

# Handle With Care Redditch And Worcestershire Limited

## Caring People

### Inspection report

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Date of inspection visit:  
19 February 2019  
22 February 2019

Date of publication:  
14 March 2019

### 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

Caring People is a domiciliary care service which provides personal care to people who live in their own homes in Redditch. There were 29 people using the service at the time of this inspection.

This comprehensive inspection was carried out between 19 and 22 February 2019.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People and their relatives felt the service provided by Caring People was safe. Staff understood how to report any safeguarding concerns and felt the registered manager would act on their concerns. The provider carried out recruitment checks to make sure only suitable staff were employed. Appropriate numbers of staff were in place to support people. People were supported with their medicines by staff who were appropriately trained and had their competency to administer medicines checked regularly.

Staff said they felt supported and received regular supervision and annual appraisals. Training was up to date and refreshed regularly. Staff assisted people with their eating and drinking needs where necessary. The service worked with other health and social care professionals where relevant. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt staff were caring and gave positive comments about their relationships with staff who supported them. Staff treated people with dignity and respect. They helped people to maintain as much independence as possible.

People received personalised support and were involved in planning their support. People were provided with information about what to expect from the service, their rights and the complaints procedure.

People, relatives and staff said the management team were approachable. The provider had a system in place to gain the views and opinions of people who used the service. The registered manager carried out a number of checks to monitor the quality of the service.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Caring People

## **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 comprehensive inspection was carried out between 19 and 22 February 2019. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made phone calls to people who used the service and their relatives.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG).

During the inspection we spoke with six people who used the service about the care they received and two relatives. We also spoke with the registered manager, the care coordinator, one member of the finance team and three care staff.

We looked at the care records of two people who used the service and the personnel files of three members of staff. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

People and relatives told us the service was "safe". Their comments included, "They come once a day and yes, I would say that the care is definitely safe" and "I feel they are safe with how they deliver her care."

There were effective processes in place to manage safeguarding. Staff received training in safeguarding which was refreshed on a regular basis. Staff were confident the registered manager would act on any concerns. Staff were clear about what constituted abuse and how they could recognise if someone was being abused.

The registered manager kept a record of all accidents and incidents. Where lessons had been learnt from any incident these were discussed with staff during team meetings or supervisions.

We checked the provider's recruitment process. Staff files contained application forms, checks of employment gaps, interview documents and identity checks. New employees had received clearance from the Disclosure and Barring Service that they were able to work with vulnerable adults and could do so without restriction.

Appropriate policies, procedures and arrangements were in place for the safe administration of medicines. Medicine administration records were completed as required and signed to show people had received their prescribed medicines at the right times.

Risk assessments were carried out to check people's support could be provided in a safe way. For example, moving and assisting assessments. Staff had access to gloves and aprons and had training in infection control.

Rotas were issued on a weekly basis by email or post whichever the person preferred. We saw that some calls were completed by individual care staff and some by two care staff where a person's needs were more complex.

## Is the service effective?

### Our findings

People told us staff had the skills they needed to support them effectively. Their comments included, "The staff appear to be adequately trained for their role and the care is thorough", "They provide a very good standard of care and I feel that I can put my full faith in them to look after [name]" and "I get on well with the carers and the main one I have is like an adopted daughter. They know me well and will chat and have a giggle."

Prior to supporting people new staff members completed a full induction. This included commencing the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours of a staff who is new to care.

Shadowing shifts formed part of the provider's induction process where people were introduced to new staff members. One staff member told us, "[Registered manager] came out and worked alongside me, we then discussed the observation back in the office."

The registered manager kept a log of all staff training to ensure refresher training was booked in a timely manner. Staff told us their training was up to date. Their comments included, "I did one week of training, all the essential stuff" and "I've have done safeguarding and my NVQ, it's all up to date."

Staff told us they were supported by regular supervisions and appraisals. Comments included, "Yes we have supervision and an appraisal", "I have regular supervision with [coordinator]" and "We can speak to them [registered manager] any time if we have a problem." Records demonstrated that discussions around personal development took place to support staff in their learning.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Where people lack mental capacity to make decisions, any decisions made must be in their best interests and in the least restrictive way possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings any restrictions placed on people need to be authorised by the Court of Protection (CoP). Caring People did not support anyone subject to an authorisation by the CoP. The registered manager and staff understood the MCA and had received training in this area.

People were supported with their dietary needs and guidance had been sought from appropriate health care professionals where necessary. We found records to demonstrate people were supported to access healthcare services. Staff contacted the doctor or community services for advice and support if someone was unwell.

## Is the service caring?

### Our findings

People and relatives had many positive comments to make about the caring nature of the care staff. These included, "The staff are polite, helpful and kind. They show real concern and interest in me and as things can vary for me from day to day, they are encouraging when I have a bad day," "The care staff are all empathetic and some even call in to visit on her birthday. The staff all seem to have the same values and they are faultless in how they communicate and deal with my [relative]", and "There is never any rush and I feel my own wishes and beliefs are respected."

A couple of comments suggested that staff could be pressured by time. We discussed how calls were managed and found that there was an element of traveling time included. The registered manager advised that at times one call may take a little longer which did have an impact on remaining calls.

People were involved in planning their care and records showed support was based on their individual needs. The support the person required and the preferred time for calls was used to plan care.

Staff were aware of how to respect people and promote their dignity. For example, privacy was provided during personal care by closing doors and using a towel to provide dignity. One staff member told us, "It is all about being kind to people, showing respect."

Records showed that people were supported to be as independent as possible. Support plans set out what people could do for themselves to promote their independence and where they needed support from staff. People's communication needs were recorded to ensure staff had the right support and guidance.

The service had a policy on equality and diversity and staff understood how to promote people's rights. Staff respected people's individual beliefs, culture and background.

We saw that records were kept securely in the office and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

The registered manager described how they had supported people to access local advocacy services where necessary. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

## Is the service responsive?

### Our findings

Each person's care records contained detailed information for staff's support and guidance. Care records were reviewed and updated whenever there was a change in need. People told us they were involved in how their care was delivered. Their comments included, "There are regular daily notes and a care plan which is looked at monthly and I know it has been reviewed recently. The care staff are always asking if anything has changed so it feels like the reviews are part of an ongoing process" and "She has a care plan and it is regularly reviewed."

Staff told us they read people's care plans on a regular basis to make sure they were up to date with the person's needs. The support plans we reviewed showed a theme of the service being responsive to people's needs with people being supported to live an ordinary life. One relative gave an example of how the service was responsive. They said, "[Family member] has recently wanted to go to bed at 5pm instead of 7pm and when I mentioned it, it was implemented immediately from the same day. I also had to go away very suddenly and was unable to inform them. Mum told them and a lunch time call was implemented temporarily from the same day. I really couldn't have asked for more."

Care staff kept detailed records of the support provided to people daily. These were kept at the person's home and brought into the office monthly for review and archiving.

The provider used an electronic care management system and staff accessed up to date information via hand held devices. This meant staff had up to date information regarding people's support needs. The registered manager told us, "There is a live feed every day for staff, with close monitoring of the start and end time of calls".

The registered manager advised that staff were required to support people who were at the end of their lives or receiving palliative care. Staff received support and guidance from community nurses.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. The complaints policy was given to new people at the start of their support. People and relatives commented, "I have never needed to complain, in fact they are excellent" and "I have never needed to complain but I would feel comfortable in approaching them if I needed to speak to them."

The service was meeting the Accessible Information Standard. Information could be provided in a range of formats to meet people's needs. This means they provided information in a range of formats to meet people's different communication needs.



## Is the service well-led?

### Our findings

The service had a positive culture that was person centred and inclusive. People who used the service told us they were happy with the support they received. Their comments included, "They seem to be a well-run firm and they are certainly doing everything for me to a good standard. I am perfectly happy with all of my care, all aspects of it", "I am quite happy, it all seems to be well run and can't suggest any improvements from my viewpoint", and "We have had no concerns and everything that the company do is done well. I like to see that the staff are always well presented and in smart uniform. It is a top-notch company and if asked to score them out of ten I would give them 12."

People and relatives felt the registered manager was open and approachable. Comments included, "I know the manager. No improvements are needed as I know my carer does the best for us both" and "There has been a new manager recently who will even come out to deliver the care herself and get to know mum in the process".

The provider had an effective quality assurance process in place. This included audits of the service, including care records and medicine administration records. We viewed the provider's action plan which was updated regularly by the registered manager. Records we saw were up to date.

People and relatives were able to provide feedback on the quality of the service via meetings and surveys. The results of surveys were analysed and any actions were addressed.

Regular team meetings were held. These were recorded and made available for those who could not attend so important information was disseminated to all staff. Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the service and the provider.

The service worked in partnership with many agencies, including the local authority, safeguarding and multidisciplinary teams, to ensure people received joined up care and support.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.