

A Caring Company Limited

A Caring Company Limited

Inspection report

Market Chambers
10A High Street
Dunstable
Bedfordshire
LU5 6BY

Tel: 01525877088

Date of inspection visit:

25 March 2019

26 March 2019

28 March 2019

01 April 2019

Date of publication:

17 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: A Caring Company is a domiciliary care agency registered to provide personal care to people living in their own homes.

People's experience of using this service: People were very positive about the care they received. People and their relatives told us that staff were kind and caring and that staff respected their preferences and their wishes.

People's care plans were bespoke and personalised to meet their needs. People received care depending on their needs and preferences. People were supported to remain independent in their own homes and there was a culture of promoting this at the service.

People were kept safe from harm and abuse as systems used at the service identified and reduced any risks of harm to people.

Robust recruitment processes were followed when recruiting staff to ensure that they had the correct skills and character to work with people in their own homes.

People received thorough assessments of their needs to ensure that the service could support them. People and their relatives were extremely positive about this process and how involved they were in it.

The registered manager delivered all staff training and was passionate about promoting and empowering their staff. Staff were well-trained and knowledgeable in their job roles.

The registered manager and the staff team worked very well with other professionals to achieve good outcomes for people. People were complimentary about how the service knew them well and worked with other professionals to meet their needs.

People were supported with respect and dignity at the end of their lives and the service had received positive feedback from relatives of people who had been supported by the service at this time.

People and staff were very positive about the management of the service and felt able to feedback and contribute ideas.

The registered manager had a passion for providing high quality care and took their job role very seriously. The registered manager had instilled a culture of continuous improvement at the service.

The registered manager took pride in being very visible at the service and spent a lot of time working with people and staff to ensure that quality care was being provided by the service.

Rating at last inspection: Good (report published 22/06/2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below

Good ●

A Caring Company Limited

Detailed findings

Background to this inspection

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

Inspection team: This inspection was carried out by one inspector and one 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.

Service and service type: A Caring Company is a Domiciliary Care Agency registered to provide personal care to people in their own homes. At the time of our inspection 57 people were using the service. Not everyone using A Caring Company received a regulated activity. CQC only inspects the service being received by people provided with 'personal care', help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.'

What we did: Inspection site visit activity started on 25 March 2019 and ended on 1 April 2019. We visited the office location on 25 March 2019 to see the registered manager and staff team and to review care records and policies and procedures. On 26 and 28 March 2019 and 01 April 2019 we spoke to people who used the service to collect their feedback.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed

all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke with nine people using the service, six relatives, three care staff, the registered manager, the deputy manager, and an external commissioner.
- Gathered information from three care files which included all aspects of care and risk.
- Looked at two staff files including all aspects of recruitment, supervisions, and training records.
- Rotas and care visit schedules.
- Records of accidents, incidents and complaints.
- Audits, surveys and minutes of staff and professional meetings.
- Policies and procedures relating to the management of the service.

Following the inspection, we reviewed further evidence from the provider, given to us during the inspection, showing their quality auditing systems and processes and their plans to improve the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt very safe being supported by staff. One person told us, "I do feel safe. I have an alarm button and the number of the manager on my phone."
- Staff had a good understanding of what abuse may look like, safeguarding procedures and who to report concerns to. A staff member told us, "You would see the difference in people if things were not right. I would report concerns to my manager and follow this up by contacting the safeguarding team."
- Staff completed safeguarding training and this topic was also discussed in supervisions and competency assessments.
- A detailed safeguarding policy told staff what signs to look for if people were at risk of abuse. The policy also listed the people to contact if there was a safeguarding concern.

Assessing risk, safety monitoring and management

- People had risk assessments however these only identified a level of risk for a person with regards to tasks such as moving and handling and nutrition. We discussed this with the registered manager who showed us that specific risks were detailed in people's care plans and routines. We saw that this was the case. The registered manager told us, "Risk assessment is an area that needs more development." The registered manager told us they would be reviewing risk assessments and processes to ensure that they are thorough and specific to people's needs.
- People's care plans detailed how to keep people safe with the activities which staff supported them with. These were updated regularly or when needed. One person told us, "I cannot stand without my frame and staff make sure I have this close by all the time."
- The environment which staff supported people in was assessed for any risks such as fire, slips, trips and falls.

Staffing and recruitment

- People told us that there were enough staff to support them and that they received their care visits on time. One person told us, "[Staff] arrive on time. Occasionally they can be a bit late but they always let me know."
- People told us they received support from a consistent staff team. One person said, "I do not like having lots of different carers but this is not a problem." People we spoke with did not know what a 'missed visit' was.
- Staff told us that there was enough time to support people and that there were systems in place to cover staff absence. Any calls that could not be covered were covered by the management team
- We reviewed the system which the registered manager used to monitor whether care visits happened at the right times and for the right durations. Where calls were overly early or late this was monitored and dealt

with by the registered manager.

- Robust recruitment procedures and checks took place before staff worked at the service.

Using medicines safely

- People were happy with the support they received to take their medicines. One person told us, "[Staff] do all my medicines. They help me in the morning and they always record when they have done it." People told us they were supported to take their own medicines where they could.
- Staff received medication training and had their competency when administering medicines checked regularly. One staff member said, "I always check the dosage and the Medication Administration (MAR) chart to check if there have been any changes. There are protocols in place for medicines people do not take every day." Staff had a good understanding of administering medicines and what to do in situations such as when medicines are refused.
- MAR charts for people were designed to limit the chance of errors happening. Thorough audits of people's medicines were completed monthly and action was taken if there had been an error.

Preventing and controlling infection

- People told us that staff wore gloves and aprons when supporting them with personal care and to prepare food.
- Staff told us that they had received training in infection control. A senior staff told us, "We are serious about infection control and this is modelled to new staff in induction." Staff told us they had access to appropriate equipment. We saw one staff member collecting gloves and aprons to take on their care visits for the afternoon.

Learning lessons when things go wrong

- We saw that incidents, accidents and errors were recorded and actions were taken to ensure that the risk of them re-occurring was reduced. We saw that actions were shared with the staff team in meetings and by e-mails from the management team.
- The registered manager showed us how they identified trends with late visit times and adapted rota and shift patterns to ensure that this was rectified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were thoroughly assessed before they started using the service. A relative said, "Since day one there was a proper assessment. The registered manager deserves credit. They make sure that people's needs can be individually met." Another relative told us, "The support to start using the service for [relative] has been good. The registered manager has been in to explain the process and has been very helpful."
- Peoples assessments detailed their care needs, medical and life history and preferences. These were used to create people's care plans. The registered manager was involved and passionate about the assessment process. They said, "We get to know people well through a thorough assessment process. This becomes part of the care planning and the staff embrace this."

Staff support: induction, training, skills and experience

- People told us that staff received training and induction. One person said, "To be honest the manager is really good with training. No problems there. The manager makes sure that the new staff shadow experienced staff first." A relative told us, "Staff seem well trained. They know how to cope."
- Staff told us that the induction at the service was good and included lots of shadowing experienced staff members. Records showed that inductions were thorough and covered all areas of the job role.
- The registered manager delivered all the training to the staff team and was passionate about this. They told us, "I am incredibly proud of our training. It gives me a real connection with staff and they get to ask practical questions about the people they are supporting." The registered manager had completed many courses to become a competent trainer.
- Staff were positive about the training they received and could explain to us what this meant in practice for their job roles. We saw that staff received training regularly in areas such as safeguarding, medicines and moving and handling. Staff have been supported to complete the Care Certificate, a nationally recognised qualification of skill at the start of their job roles.
- People told us that the management team regularly came with staff to check their competencies in areas such as administering medicines and moving and handling. We saw that these were detailed and areas for development were fed back to staff members.
- People told us, and we saw from records that staff received regular supervisions and that staff found these supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- One person told us, "If I want anything to eat all I have to do is ask. The staff make whatever I want."
- The registered manager told us that people's needs with regards to nutrition and food and drink were assessed when they began using the service. The registered manager had systems in place to monitor people's weight and referred people to other professionals if people needed support.

- Staff had a good understanding of people's dietary needs. Staff knew how to support people with different dietary needs such as soft diets. A staff member told us, "We take our time and be patient with people. We always talk to people whilst we support them to eat and offer them lots of choices."

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support.

- One person told us that staff contacted a district nurse to support them with their pressure ulcer. The person said, "The carer got in contact with the office straight away and organised the nurse to come out. It is getting much better now and the staff are helping me to walk when I need to." The person's care plans had been updated to reflect this.
- People's relatives were positive about the services prompt referral to other health professionals. One relative said, "I am really happy with everything. I need to remember that the service is not the NHS because they liaise so well with the health services!"
- Staff had good knowledge of the signs to look out for in people they supported which might mean that they needed support from other professionals such as dietitians or speech and language therapists.
- Detailed records of health appointments were kept and used to update people's care plans. Keeping people healthy and updating staff about any changes to people's needs were discussed with staff in team meetings, supervisions and via e-mail.

Adapting service, design, decoration to meet people's needs

- People told us that staff were very respectful of their homes.
- A thorough risk assessment of people's homes was carried out before people used the service to ensure that staff could support people safely.

Ensuring consent to care and treatment in line with law and guidance

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that it was.
- People and their relatives told us that staff always asked for consent before supporting them.
- Staff had received training in the MCA and had a good understanding of this. One staff told us, "It is about whether a person can make decisions by themselves. If not then we need to have a meeting with people like social workers and family to decide for them in their best interests."
- People who had capacity had signed consent forms to say that they were happy to be supported in line with their care plans. Where people had fluctuating capacity, the correct procedures had been followed to support the person in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were positive about the care they received. People told us, "[Staff] have a good attitude towards me and they are always caring." and, "The [Staff] are brilliant. Really caring and very non-judgmental."
- Relatives were equally positive about people's care and told us, "The staff are a breath of fresh air. Very caring and understanding." and, "[Staff] are most definitely caring. They understand both my relative and me."
- When we spoke to the registered manager and the staff team it was clear that they knew the people they supported well and were passionate about caring for people. One staff told us, "It takes time to get to know people. We spend time with them and chat with them to get to know them well. Care plans are updated all the time."
- People's care plans were detailed and gave a good indication of their preferences, likes and dislikes. These were very specific, for example, 'I like the lounge curtains just parted, not fully open.' and, 'Please leave me plenty of snacks and drinks when you leave.'
- People's care plans detailed what was important to people with regards to their life histories and their cultural beliefs.
- Daily notes completed by staff members were detailed and written in a kind and respectful manner.

Supporting people to express their views and be involved in making decisions about their care

- People could make choices about their care. One person told us, "I have calls to keep me company in the day and choose whatever I want to do. We go to the village or the shops. Nothing is a problem." A relative told us, "[Person] chooses what they want to do with the staff. They have been to the shops, bowling and the museum."
- People and their relatives were involved in creating and updating care plans. One person told us, "I have a good care plan. It's all been explained to me and I took part in it." A relative said, "I am privy to all meetings and reviews. If I cannot make it then the service always communicates afterwards." We saw evidence that people's care was discussed and reviewed regularly.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People told us, "[Staff] support me to do what I can myself and then help me with the things I cannot do." and, "I never feel rushed. [Staff] give me plenty of time to do things myself."
- People told us that they never felt rushed and felt that they had plenty of time during their care visits. People told us that staff were respectful of their privacy and dignity.
- Staff had a good understanding of how to promote people's independence and told us how they would do this. People's care plans gave staff guidance on how to support people to keep their independence and

what support people needed to complete tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was tailored to their individual needs and preferences.
- The registered manager told us, "I sit with people and ask them their time preferences for calls and within reason we try to honour this. If we cannot then we leave it on the system so it can be reviewed later." People told us they received their calls at the times they wanted.
- Staff were allocated to people based on their preferences and people were supported by consistent staff. One person told us, "My carer is a diamond- such good initiative and so kind." A relative told us, "The carer knows my relative really well. The carer has been seeing my relative for over four years now."
- People who received care visits to go out in to the community were supported to take part in activities of their choosing.
- The registered manager was proud of supporting people with complex care needs. A relative told us, "Other companies could not meet my relatives needs but A Caring Company could. They really went the extra mile."
- The registered manager ensured at the assessment stage that staff could support people according to their needs and preferences. The registered manager ensured training in areas such as catheter care, PEG care and end of life care was provided to the staff team so that they could meet individuals needs and preferences.
- People and their relatives told us that the registered manager was responsive to their needs. One person said, "My needs changed and 'the boss' (the registered manager) came and sat with me and updated my care plan." When people's needs changed we saw that extra care visits were introduced or care visit times were changed to accommodate these.
- Staff had a good understanding of person-centred care and told us, "It is all about the person and what they need." Staff told us they were kept up to date with people's changing needs and given time to read people's updated care plans and notes.
- We observed a staff member contacting the registered manager about a change to a person's medication as soon as it happened. This allowed the registered manager to organise this change to meet the person's change in needs.
- People's care plans were very detailed with regards to people's preferences, likes and dislikes. Care plan summaries were always attached to staff rotas so that staff were constantly reminded of people's individual preferences.

Improving care quality in response to complaints or concerns

- People told us they had not needed to make a complaint but had the information available to do so if they wanted to. One person said, "I have no complaints but I know the number is in the book."
- There was a complaints policy and procedure in place. The registered manager told us that they were

producing these in other formats such as easy-read for people.

- Though there had been no complaints for some time we saw that historic complaints had been dealt with promptly and to the satisfaction of the complainant. The service had received a lot of compliments and recorded this as positive feedback.

End of life care and support

- A relative told us about the services support of their loved one at the end of their life. They said, "The service was so good. I wanted to keep my relative at home and we were able to do so as long as possible. The staff were attentive and caring and their cheeriness raised everyone's spirits. [Staff] adapted so well to my relatives changing needs. It was hard for my relative and for us but the staff became so friendly and we looked forward to them coming. I would recommend the service to anyone."
- There were a lot of written compliments from relatives about the support given to people at the end of their life.
- Staff had a good understanding of how to support people at the end of their life.
- People's care plans contained details of people's choices and preferences when they reached the end of their life, if they chose to discuss this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team and staff we spoke with had a passion for supporting people in a person-centred way. The registered manager told us, "It is all about the quality of the care we provide. We treat people well and the effectiveness of our reporting structures when people's needs change is exceptional in this industry."
- Policies and procedures were current with legislation and reviewed regularly. These policies were discussed regularly with staff members.
- People's care plans were created in a bespoke manner. The registered manager showed us that though there was a basic layout for care plans this was changed if people wished it to be to meet their preferences.
- The care and support of people was a key talking point in handovers and discussions. We saw a handover between senior management and saw minutes of meetings which showed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and staff team were aware of their roles. A staff member told us, "We give the best care we can to people. We treat people how they want to be treated and go above and beyond." Other staff also told us this.
- The registered manager was passionate about supporting and training the staff team to understand risks and regulations. We saw that the registered manager regularly supported staff directly with care visits to guide and support them. Staff said they found this helpful.
- Regular audits were completed to monitor the quality of the service in areas such as medication, daily records and people's care plans. Any actions from audits were noted and shared with the staff team in meetings or via e-mail.
- Plans were in place at the services and guided staff what to do in case of incidents such as fire or bad weather.
- The management team worked well together and ran an on-call system to ensure that a senior person was available for people and staff at all times.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the management of the service. One person said, "[Registered manager] is a nice person. They take the time to talk to you. They are very clear about everything and a good conversationalist too." A relative told us, "[Registered Manager] deserves credit. They

make sure people's needs are individually met and they take pride in promoting the staff team."

- Staff were positive about the support they received from the management team and told us that the registered manager and the deputy manager were open and approachable.
- Staff took part in regular meetings to feedback about the service. The registered manager also used training sessions they delivered to get feedback from staff about how the training was applied in a practical setting and whether this could be improved.
- One person said, "I have seen [Registered manager] a couple of times now. They come to see me and see how it is going." People's care plans contained details of feedback collected from people by the registered manager and the deputy manager. People were also asked to complete feedback questionnaires on an annual basis. We saw that these were analysed and used to improve the care given to people. People gave extremely positive feedback in these questionnaires.
- The registered manager was working on setting up a feedback group for people and their relatives. Following our inspection, the registered manager showed us that the first of these sessions had been organised.

Continuous learning and improving care

- The registered manager told us, "We are always looking to improve. For example, I am working with the staff team to make the daily notes more professional."
- The registered manager had a detailed service improvement plan in place based on audits and feedback from people. This was updated regularly.
- The registered manager had produced a file detailing the evidence that they had to meet each area that is inspected by the CQC. The registered manager told us that this document helped them to focus on areas that may need further improvement.
- The registered manager took their role as the trainer of the staff team seriously and kept themselves up to date with current legislation and best practice in all the areas that they delivered training in.
- The registered manager was going to change the way that feedback was collected from people to make this more effective.

Working in partnership with others

- The management and staff team worked well with other professionals such as speech and language therapists and dietitians to achieve good outcomes for people. Professionals we spoke to were positive about the way the service worked with them.
- The registered manager attended meetings with other providers and the local authority to share best practice. The registered manager had recently updated their medication procedures and had shared this with others at the meetings.
- People and their relatives were very positive about how the service worked with other professionals to ensure their needs could be met.