unanimously told us how care workers 'went above and beyond.' One relative told us, "They sit and chat with her and a couple of them go and visit her out of hours they are like friends of the family." One person told us, "When I was in the hospice they called in to see me and had some dinner."

In November 2015, a family member wrote to a local newspaper praising the kind and caring nature of the care workers employed by Caring 4 All. An abstract from the article included, 'I've just read another story in the paper about the terrible way that people who call themselves carers treat the elderly. So I thought I would let people know there are still some wonderful carers to be found and we have found such carers from a company called Caring 4 all.'

People and their relatives valued their relationships with the care team and how care workers did things that made them feel cared for and enhanced their well-being. One person told us, "They are very willing to do anything for me and we chat about their family and my life." A relative told us, "She always seems comfy with them and they will sit down with her and have chat and a cup of tea." Another relative told us, "They reassure the family and are patient with her and I know we are in good hands that's how they make us feel." A strong visible, person-centred culture was evident and the management team and care workers were exceptional in helping people and their relatives to express their views. People and their relatives told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. Mechanisms were in place to ensure people's care plans and packages of care were reviewed on a regular basis. The registered manager told us, "We complete a six week review after the package of care has started; we then complete a six month telephone review and a yearly review." Any changes required following a review were subsequently updated in the individual care plan. For example, following one review, it was identified that the person was managing their personal care independently and assistance from the care workers was no longer required. This was subsequently updated within the care

plan to reflect this change in need. Relatives spoke highly of how involved they were made to feel. One relative told us, "The manager phoned me last week to see if everything was alright and I know that I can get hold of her when I want."

People and their relatives told us they felt really cared for and that they mattered. People told us how they were exceptionally happy with the care they received, and said they saw care workers who knew them well and treated them with kindness. With compassion, care workers spoke about the people they supported. One care worker told us, "I support one person who is lovely; they have the best sense of humour. We enjoy a good chat and they enjoy 60s music, so we also have a sing along." Care workers told us how they enjoyed supporting people and recognised the importance of humour when engaging with people. Relatives also told us how care workers engaged positively with their loved one. One relative told us, "Even though she has dementia she has a laugh and a good old time with them."

Care workers were highly motivated and inspired to offer care that was kind, compassionate and respected people with the up-most dignity. One person told us, "They are very nice and I respect them and they respect me." Care workers demonstrated a firm understanding and awareness on how to uphold people's dignity within their own home. One care worker told us, "We always make sure doors are closed, curtains are also closed. If providing a bed bath, I always make sure areas of the body I'm not washing are covered up and explaining everything I am doing." Another care worker told us, "Some family members like to stay in the room while we provide personal care which is understandable. But we do try and suggest they leave the room, so the person can have some privacy."

People could be confident that good practice would be maintained for their end of life care and that they would experience a comfortable dignified and pain-free death. End of life training was provided to care workers during their induction and care workers spoke highly of how they felt they provide kind, compassionate and empathic end of life care. One care worker told us, "We always ensure they are comfortable, if they are experiencing pain, we take action to ensure that pain is relieved and they are pain free." Another care worker told us, "We build a rapport with the person and their family and try and make it a positive situation. We try and bring some sunshine into their life and ensure they are comfortable and most importantly, where they want to be, at home." Relatives spoke highly of the caring nature of care workers and their ability to provide empathic, kind and compassionate end of life care. One relative told us, "I'm staying with her at the moment and they are a big help to me nothing is too much trouble for them like they will help flush the catheter tube and help with Mums teeth they go the extra mile. They are talented in palliative care and she likes them."

Compliments had been received from various family members thanking the registered manager and care team for their dedicated and support during their loved one's final few days. Comments included, 'It would not have been possible for (person) to have remained at home if not for a dedicated team of gems. Our last moments with (person) were so special, because they were where they wanted to be, at home. Thanks to you all.' The registered manager told us, "We always attend the funeral, even if I can't, the care workers will. Family members have even arranged for the funeral to be in the afternoon, so we can attend. It's important for us and a way to support the family."

Care workers demonstrated an in-depth application of people's individual needs and were exceptional in enabling people to be as independent as possible. One care worker told us, "We encourage people to do as much for themselves as possible. For example, I support one person who I encourage to wash their own face and front." Another care worker told us, "We support people to be independent. One person likes to help us by assisting with their morning wash." People confirmed they felt care workers enabled them to have choice and control whilst promoting their independence. One person told us, "They are very encouraging to me

and respect my independence because I try and do what I can and when I am down in the dumps they try and cheer me up." Another person told us, "They are very friendly and I am not made to feel like nuisance they are very caring and patient with me. They care for me as human being and I am not gaga and if there was any nonsense I would not stand for it." One relative told us, "She is determined to be independent not infantilised and they encourage her such as if she wants anything from upstairs she will try and do it herself." Another relative told us, "He is not mobile but they encourage him to do things like managing to wash his hands in the sink."

Good

Is the service responsive?

Our findings

Care workers were knowledgeable about people and responsive to their needs. Feedback from satisfaction surveys demonstrated that people felt confident in raising concerns or any complaints. People and their relatives felt care workers were responsive to their needs. One relative told us, "They are well tuned in to our needs and are very reliable." Another relative told us, "They understand her needs and she is always told who is coming and they never rush her."

The provider had processes in place to fully assess people's care needs before they started to receive care. Information was gathered from a variety of sources and where possible from the individual themselves. However, due to the care needs of some people, this was not always possible. People's initial assessments and risk assessments were used as the basis for detailed care and support plans. Care plans took as their starting point how the person wanted and needed to be supported. Care plans covered areas such as; mobility, continence, eating and drinking, communication, bathing and personal care. Care plans also detailed information on the care and support that people required from care workers at each care call. For example, one person had a 30 minute morning call, 30 minute lunch call and a 15 minute teatime call. The care plan provided an outline of the tasks required to be done at each care call. During the morning call, encouragement with personal care was required, support with breakfast, continence care and leaving the property clean and tidy. This provided the care workers with a clear overview of the level of support and tasks required at each care call. Care workers told us they found the care plans helpful and informative, enabling them to provide safe, effective and responsive care.

Personalised care planning is at the heart of health and social care. It refers to an approach aimed at enabling people to plan and formulate their own care plans and to get the services that they need. Personalised care plans consider the person's past, their life story, their wishes, goals, aspirations and what's important for them when receiving care. Due to the nature of people's care needs and the short amount of time that Caring 4 All may be providing care for, it was not always possible to obtain information on people's hobbies, interests and past employment. The registered manager told us, "We try and obtain information about the person's hobbies, aspirations and interests. However, due to the sensitive nature of the situation at times, it is not always appropriate to seek this information. However, through building a rapport with the person and their family, this information is provided and added to the care plan." People, relatives and care workers spoke highly of the care plans and felt they provided the information they needed to know to provide safe, effective and responsive care. One relative told us, "The manager pops round to see us and they monitor the care plan and the book we have. When the ambulance people came once they complimented them on how good the plan and the book was."

The delivery of care was personal to each person and responsive to their changing needs. Care workers told us how they would stay on longer at a care call if they had concerns over somebody's wellbeing. One care worker told us, "The other day I stayed an hour longer at a care call as the relative needed to pop to the shops to get some medicines and they were worried about leaving their loved one. To help them, I stayed that extra hour, while they went to the shops." Care workers confirmed they felt they had sufficient time at care calls to provide personalised care. The registered manager told us, "We have an extremely good

relationship with the CHC team. I can just call them to say we need more time and they will agree the increase in the package of care." Where concerns over people's wellbeing were identified, prompt action was taken. The registered manager told us, "Recently I undertook the morning call for one person. I felt they were extremely confused and disoriented and confused. I liaised with the care workers and agree to do another care call to check on them. I was glad I undertook another care call to check on them. They were less confused and I was glad I checked on them again."

People confirmed they felt able to express their views, opinions or raise any concerns. One relative told us, "Never had to complain and as far as I can see her needs are met and they do it with a happy heart." Another relative told us, "The other day one of the care workers came and had a cold so I contacted the office and they reacted straight away by providing me with face masks for the staff when the need arises." A third relative told us, "They do a good job it's what it says on the tin. It is not an easy job and I couldn't cope with it. I live 30 miles away and I think they are special people I cannot fault them in any way." Information on how to make a complaint was provided to people when they first started receiving care and people confirmed they felt any complaint would be dealt with and acted upon. The complaints policy was also accessible to people within their homes, as a copy was available in their care plan. The policy set out the timescales that the organisation would respond, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have. The provider had not received any formal complaints in over two years.

With pride, the registered manager kept a folder of all compliments received over the years. Compliments had been received from people, relatives and other healthcare professionals. A recent compliment received from a relative was, 'I would like to take the opportunity to thank you and all your staff for the excellence care my loved one received from your company. It was a sudden ray of sunshine twice a day when the girls arrived.'

Requires Improvement

Is the service well-led?

Our findings

People, relatives and care workers spoke highly of the provider and registered manager. One relative told us, "The manager is very approachable and does some of the calls herself and you can speak to her." Another relative told us, "They are like a very personal small company and all the girls are local and are happy to work for the company." One care worker told us, "The manager and director are extremely approachable and always listen to any concerns I have." Another care worker told us, "I really enjoy working for Caring 4 all." Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas.

The system to monitor and identify whether people received their support on time and for the agreed support time was not consistently effective. An electronic system was not in place, therefore the provider was reliant upon care workers recording the start and end time of care calls on the person's daily notes. We looked at a sample of daily notes and found a consistent theme that care workers were not consistently recording the time they left the care call. This meant the provider was unable to demonstrate and evidence that care workers were staying the allocated time. The registered manager told us, "We identified this as a concern back in July 2016 and sent out memo's to staff and discussed it at staff meetings, but it had remained an on-going issue." The registered manager and director discussed how moving forward they would begin to audit the daily records at the end of month to identify if it's the same care workers not recording the end times of care calls. They commented, "If it is the same care workers who are failing to record the timings of care calls, it will result in disciplinary action."

Where care workers had recorded the start and end time of care calls, we found that documentation reflected they were not consistently staying the allocated time. For example, one person was funded for four care calls daily. Care workers were allocated 45 minutes at each call. However, daily notes often reflected care workers were only staying 10 or 15 minutes. The director told us, "Sometimes, people and their relatives don't want the care workers to stay the allocated time. If the care workers have completed the tasks in 15 minutes and there's nothing else for them to do and the person doesn't want them to stay, they will leave the care call." Care workers also confirmed that sometimes they were unable to stay the allocated time as the person or their relative did not wish them to do so. Care workers also confirmed that they always asked if there was anything else they could do before leaving a care call. However, documentation failed to reflect this. Therefore, the provider was unable to provide a robust audit trial of why care workers were not staying the allocated time at care calls.

Despite poor documentation, people and their relatives raised no concerns and we assessed that this had no direct impact on the level of care that people received and was a concern with documentation only. People and their relatives praised the service and raised no concerns that care workers were not staying the allocated time. One relative told us, "They stay the allocated time." Another relative told us, "Yes they do stay the time no problems with that they stay longer sometimes to make sure all her needs are catered for." A third relative told us, "They stay on time and they will sit with him and read a book to him or play dominoes they are excellent." However, robust systems were not in place for the governance of care calls and ensuring that documentation was correct.

We recommend that the provider seeks guidance on the governance of care calls.

Systems were in place to obtain feedback from people which was used to help drive service improvement. Satisfaction surveys were sent out on a regular basis. Feedback from the recent survey in May 2016 noted that 100% of respondents recorded that they were happy with the way the office dealt with their queries. Where shortfalls were identified, a service improvement plan was implemented. For example, eleven percent of respondents recorded that their care worker did not arrive within 30 minutes of the expected time. The action plan for improvements included 'If care workers are running 30 minutes late, the office will make contact with the client and advise them of the situation and the expected visit time.' However, the provider did not have a robust quality assurance framework in place. For example, they were not completing internal audits. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people. The director and registered manager told us, "We have informal systems, such as every month we will review MAR charts and take action if any omissions are evident, but we don't record this. If we have any concerns, we will take action immediately but don't necessary record this."

Care plans were also not subject to a formal audit. Therefore, there was no formal mechanism in place to continual improve and expand upon care plans. We found care plans contained the information required but further work could be undertaken to expand and improve the care plans. For example, people at high risk of skin breakdown, there was not a robust skin integrity risk assessment in place. Care plans considered skin conditions and whether the skin was intact, but for people who were bed bound, guidance was not in place to prevent the risk of skin breakdown. Care workers told us of one person who was receiving input from the district nurses for skin breakdown. The district nurses had provided them with a turning regime and advised to monitor the dressings. Although care workers were aware of this, this information was not recorded in the individual's care plan.

Assessment of risk is a significant component of safe care. Guidance produced by the Health and Safety Executive identified that the 'risk to both the person being cared for and those providing care, will vary greatly according to the individual's needs, the environment where care is provided, the type of care being provided and the competence of the care worker'. Moving and handling risk assessments were in place, however, this just totalled the risk (for example, low medium or high) and failed to provide a personalised moving and handling plan. Information was available within the person's care plan on the sling loop attachments to be used; however, the risk assessment did not explore the range of activities where a person may require assistance with moving and handling. For example, transfers from bed to chair or bed to commode. Training records confirmed care workers had received moving and handling training and care workers demonstrated a firm awareness of how to safely move and transfer people. The absence of a robust quality assurance framework meant the provider had not identified this shortfall. The provider was responsive to our concerns and started to implement moving and handling plans subsequent to the inspection.

We assessed that the absence of a robust quality framework had no direct impact on the quality of care that people received. However, it meant that the provider was not identifying how they could improve the running of the service. We recommend that the provider considers a robust quality assurance framework which governs the running of the care agency.

There was a positive culture in the agency, the management team provided strong leadership and led by example. The registered manager and director regularly went out and provided hands on care. The registered manager told us, "By both working in the field, we have constant contact with all clients and care workers." Care workers spoke highly of the leadership style of the registered manager and spoke with pride

for working for Caring 4 All. Staff meetings were well-regarded by care workers. They confirmed the forum of a staff meeting provided them with the time to air any concerns, discuss practice issues and share learning. One care worker told us, "Staff meetings are a good opportunity for us to all get together, share ideas and talk about things." Minutes from the last meeting in September 2016 demonstrated that CQC, annual leave, supervisions, training and general staff discussion were discussed.

The ethos and philosophy of the agency was embedded into every day to day practice. The registered manager told us, "We are a small company but we have a good reputation within the local community and with CHC. I have recruited the best staff and that's a key strength of the company. Our vision is to ensure every person is recognised, supported and offered the service to help them maintain their independence, wellbeing and dignity." The registered manager acknowledged that the key strength of the agency was unity and how everyone worked together. This was echoed by care workers who confirmed team work was highly valued. One care worker told us, "As we are a small team, we all get to work together which makes a real difference." As part of having a dynamic and confident workforce, Caring 4 All had signed up for the Social Care Commitment. The Social Care Commitment is the promise to provide people who need care and support with high quality services. Employers and employees, across the whole of the adult social care sector, sign up to the commitment pledging to improve the quality of the workforce.

Systems were in place for the registered manager to keep up to date with changes in policy and legislation. They told us how they attended local forums, such as the East Sussex's older people's forum and registered manager's forum.