

Caring for You Limited

# Caring For You Adults and Childrens Services

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an announced comprehensive inspection of this service on 7 July 2014. One breach of the legal requirements of the 2010 Regulations which corresponded to the 2014 Regulations was found. People were not always protected from the risk of unsafe or inappropriate care due to the lack of accurate records being maintained. Care plans did not always include full details to ensure staff knew how to provide safe and effective care and the registered manager was not fully aware of the type of support some people needed and as a result care plans were not adequately reviewed. We requested the provider send us an action plan outlining what they would do to meet the regulations. The action plan was received on 9 June 2015 stating the actions would be met by December 2015.

We undertook this announced comprehensive inspection on 10 October 2016 to check whether the service had followed their plan and to confirm that they now met legal requirements.

At the inspection on 10 October 2016 we found the provider had taken steps to address some of these concerns and had improved their knowledge of the support people needed. Care plans and risk assessments had been reviewed and contained detailed information to ensure staff knew how to provide safe and effective care. However quality and safety audits remained ineffective.

Caring for You Adults and Childrens Services provides support and personal care services to young adults, adults and children living with physical and or learning disabilities or autism in their own home. At the time of our inspection there were 14 people receiving this service, however only four people were in receipt of personal care. Three people were under the age of 18 and one person was above the age of 18. There were 13 support workers employed by the service and six of these support workers provided personal care to people. One of the support workers was also a senior support worker who would support the registered manager to complete care plans and risk assessments.

There was a registered manager in place. 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.

Quality and safety audits were not completed effectively. Information in completed surveys were not collated, analysed or used to improve the quality of the service. Incidents and accidents were not always identified, investigated or mitigated to prevent reoccurrence.

Staff had received training on the Mental Capacity Act 2005 but demonstrated a lack of understanding of how the Act could relate to their work and impact people who were over the age of 16 who may lose their capacity. We made a recommendation to the registered manager for them to review the Mental Capacity Act 2005 and its relevant codes of practice.

The registered manager had heard of the Care Certificate but staff had not, however staff did have other

relevant professional qualifications in health and social care which gave them the knowledge to complete their role effectively. The care certificate had not been used within the service as new staff had not been recruited since the last inspection in July 2014. There was a comprehensive induction process.

The ratings from the inspection completed on 7 July 2014 had been displayed on the provider's website. However the inspection report for the inspection completed on 11 February 2014 had been displayed in the office, not the July 2014 report.

Risk assessments were in place and contained sufficient detail to ensure staff had the knowledge to provide safe care. Safeguarding policies and processes were in place and staff had received training and had an improved knowledge of these policies, processes and how to report concerns.

There were enough staff because the service could be flexible to meet people's needs with the agreement of the relatives. There was good continuity of staff and they were on time and provided the full duration of support. Staff received training on medicines and were able to support people with their "as required" medicines. People's daily medicines were given by their relatives.

Staff were trained in a number of relevant subjects, could request and were given training on specialist courses such as gastrostomy and epilepsy and these were refreshed regularly. Staff received a regular supervision and appraisal and felt well supported.

People who required support with eating and drinking were supported to do so in line with their care plan and needs. Staff supported relatives when people required access to healthcare professionals and other professionals.

Staff were kind, caring and respected people's privacy and dignity whilst promoting their independence. Where appropriate people were involved in the development of their care and gave informed consent to their daily care. People's ethnicity and cultural requirements were met. Relatives felt listened to and could raise any concerns about their relative's care.

People's needs were regularly assessed and reviewed. People's care plans were detailed, up to date and personalised. Activities completed were age appropriate and meaningful to people and their relatives. A complaints process was in place; however complaints had not been received since the last inspection.

Positive comments were received about the registered manager by staff and relatives. The registered manager had an open door policy and communicated well with staff and relatives. Relatives and staff had confidence the registered manager would listen to their concerns and the concerns would be received openly and dealt with appropriately.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made a recommendation. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

Relatives and staff said the service was safe and risk assessments provided detailed knowledge of risks associated with people's needs.

There were enough staff to meet people's needs on a flexible basis.

Staff had an improved understanding of the safeguarding policies and knew how to keep people safe.

People were supported with their medicines on a daily basis by their relatives.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff received training on the Mental Capacity Act 2005 but did not have sound knowledge of how this could relate to people who were over the age of 16 who may lack or lose capacity. We have made a recommendation about this.

Staff received an induction; felt supported and received regular supervision, training and appraisal.

People's food and hydration needs were met where required and access to healthcare professionals and other professionals was arranged by relatives and supported by staff.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and respected people's privacy and dignity. Staff encouraged people to be as independent as possible.

Where appropriate relatives felt listened to and people consented to their care and had their needs and wishes respected.

### Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and care plans were completed, up to date and personalised.

The service had not received any complaints; however there was a complaints process in place.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality and safety audits were not always effective.

The rating displayed in the office was the inspection report from a previous inspection completed in February 2014.

Positive comments were received about the registered manager.

# Caring For You Adults and Childrens Services

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

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 supporting this inspection had experience of caring for a relative who was living with a disability.

Before the inspection we reviewed previous inspection reports, safeguarding records and other information received about the service. We checked if notifications had been sent to us by the service. A notification is information about important events which the provider is required to tell us about by law. We viewed the 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.

During the inspection we spoke with five relatives, five support workers, the registered manager and nominated individual, a representative of the provider. We were unable to speak to people who were receiving this service because three people were under the age of 16 and one person who was over the age of 16 was unavailable.

We reviewed a range of records about people's care and how the service was managed. We looked at plans of care for three people which included specific records relating to people's capacity, health, choices,

medicines and risk assessments. We looked at daily reports of care, incident and safeguarding logs, compliments, complaints, service quality feedback forms, audits and minutes of meetings. We looked at the training plan for four staff members and recruitment, supervision, appraisal and training records for three staff members.

We asked the provider to send us information after the visit. We requested copies of their policies and procedures and training plan. This information was received.

# Is the service safe?

## Our findings

Relatives felt the service was safe and felt confident the staff could manage the potential risks associated with the care of their relatives. One relative said they "trusted" their relatives support worker because they had built up a good relationship with them and were very "vigilant" about the risks. Relatives did not have any concerns about the service and were confident they could raise concerns and these would be managed.

At the inspection on 7 July 2014 we found a breach regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risk assessments lacked sufficient detail to enable staff to provide safe and appropriate care. The provider told us in their action plan dated 9 June 2015 they would review and update risk assessments to ensure all the necessary information was added. At this inspection we found the provider was meeting this regulation.

We viewed three people's care records and found risk assessments in place relating to equipment, behaviours people could display which were deemed to be challenging and the environment. The risk assessments were up to date and clearly detailed the risks relating to people. Staff knew the risks associated with people's behaviours and knew how to support the person by being aware of possible triggers, signs and calming and de-escalation techniques to deal with behaviour so that restraint was not required.

At the inspection on 7 July 2014, the provider had a safeguarding policy in place and all staff had received training on safeguarding. However we had concerns not all staff were fully aware of the correct procedures for reporting any suspected abuse. The provider told us in their action plan dated 9 June 2015 they would ensure staff refreshed their knowledge by completing an adult and child safeguarding training course. At this inspection we viewed the training records for all six staff that provided personal care which showed they had all received updated training in safeguarding both children and adults. We spoke with five of the six staff. They were able to describe the different types of abuse, the signs and symptoms to look for, were confident in how to report potential abuse and were aware of other professionals they could raise these concerns with. Safeguarding concerns had not been received into the service since the last inspection. Records confirmed this.

Most relatives and most staff felt there were enough staff to meet people's needs and keep them safe. One relative said they were concerned about the service's limited availability as on one occasion when the support worker was "off work" they had to provide the additional support to their relative. One staff member confirmed there were not always enough staff available during times of planned and unplanned absence. They said "People don't always get the help they need." The registered manager had a process in place to manage planned and unplanned absences. They said, "Other staff were available to cover planned and unplanned absences if the parent chose to have the shift covered." They told us that if the relative chose not to have another staff member these hours would be "banked" and the hours could be used for a longer visit when the staff member was available. Relatives and staff confirmed this. This meant there were sufficient staff available to meet people's needs; however through choice additional staff would be declined.



Relatives said they liked the flexibility of the service and both relatives and staff confirmed the service provided good continuity with regular support workers known to their relative. Relatives did not have any concerns about the times or length of visits. One relative said their child's support worker always arrived on time and stayed for the allotted time. They said the support worker was "spot on" and "reliable". One staff member said they were "given plenty of time to [travel] to the families."

Safe recruitment processes and checks were in place. Although the service had not taken on any additional staff since the last inspection, recruitment records viewed for three staff demonstrated the appropriate checks and recruitment processes had been followed.

Staff received training on medicines and were able to support people with their medicines. On occasions staff would support people with "as required" medicines however staff did not support people with their daily medicines as these were given by their relatives. Records, staff and relatives confirmed this.

## Is the service effective?

### Our findings

Relatives were confident that staff were sufficiently skilled and trained and had a good knowledge of their relatives needs and were well matched. One relative said, "We couldn't have a better match". They said their relative's condition made it hard to find someone and they were "delighted" to have found such a good match for them.

At the inspection on 7 July 2014 the registered manager told us that staff had not yet received training in the requirements of the Mental Capacity Act 2005 but that this was due to take place in the near future. The Act provides a legal framework for acting on behalf of people who lack capacity to make decisions. This Act only applies to people over 16 years of age.

At this inspection we found staff had completed this training but could not demonstrate sound knowledge of how the Act could relate to the support they provided to people. The registered manager had not completed training on the Mental Capacity Act 2005 and did not have good knowledge of the principles of the act. We asked the registered manager their understanding of how the principles of the Act related to their work and they said, "I have no idea." However they were aware that the Act did not apply to people under 16 years of age.

Three of the four people would not meet the requirements of the act as they were less than 16 years of age. Staff and the registered manager confirmed the person over the age of 16 had capacity. However the registered managers lack of understanding of the Act meant they may not be able to identify when a person who was over the age of 16 lacked capacity and as a result people could be at risk of receiving care they have not consented to. We recommend the registered manager review the Mental Capacity Act 2005 and its relevant codes of practice.

People who were over the age of 18 consented to their care, with the support of their relatives. Consent was sought by relatives for those people who were under 18 years of age. Records confirmed this.

Staff were trained in a number of relevant subjects, could request and were given training on specialist courses such as gastrostomy and epilepsy and these were refreshed regularly. Staff confirmed they received sufficient training which gave them the skills and knowledge necessary to support people. Three out of the six staff who provided personal care were in receipt of a higher qualification in health and social care. Staff received a regular supervision and appraisal in line with the provider's supervision policy and felt well supported by the manager. One staff member said they were happy with the training and support they received and had "no worries."

The registered manager had heard of the Care Certificate but staff had not. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager said they had not used this within the service because of the higher qualifications staff had gained in health and

social care. They told us two additional staff would also be working towards gaining a higher qualification in health and social care. New recruits had not been employed by the service since the last inspection, however the registered manager advised staff would complete the required training courses and shadow experienced staff before they were deemed competent to work alone. Staff confirmed this was the induction programme they had completed when they were first employed.

The registered manager told us one person received support with eating and drinking via a gastrostomy tube. We spoke to the relative of this person who said they had no concerns and staff provided appropriate support with eating and drinking. One person required encouragement from the staff member to eat their food but this was prepared by their relative. Records confirmed this.

Staff did not directly support people with accessing health care as this was completed by their relatives. However relatives confirmed they were supported by staff when other health professionals were required such as GPs, physiotherapists or Child and Adolescent Mental Health Services. Staff confirmed this. Relatives confirmed staff would attend regular meetings with other professionals and health professionals at their relative's place of education to discuss changes in their relative's behaviours and their education, social and personal needs. One relative said this had been particularly helpful when their relative was having a "difficult time" as it meant that everyone involved could "talk through the issues together."

## Is the service caring?

### Our findings

Relatives confirmed staff had a kind and caring approach. One said, "[Name] carer is very caring." Another relative described the service as "very friendly" and we received other positive comments such as, "They're always there for us" and "Always there to support us."

Relatives said care staff treated them and their relative with respect. Relatives confirmed personal care was provided in a dignified way whilst promoting their relatives independence. One relative said, "The carer promotes independence by helping with toilet training and teeth brushing. They also get [name] to dress and undress [themselves] – [staff member] encourages [name] to do it [themselves]." Another relative said as their relative had grown older, independence had become more important and as a result the staff took "great care" to ensure the person's privacy was respected and dignity was protected. Staff demonstrated a good understanding of how they respected people's privacy, dignity and independence by closing doors and curtains and taking them into appropriate community facilities when they required support with personal care. One staff member said they always spoke with the person and asked if they would like help instead of "barging in and doing it for them."

Relatives of people under the age of 18 were more involved with the development of the person's care plan. However for the person who was over 18, both they and their relatives were involved. This person's care plan detailed how they were to be involved in their daily care, were able to communicate their preferences and should be given choice at all times. One staff member who provided support to this person confirmed they always listened to this person's wishes and did what they wanted them to do. This person's care plan also reflected their ethnicity and cultural sensitivities. The care plan identified they did not have any specific ethnic requirements but required their own culture to be respected by ensuring staff who supported them could speak and have a good understanding of the English language. Staff who supported this person could speak and understand the English language.

Consent had been obtained and people's care plans had been signed by the appropriate person or relative. Staff confirmed they worked closely with the relatives when supporting people with their care on a daily basis. Staff confirmed where people were unable to make choices as a result of their condition; the choices would be made for the person whilst checking their approval by them using body language or facial expressions or Picture Exchange Communication System (PECS).

Relatives confirmed they felt listened to and could raise any concerns about their relatives care. One relative said how they had "experienced a problem" with their child's initial support worker who they said was "not a good match." The relative raised this concern with the registered manager and they said the support worker was replaced "very quickly." Staff confirmed they always listened to the person when supporting them.

## Is the service responsive?

### Our findings

People's needs were regularly assessed and reviewed by the registered manager or senior support worker. One person's relatives said, "[We are] very happy with Caring For You. [Name]'s needs are met and support is always there.

Relatives confirmed an assessment of need was completed prior to the commencement of the care service. For people under the age of 18 years relatives confirmed they led the assessment process and agreed to the care plan for their child which set out when and how care was to be provided. For people over the age of 18 relatives confirmed both they and their relative were involved in the assessment and care planning process.

We looked at three people's care plans. An assessment of need was present in each person's care plan folder and personalised care plans detailed people's identified needs as well as reflecting their preferences regarding how care was to be provided. This also included the person's likes and dislikes. A timetable was also present in each person's care plan folder detailing the time and duration of visit. For example, one person's care plan detailed how the behaviours they displayed could be difficult for their relative in the morning. The care plan stated the person's relative required support in the morning to get the person changed and to be supported to de-escalate any behaviour deemed to be challenging. The care plan provided details on how this could be done such as by using distraction techniques and offering choices of the person's favourite things such as grapes, biscuits or certain toys. Another person's care plan stated they required support with all aspects of personal care and they were able to tell staff how they would like their care to be provided.

Care plans and risk assessments were up to date and reviewed regularly. One relative told us how the current care plan in place for their child was positively different to the care plan completed at the beginning of the service. They said, "[Name] needs were different then. When the carer first started [name] was very aggressive and the role of the carer was to occupy [name]. However as a result of a change in the person's behaviours the carer is able to have good times with [name] and this is reflected in the care plan." The relative of the child described themselves as "very happy."

Staff supported people to take part in community activities such as swimming and going to the park. The activities were age appropriate and for young adults activities they liked to do such as spending time with their friends, watching football, visiting different places and listening to music were respected. Relatives told us they and their relatives valued these activities. They provided meaningful stimulation and exercise which was appropriate to the person's age and preferences.

Complaints had not been received into the service since the last inspection. Records and relatives confirmed this. Relatives had not made a complaint but knew how to complain and who to complain to. The service had a complaints policy in place.

## Is the service well-led?

### Our findings

Relatives felt the management was good and any concerns raised were managed promptly and to their satisfaction. One relative felt the communication between them and the manager was good and one relative said they found management to be "open" and "honest."

At the inspection on 7 July 2014 we found the provider to be in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010, which corresponded to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective or consistent processes regarding the oversight of care plans and audits and checks of standard of care which took place were informal and not recorded. At this inspection we found the registered manager's oversight of care plans had improved and as a result the registered manager had an improved understanding of people's needs. However quality and safety audits were still not effective.

The registered manager said they completed monthly audits of supervisions, unplanned absence, daily records, incidents and accidents. Records demonstrated these were in place however the reporting of incidents and accidents were not accurate and audits of daily logs were ineffective. For example, one person's daily record dated 26 January 2016 detailed an incident which had occurred where a staff member had been hit by an item thrown by a person they were supporting. The registered manager had signed the daily record indicating that the record had been audited; however there was no evidence that the incident had been identified, reported or investigated. The manager's monthly clinical quality assurance audit for January 2016 recorded there had been no incidents or accidents in this month. A further two incidents were recorded on this person's daily record on 8 and 9 February 2016. The registered manager had signed the daily record indicating that the record had been audited; however there was no evidence that the incidents had been identified, reported or investigated. The manager's monthly clinical quality assurance audit for February 2016 recorded there had been no incidents or accidents in this month. We spoke with the registered manager who was unable to give us an explanation.

Quality assurance processes were in place in the form of service user surveys. These had been sent out to people and their relatives in October 2015 and seven completed surveys had been returned. However there was no evidence the information had been collated and analysed to assist the registered manager in assessing the quality of the service. The questionnaires identified some areas for improvement such as the overall satisfaction with the service. The registered manager said they had "done nothing" with this information but upon reflection would commence analysing the information and dealing with identified areas of improvement. The providers Quality Assurance policy dated September 2013 stated, "The Company carries out quality surveys and analysis at least annually. All findings will be documented and relevant action taken as necessary, the overall findings of the quality surveys will be made available to service users, service users families or relevant others and any other stakeholders in the company". The registered manager had not followed the provider's policy. Relatives confirmed they had not received any outcome or update from their completed survey.

The failure to identify, assess, monitor and mitigate the risks relating to the health, safety and welfare of

service users and others and to operate effective systems and processes to effectively assess and monitor service delivery is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The ratings from the inspection completed on 7 July 2014 had been displayed on the provider's website. However the rating for the inspection on 7 July 2014 had not been displayed in the office. The registered manager had displayed the inspection report from the inspection on 11 February 2014. The registered manager confirmed they would ensure the correct rating is displayed in the office.

There was a registered manager at the service; they were present at the time of inspection. The registered manager said they liked to be approachable to staff and people, keep communication open and said they had an "open door" policy. Staff confirmed the registered manager was supportive and we received comments such as, "I have a very good relationship with the management." "They always look after staff well." "Communication is very good." "I feel supported and feel management are always available." Relatives felt the manager was always approachable and dealt with concerns quickly. One relative said, "They are really good." Another relative said "They have always been there for us."

People and staff had confidence the registered manager would listen to their concerns and the concerns would be received openly and dealt with appropriately. Staff felt supported to question practice, were confident that if they raised any concerns they would be dealt with by management and they demonstrated an understanding of what to do if they felt their concerns were not being listened to by management.

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 17 HSCA RA Regulations 2014 Good governance  The provider did not operate effective systems and processes to make sure they assess and monitor their service. 17 (1)