Caires Care Ltd

Caires Care

Inspection report

Balne Lane Community Centre
Balne Lane
Wakefield
West Yorkshire
WF2 0DP

Tel: 07986289441

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20 October 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 20 October 2016 and was announced. This is the first inspection for Caires Care.

The service is a domiciliary care agency that is registered to provide the regulated activity personal care. This includes support with activities such as washing and dressing, the provision of meals and the administration of medication for people living in their own home. On the day of the inspection two people were receiving assistance with personal care. The agency office is situated in a community centre in the centre of Wakefield, and there is parking available for people who
wish to visit the agency office.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager who was registered with the Care Quality Commission (CQC). 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.

We saw there were sufficient numbers of staff employed to meet people's individual needs, and care workers told us that they spent enough time with people to complete the agreed tasks. However, although there were recruitment policies and procedures in place, these had not been followed when new staff had been recruited.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We found that people were protected from the risk of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff received training on safeguarding adults from abuse at the time of their induction and then as refresher training, and understood their responsibilities in respect of protecting people from the risk of harm.

Staff confirmed they received induction training when they were new in post and told us that they were happy with the training provided for them. The training records showed that all staff had completed induction training and the training that was considered to be essential by the agency.

It was apparent that care workers genuinely cared about the people they supported. The feedback we received confirmed that people had positive relationships with care workers and the registered manager. It was clear that care workers and the registered manager knew the people they supported very well.

There was a complaints policy and procedure and this had been made available to people who received a

service and their relatives. At the time of this inspection, no complaints had been received by the agency. There were systems in place to seek feedback from people who received a service and we saw that this feedback was positive.

There had been no accidents or incidents involving people who received a service from the agency or staff. There were documents in place ready to record and analyse accidents and incidents should they occur.

We received positive feedback about the management of the service from everyone who we spoke with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were not recruited following the agency's policies and procedures.

There were sufficient numbers of care workers employed to ensure people received the service that had been agreed with them.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any incidents of abuse to the relevant people.

Any identified risks were recorded and managed with the aim of minimising or eliminating the risk.

Is the service effective?

Good

The service was effective.

The registered manager and staff understood their responsibilities in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had received training that equipped them to carry out their role, both as induction training and refresher training. New staff had started to work towards the Care Certificate.

Is the service caring?

Good

The service was caring.

The feedback we received showed that care workers genuinely cared about the people they were supporting.

People's individual care and support needs were understood by care workers, and people were encouraged to be as independent as possible.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans recorded information about their individual care needs, and their care needs were reviewed every six months.

People were invited to comment on the care and support they received and the responses we saw were positive.

There was a complaints procedure in place and although no complaints had been received by the agency, there were systems in place to record the action taken if any complaints were received.

Is the service well-led?

Good

The service was well-led.

There was a manager in post who was registered with the Care Quality Commission. Care workers and relatives told us that the service was well managed.

People described the culture of the service as 'promoting independence' and 'personalised'.

Quality was measured by carrying out regular care plan reviews and spot checks, and there were audits in place ready for use.

Caires Care

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 registered 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.

The inspection took place on 20 October 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the agency office who could assist us with the inspection. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the agency, such as information we had received from the local authority who commissioned a service from the registered provider and feedback from people who used the service.

The registered provider was not asked to submit a provider information return (PIR) before this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with the registered manager and a care worker. We also spent time looking at records, which included the care records for the two people who used the service, the recruitment records for the two care workers and other records relating to the management of the service, including quality assurance, staff training, health and safety and medication. The day after the inspection we spoke with two relatives of people who used the service and a second member of staff.

Requires Improvement

Is the service safe?

Our findings

We checked the recruitment records for two care workers and saw that the agency's recruitment practices were not robust. Employment references had not been obtained for one care worker and another care worker had only one reference in place. The registered manager explained that one care worker had not worked previously so it was not possible for them to request employment references. We advised that character references were acceptable when it was not possible to obtain employment references. The registered manager told us they had obtained verbal character references but these had not been recorded. The day after our inspection the registered manager sent us copies of written references that confirmed the verbal references.

The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We saw that one care worker had a DBS check in place but the other care worker did not have a DBS or DBS First check in place.

The risks were mitigated to some extent because care workers always worked in pairs, and were frequently paired with the registered manager. However, because employment checks were not robust, there was a lack of evidence that only people who were considered suitable to work with vulnerable people had been employed at Caires Care.

This is a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There were enough staff employed to ensure people received the correct level of support. The agency employed two care workers and the registered manager also carried out care and support tasks. Two people received a service from the agency and they were always supported by two of the three staff working in pairs. The registered manager told us that both people who used the service received support in the morning and in the evening. They received support at the same time each day and staff told us they were allocated sufficient time to make sure people received the support they required. One care worker told us, "We have plenty of time to get to know people well. We do not have to hurry."

We checked the care plans for the two people who received a service from the agency and saw they contained a risk assessment that recorded any identified risks to the person's environment and how these could be minimised to protect the person concerned and any staff who visited the person's home. In addition to this, the risk assessment recorded any risks specific to the person whilst they were in receipt of support, such as their ability to weight bear and whilst walking. We noted that the risk assessment recorded the equipment people required during transfers, to move safely around their premises and when using the bath or shower.

The registered manager told us care workers completed training on safeguarding adults from abuse during

their induction period, and the staff who we spoke with confirmed this. We noted that this topic was missing from list of subjects recorded on the induction certificate and the registered manager assured us they would rectify this. The care workers who we spoke with were able to describe types of abuse they might become aware of and were clear about the action they would take if they had any concerns. They told us that they would report any concerns to the registered manager, and were certain the information would be shared with the relevant professionals, in accordance with the agency's policies and procedures.

We saw the folder where information on safeguarding adults from abuse was stored. This included a copy of the agency's policies and procedures and information about the local arrangements for reporting concerns to the safeguarding adult's team. The registered manager told us there had been no incidents that required an alert to be submitted, and we did not see or hear any information to indicate otherwise.

Staff told us that they would use the agency's whistle blowing policy if needed and they were confident that this information would be handled confidentially. Whistle blowing is when a person tells someone they have concerns about the service they work for.

There was a system in place to record any accidents and incidents, although no accidents or incidents had occurred. The registered manager understood when they needed to submit a notification to CQC to inform us of accidents and incidents, and told us they would audit any accidents or incidents that did occur to assess whether there were any areas that required improvement.

The agency's mobile telephone had all of the required telephone numbers stored in it. The computer and mobile telephone were password protected. The registered manager told us that they took the laptop and telephone home with them each evening, so they would be able to continue to run the service if they could not access the agency office. The emergency telephone number was clearly recorded on the document given to people who used the service. We discussed with the registered manager how it would be advisable to have a more comprehensive business continuity plan to deal with foreseeable emergencies, and this was acknowledged.

Neither of the people who currently received a service from the agency required assistance with the administration of medication, apart from the application of creams. This was recorded in the daily records rather than on a medication administration record (MAR) chart. We took advice from the CQC pharmacy inspection team and they confirmed that it was acceptable for creams to be recorded on daily records.

We saw that care workers had attended training on the administration of medication so they would be able to provide this service if needed in the future. A care worker confirmed that there was a Caires Care MAR chart ready for use should staff be required to carry out this task, and we saw this on the day of the inspection.

Good

Is the service effective?

Our findings

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 MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people using the service did not have any restrictions in place at the time of this inspection and that no applications had been made to the Court of Protection.

The people who received support from the agency had the capacity to make their own decisions. Care workers described to us how they would assist people to make a decision if they needed this level of support, such as showing them options and giving them enough time to make a choice.

Care plans included a form that recorded the person's consent to receiving support; this included a statement that people's needs could change and that they had the right to withdraw their consent. We noted that the forms for both people who used the service had been signed by the person's spouse and we discussed with the registered manager how it was preferable for people to sign their own consent form, or to record on the form that the person was not able to consent. This was acknowledged.

The registered manager told us that the training considered to be essential by the organisation was induction and orientation, moving and handling, medication and dementia awareness. The agency used an on-line training company to provide some staff training and other courses were carried out via face to face training.

Records in staff files showed that induction training consisted of moving and handling, health and safety, infection control, personal care, 'the law' and fire safety. Staff confirmed that they completed induction training before they worked as part of the staff rota and that they shadowed other staff as part of the induction process. The long-term member of staff told us they completed induction training alongside the new care worker and that this constituted refresher training for them.

We noted that staff were observed by the registered manager each week for the first twelve weeks of their employment. They also had a meeting with the manager when they had been in post for three months. This demonstrated that the registered manager had systems in place to observe a care worker's practice to ensure they were suitable for the role in which they had been employed.

New staff were also expected to complete the Care Certificate; the Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are

expected to work towards. One care worker confirmed to us that they had completed Level 1 of the Care Certificate since they had commenced work at Caires Care in April 2016. Another member of staff has enrolled on the Qualifications and Credit Framework (QCF) Level 5; this award has replaced the National Vocational Qualification (NVQ) training programme.

Staff had been issued with a handbook that contained information about their employment and the standards that they were expected to adhere to. This included brief details of some of the agency's policies and procedures, including confidentiality, equal opportunities, induction training, protective clothing and handling people's money. This meant that staff were clear about the role for which they had been employed.

Staff told us they did not have formal supervision meetings with the registered manager. However, they worked alongside the registered manager regularly and the registered manager carried out spot checks. This meant that the registered manager and staff had regular opportunities to discuss any concerns and that the registered manager was able to monitor staff practice. One care worker told us, "I feel well supported by [the registered manager] and my colleague."

None of the people who currently received a service from the agency required assistance with meal preparation. However, people's nutritional needs were assessed and this information was recorded in care plans. Care workers told us that they had undertaken training on nutrition and food hygiene should they need to provide this type of support.

Both people who received support from the agency lived with their spouse. Staff told us that they did not need to contact health care professionals on people's behalf, but they would not hesitate to ring a person's GP if they thought this was required, or to contact health and social care professionals to seek advice.

Good

Is the service caring?

Our findings

The two relatives we spoke with told us that staff seemed to genuinely care about the people they were supporting. Comments from relatives included, "[Name] likes them because they talk to him – they have a good laugh. He looks out for them when they are due", "I can't praise them enough. They are marvellous with [Name]" and "Yes, they definitely care. I am very satisfied. They are very good staff." One care worker told us, "Staff genuinely care. They don't do the job for themselves, but for the customers. We have plenty of time so we get to know them" and another care worker said, "We care - definitely. [The registered manager] is very particular about who she employs."

The registered manager told us that they did not currently require a call monitoring system as they attended the same two people each day, at the same times. People's relatives were asked to allow care workers 15 minutes after the agreed arrival time to allow for heavy traffic and other delays, but after that they should ring the office to report that their care worker had not arrived. People who we spoke with were happy with the consistency of the service and said that care workers almost always arrived on time. They confirmed that they had never had a 'missed call'.

The relatives of people who received a service from the agency told us that they were kept informed of any information that might affect their family member. The relatives who we spoke with confirmed care workers completed records every time they visited their home. One relative told us, "Yes, I can read their notes. They are very thorough."

The agency's statement of purpose included information about a local advocacy service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. The handbook provided details of other important contact numbers such as the Care Quality Commission, the Local Government Ombudsman and the local Social Services Department. This meant that people had easy access to these contact details.

We asked staff how they ensured they protected people's privacy and dignity whilst assisting them with personal care. They told us they would ensure doors were locked, curtains were closed and that people were covered to protect their dignity. People's relatives told us that care workers respected people's privacy and dignity, and one relative added that care workers had initially asked how they liked to be addressed, which they felt demonstrated that staff were respectful. We noted that care plans recorded whether the person preferred a male or female care worker.

Discussion with the staff revealed there were people using the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We were told that those diverse needs were adequately provided for by the service. The care records we saw evidenced this and the registered manager and care workers displayed empathy in respect of people's needs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Care workers told us they encouraged people and prompted them to be as independent as possible. One care worker told us that they understood people could carry out tasks on some occasions but not on others. They encouraged people to try but then assisted them if it was clear they needed support.

Good

Is the service responsive?

Our findings

We reviewed the care records for the two people who received a service from the agency. They included an assessment in respect of the person's general health, their likes and dislikes, their personal history, family members, details of any other health care professionals involved, their way of communicating and their personal history. Each person had a care plan that recorded specific information about how the person wished to be supported, such as, "I would like to be assisted to the side of my bed. I can then walk with my frame". There was a record of the equipment staff needed to use to assist the person to move safely, and the number of care workers that were needed to carry out these transfers or tasks. We saw that daily notes recorded the tasks carried out by care workers and the person's general well-being.

The registered manager told us that they reviewed each person's care plan every six months. Care plans were re-printed on each occasion and people were asked to sign their updated care plan. This provided an up-to-date record of the person's care and support needs.

We asked care workers how they got to know about people's individual needs and they told us they would look at the person's care plan before they started to support them. One care worker told us, "I felt I knew people before I ever visited them." We saw that care workers had signed a document to evidence they had read each person's care plan. It was clear that care workers had a good understanding of people's individual care and support needs.

We saw copies of spot check forms in people's care plans. These were used to record unannounced visits by the registered manager when they checked time and attendance records, care plan / task lists and medication records. Care plans also included a customer satisfaction survey. This asked people who used the service questions about choice and control, independence and staff training. There were twenty questions in total and we saw that people responded 'strongly agree' or 'agree' to all of the questions posed. This showed that people had an opportunity to express their views about the service they received.

The registered manager told us that people received a customer handbook and copies of their care plan and contract in one folder, and that another folder held daily notes and copies of MAR charts should they be needed. This meant that people had information about the agency's aims and objectives, values, privacy and dignity, a staff profile, details of the registered provider and manager, confidentiality, equal opportunities and risk taking / risk management and the complaints policy and procedure.

The registered manager told us that no complaints had been received by the agency. We saw that there was an audit form ready for use to record any complaints received and the outcome of satisfaction surveys.

Staff told us they had not received any complaints from people who received a service. However, they said they would report any concerns or complaints that had been shared with them to the registered manager. They were certain that the registered manager would listen to these concerns and take the appropriate remedial action.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. At the time of this inspection the manager was registered with the Care Quality Commission (CQC), meaning the registered provider was complying with the conditions of their registration.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had not submitted any notifications. We explored this with the registered manager and it was clear that they understood when they needed to submit a notification to CQC and that there no incidents had occurred that required a notification to be submitted.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

We asked the registered manager about the culture of the service. They described it as, "A service that people deserve, including promoting independence and choice. People should receive their care how they want to." One care worker told us that the agency was, "Amazing, caring, efficient, reliable and personalised." Another care worker said, "We are there for the customer and what the customer needs. We really care. We know the 'ins and outs' about people so their needs are met."

Care workers told us that the registered manager was "Fantastic" and "I can't knock her. I can speak to her at any time." We also received positive feedback about how the agency was managed from the relatives who we spoke with.

The registered manager told us that they did not hold staff meetings as they and the two care workers worked alongside each other on a daily basis and had continuous discussions about people's needs. The registered manager carried out spot checks at people's homes and distributed satisfaction surveys. They felt that this provided sufficient opportunities for people to give feedback about the service they received, as there were only two people currently using the service and two care workers employed by the service.

Since the service had been in operation there had been no accidents or incidents, no complaints had been received and there had been no missed calls. The registered manager had quality assurance documentation such as audits ready for use, but due to the size of the agency these had not been introduced. The registered manager planned to introduce these audits as the service expanded. At present the registered manager worked alongside both care workers and checked daily records on a regular basis and during spot checks and care plan reviews.

It was apparent from the information we saw that the registered manager was aware of good practice guidance in respect of MCA / DoLS, and other requirements of the Health and Social Care Act 2014. They told us they kept up to date with new developments by checking the CQC website, the local authority website

and by reading care sector publications.

We asked a care worker if there had been any learning from accidents, incidents or complaints. They said they could not recall any occasions when things had gone wrong. They said there had only been one incident when they were late for a call due to road works and heavy traffic, and that they had telephoned the person they were due to visit to inform them they would be late.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: Information to confirm people's suitability for their role as care worker had not been obtained. Regulation 19 (3)(a)(b)