

You Care We Care Ltd

# You Care We Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to older adults living in their own homes. This was the first inspection for the service that was registered in May 2017.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs.

People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

People's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected.

People experienced positive outcomes because of the service they received and gave us excellent feedback about their care and support.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff were motivated and proud to work for the service; and as a result, new staff had remained working for the agency, ensuring that continuity of care was in place for people who used the service.

Staff were respectful of people's privacy and maintained their dignity.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people.

The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives to obtain feedback about the staff and the care provided.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

## 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.

People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

We found that medicines were administered safely

### Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes because of the service they received and gave us excellent feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge.

They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

### Is the service caring?

Good ●

The service was caring.

Staff were committed to a person-centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning and decision making.

Staff were approachable and there were regular opportunities to feedback about the service received

### Is the service well-led?

Good ●

The service was well-led.

The service promoted strong values and a person-centred culture. Staff were supported to understand the values of the organisation.

There were systems in place to monitor the quality of the service

# You Care We Care Ltd

## 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 the 5 and 6 June 2018. The provider was given 48 hours' notice because the service is small and the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

The inspection was carried out by two adult social care inspectors and an expert by experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Activity for one inspector was limited to phoning care staff to ask them their views of the service.

There were four people using the service at the time of our inspection visit. During the inspection we spoke with two people who use the service and three relatives. We also spoke to three care staff, and the registered manager. We spoke to the local authority quality team who had been working with the provider.

We reviewed the care records for four people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for all three members of staff, including details of their recruitment and training. We reviewed further records relating to the management of the service, including complaint records, spot checks, policy documents and staff meeting minutes to see how the service was run.

# Is the service safe?

## Our findings

People said they felt safe and that staff understood their needs. Comments from people included "Safe yes I feel absolutely safe. I have the care three days a week morning and night. I can't praise her enough. I have the same one" and "yes she treats me well, very good, everything I'd want in a carer".

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns.

The registered manager visited people in their homes and conducted risk assessments on the safety of the person's home environment. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, management of health conditions, mobility and medicine management. Each risk had been assessed to identify any potential hazards which were then followed by action on how to manage and reduce the risk

Safe staff recruitment processes were in place. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included two reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, to ensure they are suitable to work with adults and children

There were sufficient staff employed to keep people safe. People told us that visits were punctual and there had been no missed calls, people were always informed if a carer was running late. The registered manager explained that the provider had recently become an approved provider by the local authority which meant the service was actively looking to recruit more care staff. The registered manager however stated that they would not take on any more work until new staff had been recruited.

We saw calls to people were arranged in geographic locations to cut down on travelling time. The service's visit schedules included appropriate amounts of travel time between consecutive care visits. Staff said travel time was not normally an issue, that they never had to rush and there was plenty of time allocated to each visit to ensure people's needs were met. People told us their carers normally arrived on time and provided support at a relaxed and comfortable pace.

People who needed assistance with medicines received the support they required. The registered manager told us that only one person received assistance with their medicines. We saw in their care records that an up to date medicines administration record (MAR) was completed appropriately by the care worker. The person's care record documented the medicines the person was prescribed and the level of assistance the person required. Care workers told us that they had medicines training and training records viewed confirmed this.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access

to protective clothing including disposable gloves and aprons.

The service learnt lessons and made improvements when things went wrong. For example, following a recent safeguarding incident, all care staff had been reminded of the importance of reporting incidents in a timely way and the registered manager now understood their responsibilities in relation to the notification of incidents to the local authority and CQC.



## Is the service effective?

### Our findings

People were supported by staff who received regular training and had a good understanding of people's needs. A person using the service told us, "They are experienced and efficient, they understand my needs absolutely."

All staff were expected to complete the Care Certificate and were supported to do this by the registered manager. The Care Certificate is a national training process designed to ensure staff were suitably trained to provide care and support. New staff completed a week long induction programme. They then shadowed an experienced member of staff until they were confident to work unsupervised. Staff told us they had enjoyed their induction and felt they had learned enough about their roles to give them the confidence and competence to begin working with people who used the service. Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. They said the training was of a good standard and was mainly face to face. Staff also received additional monthly training updates from the registered manager in areas where further learning was required for example: moving and handling and health and safety.

Staff received regular supervision: the staff we spoke with all told us they were well supported in their roles. A care worker told us, "I feel that I am looked after and am thanked for my job." And "we have monthly staff meetings with manager, we have a cup of tea and cake, she goes over training we have had, or we ask questions about anything." In addition to supervision meetings, staff were regularly observed whilst they provided care to people. However, we found that that some supervision sessions had not been recorded in staff files. We discussed this with the registered manager who told us that they were in the process of updating their supervision policy which would include a supervision template to ensure accurate recording of supervision sessions.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Care workers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided personal care. One care worker said, "People are free to choose." People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their

GP or occupational therapist (OT). Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency. The registered manager told us they liaised with community health and social care professionals whenever people needed this, such as for trying to source more funding for care visits when staff told them there was not enough time. We saw that the registered manager had contacted an OT to replace a person's shower that was not fit for purpose.

Care staff told us they supported people at mealtimes to have food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. A relative told us "They make sure she eats. They know what she needs they say things like, 'I've done it like this because that's how your mum likes it done.' She makes sure she's got what she likes like peanut butter and milk".

Staff were clear about the importance of adequate fluids and nutrition. Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate.

# Is the service caring?

## Our findings

People were very complimentary about the staff and found them to be kind and caring, comments included "They are caring and compassionate and all the other carers are just as lovely. I would recommend them to others. She is lovely to mum and dad. She has foresight.", "They are very supportive." And "They're very caring and kind".

Everyone told us they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. A care worker told us "I'm always kind to people, always ask people how they are, make sure they are comfortable."

Staff spoke of the people they supported with a genuine fondness and respect and encouraged people to be as independent as possible. They told us how they ensured they did not rush people and allowed time for people to do what they could for themselves. A relative told us "They tick all the boxes in respecting their home. They're never missed. Dads got dementia he goes to a day centre some days and they come earlier, they're very flexible."

The registered manager told us how they tried to keep the same care staff with the same people for prolonged periods, by using a permanent rota and using the same group of staff for people. People who used the service confirmed that they usually had their needs met by familiar staff and that they always knew who was going to be visiting them. Staff was motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A care worker told us "I ask if people want me in the bathroom or not and will only offer the support people want"

A person using the service told us, "She helps me get up, shower and get dressed. She's good and respects my privacy and dignity, she keeps me covered, yes, she asks is it ok to help me with things I can't do. Very caring without a shadow of a doubt."

The registered manager told us if staff were running late, they were required to contact the office who then informed the person due to be visited or their relatives. Staff confirmed they did this. People and their relatives told they were kept informed if visits were running late. This demonstrated respect by keeping people informed.

The service also responded positively to requests for culturally appropriate care. A care worker told us how she had been trained in how to follow Kosher meal preparation for a person who used the service. Care workers told us that they had received equality and diversity training as part of their induction and said that they would treat all people the same.

People and their family members were involved as much as possible in their care and support arrangements. They were consulted when care plans were written and were provided with important information about the service. The service supported people to express their views and be actively involved in making decisions about their care and support.

# Is the service responsive?

## Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. A relative told us. "She's improved a whole lot since these carers took over. They are reliable and know her very well".

The service had initially received an assessment for each person from the local authority before visiting them to develop a person-centred care plan. This included information of the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing.

All the care plans we reviewed provided staff with clear guidance on how to meet the person's individual care and support needs. This included the tasks required to support the person during each planned care visit and guidance on supporting people to be as independent as possible.

Staff had ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members advocated on behalf of the person using the service and were involved in planning care and support arrangements. A relative told us "Reviews of the care plans every six months, I'm fully involved. Questionnaires every few months, just had one. We've got no issues. Mum and I are very open. I'm the first one to know if there's any changes."

During each care visit staff completed detailed daily records of the support they had provided. These records were regularly returned to the service's office for review by senior staff. These records were informative and included details of the care provided, staff arrival and departure time and details of any observed changes in the person's mood or care needs. Staff had used these records to share information with carers due to make subsequent care visits.

A care plan review involving the person and their family was carried out every six months or sooner if required. These reviews were based upon the views of people and their representatives. Formal reviews of people's care and support needs were completed as and when required. Reviews took place either through meetings in people's homes or via telephone discussions with people and their relatives and where appropriate, health and social care professionals.

People's confidentiality was respected. Staff were familiar with the provider's confidentiality policy and we observed that confidential information was securely stored at the provider's office.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw examples where requests for additional support were made during this inspection. Discussions with staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response.

We saw evidence on care records of multi-disciplinary work with other professionals.

We found that feedback was encouraged and people we spoke with described the managers as open and 'transparent. Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, one person said "They've been fantastic, so patient with my mother, she's got dementia. She's not easy to deal with, she gets very agitated sometimes. The agency has been fabulous, they always have someone there and she looks forward to them coming. My mum needed new curtains and she helped her through getting some. They make sure she eats."

People and their family members knew how to complain if they were not happy and felt that the registered manager would take appropriate action if they did complain. There were systems in place to record complaints and we saw that the service had one complaint that had been handled appropriately.

## Is the service well-led?

### Our findings

People who use the service and their relatives told us they had a good relationship with the registered manager and all the people we spoke to people told us they felt confident the service was well-led.

Comments from people included, "I would recommend them, from an office side they are easy to contact and always respond. They are all very approachable. I'm delighted never even had a missed call". And "They've been fantastic, I want them to know how grateful I am. The agency have been fabulous. They're easy to get on with and always in contact."

The registered manager told us that their priority was to recruit staff "of the right calibre" and that this had proved difficult, so as a result the service had stayed small. They also told us "this year has been a learning curve, it's important to keep staff happy, supported and informed."

Our discussions with staff found they were motivated and proud of the service. People were positive about the staff who cared for them and felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service.

Although having an informal approach to monitoring, the registered manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified. There were systems in place to monitor the service which ensured that it was delivered as planned. The registered manager told us there were going to purchase an Electronic Call Monitoring system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook unannounced spot checks to review the quality of the service provided. We saw that there were regular spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. These included checks designed to ensure medicine administration records had been fully completed, daily records accurately reflected the care provided, that the environment was safe for the person and their care staff. Care plans and risk assessments were also checked to ensure they reflected the person's current care.

Care staff told us they received regular support and advice from their managers via phone calls, face to face meetings and staff meetings. They felt that the manager was always available if they had any concerns. Comments included "I love working for this organisation, love to work with the elderly." "They treat us very well as well which makes a big difference". "I feel that I am looked after and am thanked for my job."

Team meetings were held regularly and included in staff rotas to ensure the maximum participation. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

There were on call systems in place to support people and care staff outside of office hours. Staff told us these systems worked well and that they were always able to access support when needed

The service worked in partnership with other agencies to support care provision and development. The registered manager told us of attending local authority's providers meetings and working with their quality team.

The registered manager was committed to continuous learning for themselves and for their staff. They told us they were passionate about providing a quality service to people.