Mr Peter Paul Hunter

Caring for You

Inspection report

The Old Bakery, 158 Bridge Road
Horbury
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West Yorkshire
WF4 5NR

Tel: 01924271132

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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 July 2016 and was announced. The service had been registered with the Care Quality Commission since May 2011 and had previously been inspected during July 2014, when the service was found to be compliant in all areas inspected.

Caring for You provides domiciliary care services to people in their own homes. The people who receive these services have a wide range of needs. At the time of the inspection, the service provided care and support to 22 people.

The service had a registered manager in post, who was also the registered provider, at the time of our inspection. 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 told us they felt safe and staff had received safeguarding training in order to keep people safe. There were enough staff to meet people's needs with a regular, consistent staff team and there were robust recruitment practices in place, which meant staff had been recruited safely. Risks to people and staff had been assessed.

The recording of the administration of people's medicines was not safe. Records did not provide a clear and accurate record of the medicines people were prescribed and the medicines which staff had administered. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt staff had the necessary skills and training to provide effective care. Staff told us they felt supported and we saw staff had received induction and training. Staff received ongoing supervision, although the frequency was not in line with the registered provider's own policy.

We saw from the care files we reviewed the registered manager sought and obtained consent from people, prior to their care and support being provided.

People and their relatives we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were driven to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this.

Some care plans were personalised and others required further development in order to be personalised and person centred. Care plans were reviewed regularly. People were offered choices in relation to their care and support. Appropriate referrals to other health care professionals and services for additional care and support for people were made when necessary.

Regular quality assurance audits took place. People told us they felt listened to and that the service was well led. The registered manager encouraged a culture of openness.

You can see what action we told the provider to take at the back of the full version of the report.

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.

People told us they felt safe and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Staff were recruited safely and staffing levels were appropriate to meet the needs of people who used the service.

The recording of the administration of people's medicines was not safe. Records did not provide a clear and accurate record of the medicines people were prescribed and the medicines which staff had administered.

Is the service effective?

Good

The service was effective.

Staff received an induction and people told us they felt staff were skilled and well-trained.

Consent was obtained from people in relation to the care and support provided.

Staff had an understanding of the Mental Capacity Act 2005, although formal training in this area was not evidenced.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring. Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

The service was flexible to meet people's needs.

Care plans were developed with people who used the service and were reviewed regularly.

People told us they were able to make choices in relation to their care and support.

Is the service well-led?

Good

The service was well led.

People and staff told us they felt the service was well led.

Regular quality assurance checks were in place in order to continually improve the service.

There was an open and transparent culture and the registered manager was receptive to feedback.

Caring for You

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.

The inspection took place on 20 July 2016, with follow up telephone calls being made to staff and people who used the service, and their relatives where appropriate, on 22 and 27 July 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by an adult social care inspector. Prior to our inspection, we looked at the information we held about the service and considered any information we had received from third parties or other agencies.

The registered provided had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform and plan our inspection.

As part of our inspection we visited the registered office and looked at four care plans and associated records such as daily notes and medication administration records, four staff recruitment files, training records, records relating to quality assurance and audits and policies and procedures. We spoke with three people who used the service and two relatives of people who used the service. We also spoke with three members of care staff, the operations manager and the registered provider who was the manager of the service and who was involved in the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

We asked people who used the service if the service was safe. A person told us, "They [the carers] turn up on time and they'll call if there are any problems on the road, so I know."

Another person who received support from the service told us, "Oh yes, I feel very safe and happy. I know some of the staff." This person explained how they knew the staff because they had grown up in the local community and so had the staff.

A relative told us, "They turn up on time every day."

Another relative said, "Safe? Yeah, I'm happy. It's the same three or four people that come. They're on time. We're happy with the times."

Staff were able to highlight risks that were particular to vulnerable people living in their own homes in the community. Staff had received training regarding how to protect people from abuse and understood the signs that might be cause for concern. Staff knew who to report any concerns to and told us they would feel confident to do so, if the need arose. There was an up to date policy on safeguarding. This meant people who used the service were protected from the risk of abuse, because the registered provider had a robust policy in relation to safeguarding and staff were aware of this.

Risks were assessed at initial assessment by a qualified occupational therapist who was also the operations manager. The registered manager and operations manager were able to identify risks such as those relating to the home environment, equipment and bathing for example. Other risks, in relation to people living in their own homes in the community were considered, such as keeping medication safe. Although risk assessments had been completed, we found actions had not always been identified when this was necessary. For example, one assessment stated, 'No' in response to the question, 'Rugs flat and stable?' However, there was no record of action to take to reduce the resulting risk to staff or to the person being supported. We shared this with the registered manager and operations manager, who agreed to address this.

In addition to assessing risks to people who used the service, risks to staff were considered. Staff received health and safety training. The operations manager advised they completed risk assessments in the presence of the carers because, "It is the carers who are potentially at risk." Time was allocated for travelling between different people's homes which reduced the risk of carers feeling pressured and rushed. A staff member we spoke with told us risks to people and to staff were assessed and they felt safe working for Caring for You.

No one who used the service required the use of specialist equipment, such as a hoist. The operations manager checked and monitored any equipment and made arrangements for repairs if this was necessary.

No reportable accidents or incidents had taken place, but the registered manager was able to outline the

actions they would take, should this happened. There was an on call system which operated 24 hours a day, seven days a week. This meant staff were able to request assistance in an emergency. The staff we spoke with told us the on call system worked well and they were able to contact a more senior member of staff when they felt this was necessary.

The registered manager advised they would not increase the number of hours of care provided unless they had sufficient staffing levels to do so. The number of preferred hours that staff wished to work was calculated alongside the number of hours care was provided, to ensure staffing levels were sufficient. Staff rotas were completed weekly and given to staff in a timely manner. This meant staff could highlight any potential conflicts or necessary changes in time for calls to be covered if necessary.

Staff logged in and out of each call. This meant office staff would be alerted to any late or missed calls and action could be taken. However, the people we spoke with told us staff were rarely or never late and there were no missed calls. The people and staff we spoke with told us they were happy with staffing levels and they felt there was continuity of care.

We sampled four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. The registered manager checked carers' car insurance documents, to ensure their insurance covered them to drive as part of their duties and we saw records of this.

The registered manager told us all staff had received training in the safe administration of medication. However, records did not reflect this. We found records which showed a staff member had last received training in relation to medication in March 2013 and we could not see evidence this had been updated. We asked the operations manager who confirmed this person had not yet refreshed their training in this area. We asked whether staff competency was assessed regularly, in relation to managing and administering medicines and the operations manager confirmed this was not the case. This meant staff may not have the necessary, up to date, skills to manage and administer medicines.

We looked at the medication administration records (MAR) and compared these to the information contained within care plans. We found conflicting information. For example, one person's MAR stated the frequency of a medicine was, '500mg take 1 daily,' but the person's client assessment stated, '500mg take 3 times daily.' In relation to a different medicine the MAR stated, '4mg tabs take 2 at night,' and the client assessment stated, '4mg tabs take 4 daily.' We saw on one of the MARs we sampled there was a medicine listed but with no frequency indicated, yet on the person's client assessment the frequency stated, 'take one daily.' This meant there was a risk of the incorrect dose of medicine being administered. The registered manager told us the discrepancies were because the information in the client assessment was taken at initial assessment stage and was not necessarily a reflection of current medication which was updated regularly on the MARs in people's homes.

The MARs were completed inconsistently. For example, staff entered 'R' on the MAR for a person who refused their medicines on some days but then left the MAR blank when the person refused their medicines on other days. On another record, in relation to medicines that were administered, 'as and when required,' some staff entered 'O' (not required) and other staff entered, 'X' (No medication required on this day) when the person did not need their medicine. Some other staff left the recording sheet blank. This showed there were inconsistencies in the recording or medicines.

We discussed our findings with the registered manager and highlighted the risks this presented. The registered manager was receptive to this and agreed to address this issue and consider staff training in relation to the administration of medicines. The examples above demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not safely and properly managed.

Staff had access to personal protective equipment (PPE). The people we asked told us staff wore PPE and staff told us they had adequate supplies. This helped to prevent and control the risk of the spread of infection.

Good

Is the service effective?

Our findings

We asked people who used the service whether staff had the skills and knowledge to support them effectively. A person who was being supported by the service told us, "Staff have been trained. Yes, they know what they're doing."

Another person told us, "I couldn't have had better care in hospital."

A family member told us, "Yes, I feel confident staff know what they're doing. They ring me if there are any problems."

Another relative said, "Staff seem to know what they are doing."

We saw staff had received an induction and this included shadowing other, more experience members of staff. There was an induction checklist which showed staff had received instruction in relation to their responsibilities, risks, personal care, confidentiality and policies and procedures for example. The staff we spoke with told us they felt they had received adequate induction which prepared them for their role. This showed the registered manager had ensured staff received the necessary training and support prior to commencing their caring duties.

Staff who were new to care had completed the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Staff had received training in areas such as moving and handling, equality and diversity, infection prevention and control, end of life care, dementia care, safe handling of medication and safeguarding. This showed the registered manager had taken steps to ensure staff had the necessary skills to perform their caring responsibilities.

A member of staff we spoke with told us they were able to shadow more experienced members of staff before commencing their caring duties. This staff member told us they were introduced to clients before commencing shifts alone. They felt this helped to develop relationships and also prepared them for their role.

We saw staff competence was regularly monitored through quality assurance processes and the staff we spoke with told us they felt supported. A staff member said, "[Name of registered manager] comes out to do a check on me, to make sure they're happy with the type of care. They feedback to me." This member of staff told us the feedback they received was useful. This showed staff were receiving support and guidance to improve their skills where necessary and the registered manager had quality assurance systems in place to improve the quality of care provision.

The registered manager told us staff received one to one supervision every six months and an annual appraisal and there was a supervision matrix in place to help organise staff supervision effectively. In three

of the four staff files we sampled we saw the last one to one supervision sessions had been ten months apart and the fourth file showed this staff member's last two supervisions were eight months apart. This meant staff were not receiving regular support and supervision in line with the registered manager's policy. We discussed this with the operations manager, who advised staff may have received additional informal supervision through another forum, such as staff meetings. One to one supervision is important because it provides staff with the opportunity to reflect and discuss their own learning, development and support needs. The supervision records we sampled showed staff were given the opportunity to discuss what they found challenging, any safeguarding concerns, suggestions and any action points were identified.

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.

The registered manager told us all of the people who used the service had capacity to make their own decisions and consent to the care and support provided. However, the registered manager understood their responsibilities, under the Mental Capacity Act, should they have felt anyone lacked capacity. When we asked staff, they also demonstrated an understanding of the principles of the MCA, although formal training in this area was not evidenced.

People had consented to the care and support they were being given. We saw consent forms in the care plans we sampled. Staff we spoke with were clear that people could make their own choices and they would provide care and support with consent from the person. Staff also emphasised they encouraged people to be as independent as possible.

Good

Is the service caring?

Our findings

We asked people whether staff were caring. A person who received support from the service told us, "They're very, very good. Do anything I ask." This person added, "They're caring and respectful."

Another person we spoke with told us, "They're absolutely fantastic. They'll do anything you need." This person also said, "They help me with personal care. They do make you feel comfortable. I'm not embarrassed with them."

A further person said, "It's difficult. I know you have to remain professional with them, but they are wonderful. They do really care about you." This person explained to us they had shared with the registered manager their preference of carers, because they felt self-conscious when staff were assisting with care of a more personal nature. This person said, "[The registered manager] listened to what was important to me."

A family member told us, "Staff asked about whether or not to close the bathroom door. They respect dignity. They try to ensure [Name] is not completely naked." This family member said, of Caring for You, "They were recommended to me and I'm so pleased. I know I can trust them."

When we asked another family member whether staff treated their relative with dignity and respect, they said, "Oh yeah, they treat people with dignity and respect."

A member of staff told us, "I treat people how I would want my grandma or grandad to be treated." This staff member told us, "In terms of privacy and dignity, I follow what the client wants. I'll ask them what they prefer and how they like things to be done. I close doors to maintain privacy."

Another member of staff said, when they were assisting people with personal care, "I keep the person covered up with a towel as much as possible, to make people comfortable."

We looked at some quality of care review questionnaires which had been sent to people who used the service. In response to the question, 'Do care workers do what you want done?,' we saw a person had responded, 'Always,' and in response to, 'Are you satisfied with the help from Caring for You?,' a person's answer was, 'Extremely satisfied.'

We saw a care plan stated, 'Wait outside the shower room and assist [name] only if required. [Name] will get dressed in the lounge area. Stay outside while [name] is dressed, for privacy.' This showed that, during the care planning stage, people's privacy and dignity were given consideration.

The registered manager had told us they considered which members of staff would be most suited to provide care and support to people and that staff were introduced to the person. The people we spoke with confirmed this. People felt their preferences were listened to and acted upon.

Staff understood their responsibilities in terms of confidentiality. We saw each staff member had been

issued with a confidentiality agreement, which highlighted the care worker had access to sensitive and highly confidential information. Each staff member had agreed and signed the confidentiality policy.

Key safe numbers were kept secure. The care managers used mobile technology to update plans and information and this was encrypted so confidential information was safe and secure.

A member of staff described to us the level of care they provided a person, whose end of life wish was to remain in their own home. Staff had received end of life care training and this member of staff was pleased they were able to provide this care to the person in their own home and they were aware how important this was to the person. This showed the service considered people's end of life wishes.

Staff clearly felt a sense of satisfaction from providing good care. The staff we spoke with were motivated to offer a good service. A member of staff told us they, "Get a lot out of it," when they were assisting people to access clubs and services in the community.

Good

Is the service responsive?

Our findings

A person we spoke with told us, "They're very flexible. They'll always rearrange things if you ask them to. If there's any sort of crisis they'll help and be flexible."

A person told us, "If something wasn't right, I'd make them put it right. I'm not afraid to complain to them. But I haven't needed to. They've never let me down."

A family member, who tended to take over caring responsibilities from the carers when they finished their shift, told us, "Staff are flexible. If I'm running late they'll wait for me."

Another family member told us carers assisted their relative to attend a club in the local community. The family member said, "They used to take [name] to bingo but they were becoming bored. So, through discussions with [name of registered manager] they now take [name] to the local Alzheimer's club. That's good."

We sampled four care records. Care plans contained an assessment relating to the support each person required and essential information such as risk assessments, moving and handling procedures, social history, general health information and medication needs. We found information to be sufficient for care staff to provide the support required.

One of the care plans we sampled shared information regarding the person's likes and dislikes and detailed information regarding how staff should respond to different types of behaviour which the person may have displayed. However, we found some care plans to be brief and they lacked detail in terms of personalised information, such as what the person liked and disliked, how the person liked to be supported and the person's history and background. Including information such as this can help care staff to provide more person centred support for people. We shared our findings with the registered manager and operations manager, who told us they were aware some plans were more thorough than others and this was something they were working to improve.

Some detailed information was included in one of the plans we sampled, such as, 'Prior to visits, please knock and [name] will let you in.' However, other sections of the plan were lacking in detail. For example the plan stated, 'Encourage [name] to do their exercises,' but the plan did not state what the exercises were and what they were for.

One of the plans we sampled contained information which related to two different people, that is, a married couple, who were both receiving support. When we discussed data protection with the registered manager, it became apparent that only one person was actually registered as a client of the service, and whose needs had been assessed. The other person's needs had not been assessed and they were not a client of Caring for You, yet the care plan provided staff with instruction on how to assist the person. The registered manager agreed to address this.

The registered manager told us care plans were reviewed every three months and we saw evidence of this. The care plans we sampled were up to date and had been developed with the person's input and consent.

Some people were given support to access services in the community such as coffee clubs, shopping, the local park, as well as the Alzheimer's club. This showed people received support to maintain contacts and interests in the local community which helps to reduce the risk of people being socially isolated.

People told us they could make their own choices and staff respected this. A member of staff explained, "If I'm helping someone prepare a meal, I'll ask people what they like. Or let them know what they've got in. Sometimes they want a takeaway and I'll go and pick one up. It's up to the client."

The registered manager had received no complaints but was able to outline the appropriate actions they would take, should they receive any complaints. People we spoke with told us they would feel able to complain, should the need arise.

Care staff completed comprehensive daily notes which were signed and dated. We saw discussions had taken place during staff meetings regarding appropriate recording and staff were reminded of the necessary information to record. This helped to ensure records and information were shared appropriately and helped to ensure continuity of care and support.

Staff assisted people to access health care and additional services if required. A person told us of a situation when a carer had noticed their leg was swollen. The carer was insistent the doctor be called, even though the person was resistant at the time. The person told us, "I'd have ignored it. It was the carer who insisted. I'm so grateful they did. The doctor came and did a home visit. It could have been serious."

Good

Is the service well-led?

Our findings

The registered manager was also the registered provider for the service and had been registered with the Care Quality Commission to manage and provide the service since May 2011.

A person we spoke with told us, of the registered manager, "I'm happy with them. They're always available on tap. They do well."

A family member told us, "I've been asked for feedback. They come out and ask for your views and to check everything's okay. Yes, I feel it's well led." This family member added, "[registered manager] and the carers know what they're doing."

Another family member told us they saw the registered manager regularly because they, "Call into the office and have a natter." This family member told us the registered manager would look at any issues and be flexible and also said the registered manager was, "Hands on."

All the staff we spoke with told us they felt supported. A member of staff told us, in relation to the registered manager, "They're kind to all staff. Helpful and understanding."

The registered manager told us they had identified a lack of flexibility in the care market, through their own experience. This was their motivation for establishing Caring for You and flexibility was a key factor in the service provided. The registered manager's vision was to provide a flexible, reliable service. Comments from people who used the service affirmed that flexibility was a feature of the service provided by Caring for You. In terms of growth and the future of the business, the registered manager told us it was important to maintain and improve the quality of service. The registered manager explained they did not wish to compromise the quality of service over quantity of people who used the service.

The registered manager had developed partnerships with other organisations, for example some training was being planned in partnership with a local hospice.

Quality assurance checks took place. We saw records which showed carers were observed in practice. Areas such as whether the carer was on time, whether they introduced themselves to the person they were supporting and whether they read the care plan and explained what they were doing were considered. Specific medication quality assurance checks or competency assessments did not take place and we highlighted the importance of this to the registered manager and operations manager, particularly given the discrepancies in medication administration recording. The registered manager was receptive to this and agreed to consider this further. We saw ten quality assurance questionnaires, which had been sent to people, with a 2016 date written on them. All ten respondents indicated they were either, 'Very satisfied,' or 'Extremely satisfied,' with the service.

The culture of the service appeared to be one of openness and transparency. A member of staff told us, "Staff are good at sharing concerns. We feel able to speak out." Another staff member told us, "Once a

month we have a staff meeting and you can raise any issues you might have." We saw staff meetings were held regularly and staff told us they had the opportunity to share and contribute ideas. We looked at the minutes of some staff meetings and saw they were well attended. Items such as client confidentiality, training and development and changes to clients' needs were discussed. Meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view regarding the standard of care and support that is being provided as well as information sharing with staff.

We saw samples of 'quality of care' questionnaires, which had been sent to people who used the service. The responses were positive and included comments such as, 'Always,' in relation to the question, 'Do care workers come at a time that suits you?' and 'Always happy with the way care workers treat me,' in relation to the question, 'How do you feel about how care workers treat you?' We noted some questionnaires were not dated so it was difficult to determine how recently these comments had been made. We shared this with the registered manager who agreed to give this further consideration.

Regular audits took place. Batches of communication logs were brought to the office, from people's homes, monthly. These were audited and quality checked by a manager. The managers checked information such as the carers' name, any necessary reports had been completed, any incidents had been reported and people's independence had been encouraged as well as checking care and support had been provided in line with the care plan.

The registered manager shared with us their policies and procedures. We saw appropriate policies were in place in relation to areas such as medication, infection prevention and control, safeguarding and the Mental Capacity Act and these were up to date. Having up to date policies helps to ensure the registered manager and staff are working within current laws and identified best practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not properly and safely managed and staff did not follow policies and procedures in relation to managing medicines. Regulation 12(2)(g).