

Care 77 Limited

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## 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

The inspection was announced and was carried out on 3, 5 and 7 October 2016 by 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. We gave the registered manager short notice of the inspection because we needed to make sure they and staff would be available to speak with us.

Care 77 is a care agency providing personal care and support to adults living in Paddock Wood, Sevenoaks and the surrounding villages. The service currently provides support to older people, people living with dementia and people with physical disabilities. The service provides calls at a minimum of 30 minutes for personal care, but can offer a 'pop in' service of 15 minutes to those who require a task such as administering eye drops.

There was 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. People told us that they felt safe using the service. We have made a recommendation to add an expiry date to staff ID badges so that people could be assured of their validity. Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The registered manager followed safe recruitment practices. Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training and qualifications specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their care was delivered. The registered manager held person centred values that formed the basis of the service and these were followed by staff in practice. People's privacy was respected and people were supported in a way that respected their dignity and independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

Staff knew each person well and understood how to meet their needs. People's care plans could be further improved by including more specific and personalised information to help staff deliver their care. This would

ensure staff were consistent in their approach and that care was provided in line with people's preferences. We have made a recommendation about this.

People's individual assessments and care plans were reviewed regularly with their involvement. People's support plans were updated when their needs changed to make sure they received the support they needed. People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with healthcare professionals to meet their needs.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation. Staff sought and obtained people's consent before they provided support. When people declined, their wishes were respected and staff reported this to the registered manager so that people's refusals were recorded and monitored.

Clear information about the service, the management, the facilities, and how to complain was provided to people. People's views were sought and acted upon and the registered manager took account of people's comments and suggestions.

Staff told us they felt supported by the registered manager. The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the registered manager had an ongoing and effective improvement plan for the service.

## 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.

Staff were trained in the safeguarding of vulnerable adults and understood how to recognise the signs of abuse. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

People were supported to manage their medicines in a safe way

### Is the service effective?

Good ●

The service was effective.

Staff had completed the training they required to safely and effectively meet people's needs. Staff held a health and social care qualification that enabled them to deliver effective care.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well, communicated effectively with them, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their support.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided. People's care plans could be further personalised to reflect their specific needs and wishes. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

### **Is the service well-led?**

The service was well-led.

The registered manager and staff held person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people. The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the service.

**Good** ●

# Care 77 Limited

## 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 was carried out on 3, 5 and 7 October 2016 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available. The inspection was carried out by 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 service was supporting 73 people at the time of our inspection.

Before the inspection, the provider 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 also looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports.

We spoke with 12 people and four people's relatives by telephone to gather their feedback about the service. We also spoke with the registered manager, two members of the management team and two members of care staff.

We looked at records that included six people's care plans and records. We looked at six staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks and audits and sampled the service's policies and procedures.

At the last inspection on 21 January 2015 no concerns were found.

# Is the service safe?

## Our findings

People received a service that ensured their safety. They told us they felt safe when staff were in their home providing care. One person told us, "I feel very safe they are honest and tell the truth." Another person said, "The carers will tell me who is coming in the eve so that makes me feel safe." People's relatives told us that they were confident their relative was safe using the service. One person said, "Yes my husband feels safe, he has the same male carer which he likes and this makes him feel secure." Another person said, "He feels safe, although we don't always know who is coming at night, but he knows them all so it's a familiar face. It doesn't bother him."

People told us they felt there were enough staff to meet their needs, but some people commented that they did not always know which staff member would be coming to care for them. Comments included, "Sometimes I don't know who is coming and then I don't feel very safe opening the door, I like to know who is coming" and "Last week I was informed by my carer that someone new was coming without being introduced, I was not happy about that and I rang the office and told them and they dealt with it." However, other people were happy with the arrangements and told us that they were kept informed of any changes to their care staff. One person told us, I have two main carers and they will let me know if someone different is coming."

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The registered manager and staff had made appropriate referrals to the local authority when they had been concerned about people's safety and had participated positively in safeguarding case conferences. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse. One member of staff said, "I can always contact the manager if there are any concerns about abuse. We would report it straight away." Staff were issued with photo ID badges so that people and their relatives could be sure who was attending to provide their care. The ID badges did not have a date of expiry. We recommend this is added to assure people of their validity. There were robust systems in place to ensure that people's money was safeguarded. Where staff handled money on behalf of a person, for example to carry out shopping, they issued a receipt and kept accurate records about expenditure. The service had a policy to protect people's belongings and financial interests. This ensured that people were protected from the risks of abuse.

Risks to people's well-being and safety had been identified and assessed. Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, a risk assessment had been carried out in relation to people's mobility needs. This included action to be taken to reduce the risk, such as the provision of two care staff and the use of hoisting equipment. Staff working in care roles were issued with equipment to ensure their safety. This included personal protective equipment, such as gloves and aprons. Staff understood how to reduce the risk of infection when caring for people.

Staff followed the relevant guidance in practice and recorded the care provided in people's care records.

Assessments of people's home environment were carried out before the staff started to provide support. This included ensuring the safety of appliances and any possible trip hazards. Staff continually reviewed the safety of people's living environment and raised concerns with the registered manager to ensure their care plan was reviewed. Accidents and incidents were recorded and monitored by the registered manager. The registered manager audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided. This meant that people could be confident that staff considered their safety effectively.

People told us that the staffing arrangements met their needs. Rotas and care records showed that there were sufficient numbers of staff to meet people's needs. The registered manager reviewed the staffing levels whenever people's needs changed to determine the staffing levels needed and they increased the number of staff accordingly. Staff were not allocated travelling time between calls. They told us that, to account for this, they started their first call of the day earlier to ensure they could get to everyone within 30 minutes of their agreed call time. The registered manager and staff told us that people were made aware that their call would take place within half an hour of their scheduled time. The registered manager had a contingency plan to ensure that people continued to receive support in the event of an emergency or staff absence. Members of the management team were trained as care staff and were available to cover calls if needed. There was an out of hours system to respond to people, managed by office staff in rotation. People told us that they had the details of the out of hours service and that their calls were responded to. Staff confirmed that they had access to the out of hours numbers and told us, "The manager is always available to help if we have any problems. Everyone helps each other out if staff go sick. We make it work."

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that needed care and support. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. People using the service told us that new staff worked under supervision until they were trained and competent. New staff were subject to a probation period before they became permanent members of staff. Existing staff were asked to provide feedback on new staff and how they interacted with the people they were supporting. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were supported to manage their own medicines. Where they required assistance it was agreed that staff administered medicines that were supplied in a monitored dose system where possible. This is a system used by pharmacies to dispense people's medicines into separate sections per day and time. People told us that they received support and guidance with their prescribed medicines. One person said, "They don't administer my medicine, but they will check with me that I have taken it." Staff had completed training in safe handling of medicines and kept accurate records of any medicines administered. Where people were prescribed topical medicines or short term medicines, such as antibiotics, staff had sought agreement from the person's GP to administer this. People were given the support they needed to manage their medicines safely.



## Is the service effective?

### Our findings

People received an effective service. They told us that the staff understood how to meet their needs and were skilled to do so. One person said, "Yes they are very competent at what they do for me." Another person said, "They all know what has to be done." People told us that staff responded to their health needs and helped them access primary medical services as needed. One person said, "She would call a doctor for me if she needed to." Another person said, "They once called the paramedics and stayed with me until they arrived." A person's relative told us, "My husband has a double handed call and they always turn up together, they have to use the hoist for him but they all know how to use it and he feels quite safe."

People were cared for by staff that were skilled in meeting their needs. Staff had a good understanding of how to meet the needs of people they were supporting, for example caring for people living with dementia. Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff starting work were required to complete the Care Certificate, which was launched in April 2015 and is an assessment based learning programme designed for all staff starting to work in care roles. The registered manager had decided to also offer the Care Certificate to all existing staff to refresh their knowledge and to ensure consistency in staff skills and competence. Staff were supported to gain qualifications relevant to their role. Some staff had completed a health and social care qualification at level 3 or above and others were working towards this.

Records showed that all essential training was provided regularly and was current. This included, safeguarding people from abuse, health and safety, equality and diversity, food safety and safe moving and handling of people. Staff also had the opportunity to receive further training specific for the needs of people they supported. This included dementia, end of life care and diabetes. The training record was updated monthly by a member of the management team to ensure that staff were scheduled for refresher training as required. A staff member told us, "The training is good, we get whatever support we need." Staff were supported to undertake training and qualifications appropriate to their roles to increase their knowledge and skills.

Staff were supervised and supported in their roles to ensure they were able to meet people's needs effectively. All members of staff attended a one to one meeting with their manager every three months or sooner if needed. Informal supervision was also available as the registered manager operated an 'open door' policy. All staff had an annual appraisal, which included an opportunity for self-assessment.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. Staff sought and obtained people's consent before they supported them. The registered manager had a good understanding of people's rights and their duty to report any potential restrictions on their liberty. This meant that people's rights were protected.

People were provided with the support they needed to eat and drink sufficient amounts. Staff offered advice and support to people to enable them to prepare and eat a varied and healthy diet. Where needed people received support to prepare meals and staff told us they knew who needed encouragement to eat. One person told us, "They will help me to choose my lunch and prepare it for me if I wish." A person's relative said, "They always leave mum with a flask of drink and make her a sandwich for her tea." Staff reported any concerns about people's nutritional needs to the office who liaised with the GP, family and other health professionals as needed.

People were supported to register with healthcare professionals. When staff had concerns about people's health this was reported to the office, documented and acted upon. Records were maintained of people's wellbeing when staff visited them to provide care. An electronic record was held by the registered manager in the office to record any concerns raised and contact with other health professionals. The registered manager and staff were proactive in contacting health professionals on behalf of people to obtain additional assessments, support or equipment. For example, where people's mobility had declined and they required the use of a hoist. Staff were quick to respond to people's health needs.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. One person said, "They are very kind and caring they will take me out on to my veranda and bring me my breakfast out there on a nice day." Another person said "We have a laugh and a chat; I look forward to them coming." One person described how important their relationship with the care staff was. They told us, "We have four of the best carers you could ever wish for. They are always happy, one of them who we have had for 17 years will do our shopping for us and it's not in work time. She will stay and have a cup of tea if we are her last call; they are like our family."

People told us that the staff respected their privacy and their right to be independent. One person told us, "They respect my privacy and dignity, they take me to the wet room. I can wash myself so they will leave me and get on with some housework then I call them and they help me back to the room." Another person said, "They know I like to be independent which they encourage." A further person said, "They will do whatever I ask of them like bringing in the washing or drawing the curtains and taking my rubbish across the road to the bins, I have no complaints at all."

People's relatives also confirmed that the staff were caring and compassionate when supporting their relative. One person's relative said, "My relatives carers are very good at chatting to her and making sure she is comfortable before they leave." Another person said, "They have a very good rapport with my husband; they are well matched."

Positive caring relationships were developed with people and their families. One member of staff said, "We get to know people well as we have the same people we see." Staff told us that they got to know information about people's backgrounds through discussion with them or their family when they first visited them. The staff we spoke with were able to tell us about people's personalities, interests and things that were of particular importance to them. People told us that they got to know their staff well and had good relationships with them. Staff told us that once they had completed any tasks for the person they used any extra time to chat with them and to see if they needed any other support. Staff demonstrated that they cared for the people they supported. One staff member was due to go on holiday and had helped a person plan their menu for two weeks to assist the staff that were covering. They also went shopping in their own time to purchase the person's favourite foods.

Information was provided to people about the services available, including a clear fee structure. Each person had a service user's guide which detailed the service they could expect to receive, the complaints procedure and how they could be involved in planning and reviewing their care. Records showed that people had been involved in planning their care and they had signed to agree their care plan. Information about the care and treatment to be provided had been clearly explained to people to enable them to make decisions.

People told us their privacy was respected and they were supported in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality as part of their induction and through the Care Certificate. There was a robust system for ensuring that people's personal information was safeguarded. Staff did not hold information about people's names and addresses together. Staff were required to collect information in person from the office. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

The staff promoted people's independence and encouraged people to do as much as possible for themselves. All the people we spoke with told us they were encouraged to do as much for themselves as they wished. Staff gave examples where they promoted people's independence, for example by enabling them to mobilise using equipment and by encouraging them to do aspects of their personal care where they were able to. People were supported to retain their independence and be involved in their care as far as possible.

## Is the service responsive?

### Our findings

People received care that was responsive to their individual needs. People told us that staff provided care that met their needs and preferences. One person said, "They can do nothing better my needs are met very well." Another person told us, "I am happy with the level of care I am getting at the moment." People knew how to make a complaint if they needed to and they told us they were asked for feedback about the service they received. One person said, "My care was set up last year and although no one has been out to see me since, the office are very good at communication and I've never had to complain." Another person said, "Two ladies from the office came a while back and talked about my care." People's relatives told us that the service were responsive to people's needs. One person told us, "I'm in communication by phone about mum's care and they will leave me notes about how she is and if anything needs changing." Two healthcare professionals involved in the care of people using the service gave positive feedback about the care agency and told us that they were responsive to people's needs. One person said, "They are always very responsive, supportive and keep the client central to their service delivery." Another person said, "Care 77 have always been helpful, transparent and responsive."

The registered manager carried out an assessment of people's needs and risk assessments before care was provided. This included people's mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. The assessment also took account of their social network and relationships that were important to them, as well as their life history and personal preferences. Care plans were then developed with people's involvement. The care plans included information about people's assessed needs, but could be further improved to give more personalised detail about how these needs should be met. For example, one person's care plan stated that they required assistance from staff to transfer from bed to chair. However the plan did not specify how this should be done and what, if any, equipment was required.

People's care plans included information about their family and key people involved in their life. The plans did not include information about their life history and social background. This information may help staff in the delivery of care. However, staff were clear about how to meet the needs of the people they supported. A staff member said, "We get to see the care plans for all new clients regardless of whether we will be doing their call. If we need to cover then we know what their needs are." We recommend that the care plans be further developed to include more personalised information about people to ensure a consistent approach to care delivery. People's individual assessments and care plans were reviewed every six months or sooner if people's needs changed. People were involved in reviewing their plans and their views were acted upon.

The registered manager ensured that staffing was flexible and responsive to meet changes in need. If a person's care took longer than was usual staff were clear that they should remain to provide the care and alert the office of the extended time of the call. A staff member told us, "if we have to stay longer with a person we always do. We call the office and they let the next person know we are running late or arrange for another carer to go in." The registered manager described how a person's care package had been agreed in a flexible way with them and their care manager. Where staff were available to provide an additional lunchtime call this was offered on a daily basis. The person could then decide if they wished to receive this

call.

The provider had a clear complaints policy and procedure. People were made aware of the complaints procedure to follow as this was provided at the start of their care package. They were also asked if they had any complaints at their six monthly care plan review meeting. There had been one complaint received from a person using the service as a staff member had not arrived for one of their calls. The registered manager had responded quickly and appropriately, investigating the matter and providing a response to the complainant. Additional measures had been introduced as a result to ensure that the office were quickly aware if a staff member did not arrive at an expected call. People told us that the service listened to their concerns and responded quickly to complaints, one person told us, "I have had issues in the past over timings of one carer; the office listened to me and did not send that carer again."

People's views were sought at regular intervals and acted upon. People's feedback was sought and recorded when their care plans were reviewed and through a satisfaction survey every year. The last survey had been completed in the summer of 2016 and indicated that people were satisfied with the support they received. The registered manager was available to speak with people at any time and this was communicated to people in their service user guide. Recent compliments letters had been received by the service that included comments such as, "Thank you for you care. It has enabled dad to stay at home as long as possible."

## Is the service well-led?

### Our findings

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People told us that they thought the service was managed well and they knew how to contact the registered manager to discuss their care if they needed to. One person told us, "I have good communication with the office and it's nice that they ask me if I'm ok." Another person said, "The managers are always very helpful, I know most of their names and they know me." People told us that a manager contacted them regularly to check they were satisfied with their care.

The registered manager told us about their vision and values for the service. They told us that the service prided itself in being small and responsive. The registered manager said "We know all our clients and people really like that. They know they can come and talk to us about any concerns at any time." Care records showed that the service were open and honest in their approach. Staff we spoke with demonstrated person centred values and gave examples of how they delivered care in a way that respected people as individuals. Staff told us they felt valued and supported by the registered manager. Members of staff were welcome to come into the office to speak with the management team at any time. One staff told us, "Any time we have a query we can come in." We saw that staff approached the registered manager in the office during the day to clarify issues and discuss their work. Staff told us they were happy in their roles. Staff were provided with feedback about their performance in their one to one meetings and annual appraisals.

Staff had easy access to the policies and procedures for the service. The policies were continually reviewed and updated by the registered manager. The registered manager had an effective system for ensuring they remained up to date with changes in legislation that could affect the service. Staff had signed to confirm they had read and understood key policies and copies of key policies were sent out with the staff newsletter. Most recently staff had received a copy of the confidentiality policy to ensure they were familiar with it. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

An effective system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored through regular checks that recorded staff performance. Staff told us, "The manager will come out and do observations of our work." The registered manager carried out spot checks of staff, whilst they were carrying out their work, as part of performance monitoring. Staff were provided with feedback on any areas for development. Audits were carried out to monitor the quality of the service and identify how the service could improve. The registered manager had carried out improvements in the way the service was run, for example, they had introduced the Care Certificate for all new staff. There was an ongoing improvement plan in place. This included the introduction of a key worker system, personalisation of care plans and an employee incentive policy. The registered manager told us they used relevant social care practice websites such as Skills for Care to stay up to date with changes in legislation and good practice guidance. The registered manager had recently begun looking at joining a local registered manager network to share practice ideas and seek support from peers.

The registered manager consistently notified the Care Quality Commission of any significant events that

affected people or the service. Records indicated that the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept them involved in decisions concerning their safety and welfare. A health care professional we spoke with told us the registered manager, "works hard with local authority case workers and purchasing officers to resolve issues for clients to achieve the best outcome possible."

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. Records were maintained of any contact that people, their families or health professionals made with the office to discuss the service provided. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the visits made to people outlined the care provided as required by their individual plan. The records were sufficiently detailed to allow the registered manager to monitor that people received the care they needed.