

Care & Carers Ltd

Care & Carers - Buckinghamshire

Inspection report

Claydon House
1 Edison Road, Rabans Lane Industrial Area
Aylesbury
Buckinghamshire
HP19 8TE

Tel: 01296695372

Website: www.careandcarers.com

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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

About the service

Care and Carers - Buckinghamshire is a domiciliary care service providing personal care to 14 people at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service assessed people's needs and responded to people's protected equality characteristics in a way that promoted equality and valued diversity. Staff treated people as individuals and demonstrated person centred values in their care.

Technology was used in an innovative way to ensure people were partners in their care planning. People were well supported to maintain existing relationships as well as develop new community links. People told us that the service regularly consulted them and listened to their feedback.

People were cared for by staff who were recruited and trained safely, people told us they felt safe when receiving care in their homes. The service had systems in place to protect people from abuse and staff were knowledgeable about safeguarding principles. Risks to people's safety and wellbeing were assessed and actions were put in place to manage these risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were complimentary about the care they received, they told us that staff were caring and consistent. Staff respected the privacy and dignity of people they supported.

The service was well led. Staff, people and their relatives told us they were confident in the management of the service. There were appropriate quality assurance systems in place to ensure quality and safety of care was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection schedule.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Care & Carers - Buckinghamshire

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 October 2019 and ended on 06 November 2019. We visited the office location on 17 October 2019.

What we did before the inspection

Before this inspection, we looked at the information we already held about the service, this included reviewing notifications we received from the service. Notifications are information about important events the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke with three people and four relatives about their experience of care provided. We spoke with six members of staff, this included care staff, care managers and the registered manager. We examined a range of records, these included four care plans, two staff files and a variety of records relating the management of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were present in people's care plans. Risks identified included risks to people such as falls, skin integrity and environmental hazards.
- It was not always clear how assessment of risk had been carried out. For example, we saw one person was identified as high risk of pressure damage, however there was no assessment tool that indicated this or rationale for actions taken.
- When we discussed this with the registered manager, they told us they would add nationally recognised assessment tools into their assessment process. The registered manager has since sent us evidence that this has been completed.
- The service sought advice from health and safety consultants to ensure people and staff were safe.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding principles and understood the different kinds of abuse and how to identify these.
- The provider had clear processes in place to protect people from abuse. Staff knew how to raise a concern if needed.
- Staff held a copy of the whistleblowing policy and knew how to whistle-blow if required. Whistleblowing is when a member of staff passes on information concerning a wrongdoing at work.

Staffing and recruitment

- People told us they felt comfortable and safe with the staff that visited them.
- People told us having the same staff consistently made them feel safer. One person told us, "I have a regular person that I see most of the time, having the continuity with my key worker is really good. It makes you feel safe and that you can open up and talk to that person more about things that are bothering you."
- Recruitment methods were safe. The provider undertook appropriate pre-employment checks including references and a DBS check. DBS (Disclosure and Barring Service) checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable adults.

Using medicines safely

- At the time of our inspection, the provider was not supporting anyone with medicines management.
- There were systems in place to support people with medicines safely if required.

Preventing and controlling infection

- Staff received training in infection control, staff we spoke with were knowledgeable about infection control principles.

- Staff told us they had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents regularly. Learning from these was used to drive improvement.
- Outcomes from accidents and incidents were discussed in team meetings to ensure all staff were aware of lessons learnt.
- The registered manager was developing a report to maintain oversight of accidents and incidents, they told us this would be implemented when the service cared for a higher number of people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 were assessed before receiving care to ensure their needs could be met. People and relatives told us they felt involved and listened to in the assessment process.
- Assessments included people's physical, emotional, religious and spiritual needs. This information was used to plan care that was inclusive of people's cultural and spiritual preferences.

Staff support: induction, training, skills and experience

- People and their relatives told us staff were skilled and had suitable training. Comments included, "They are quite capable," and, "Carers seem very competent and have good knowledge of dementia."
- Staff completed several mandatory training sessions and shadowed their colleagues as part of their induction. They told us they felt confident they had the skills to provide quality care following their induction.
- Staff had the opportunity to attend regular dementia workshops. This meant staff were supported to keep up to date with best practice in dementia care.
- Staff received regular supervisions, they told us they found these supportive and were able to raise further training needs if required. One member of care staff told us, "[supervision] was helpful, we discussed problems, what I've done, how I'm feeling at work, how can I improve myself and if I needed any extra training to improve my knowledge."

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

- People told us they enjoyed the food care staff prepared for them and always had a choice of what to eat. When talking about food, one person told us, "It's just how I want it. [registered manager] asked me what kind of things I like. I just say to the carer what I want."
- Dietary preferences and needs were recorded clearly in people's care plans.

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

- Relatives told us that the service recognised concerns and referred to health professionals appropriately and promptly. One relative told us how staff acted promptly when they suspected a person was unwell, they told us "[Registered manager] phoned the doctor and told him everything, an antibiotic was prescribed and all I had to do was go and collect the prescription. It was wonderful, it took the load off me."
- Staff were trained and had access to urinalysis tests. This meant that infections could be identified and treated in a timely manner.
- People were supported to access health care services to ensure their health needs were met. The service

was flexible with their visiting times to ensure people were able to attend appointments.

- The service referred people to other health and social care professionals where required.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People had appropriate mental capacity assessments in their care plan.
- The registered manager was knowledgeable about the Mental Capacity Act 2005 and knew where to access appropriate guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for with kindness and respect. People told us they were happy with the care they received. Comments included, "The girls who come are really kind and caring, they are patient with me and talk to me." And, "I'm quite happy, the carers are kind."
- Relatives told us they were confident that their family members were treated well by care staff. One relative told us "They've recruited carers that really care and take pride in their work." Another relative said, "It's like having your best mate look after your loved one, they are superb."

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

- People and their relatives told us they were involved in decisions about their care. Comments included, "They are listening all the time, they are observant. It's a two-way thing, it's a proper partnership," and, "[registered manager], was very good, he understood exactly what we needed and was very accommodating."
- People and their families were signposted to advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.
- Where appropriate, people's families were invited to assessments and care plan reviews, this meant people were supported to express their views assisted by family members who knew them well.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that care staff treated people with respect. Comments included, "[care staff] doesn't patronise [relative] at all and understands his needs. I thought she was very good."
- Care staff spoke of the importance of maintaining people's privacy and dignity. One staff member told us, "It's very important. I always ask people what they would like to do and what way they would like to do it. When I'm giving personal care, I try to cover them, make them feel comfortable, like a human being, like we care about them."
- Staff supported people to be as independent as possible. One staff member told us, "You always try and encourage people's independence, whilst their still able to do things, you should encourage them, you are just there to support them in case they need it."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred and individualised, these were updated regularly and clearly set out how people would like their needs to be met.
- The service used a custom designed digital system which encouraged collaborative care planning. People and, where appropriate, relatives had user names to log into their care plans. People and relatives were able to change or update their care plans whenever they chose. This meant people were supported to have choice and control regarding their care needs.
- The registered manager recognised people's changing needs and ensured staff were well informed about changes in people's care. Staff were able to access people's care plans via an encrypted app on their phone, this meant staff always had access to up to date information.
- The registered manager recruited care staff to meet specific needs of people who used the service, for example, the service recruited staff who spoke a person's first language.
- Staff interviews included questions about the Human Rights Act. The registered manager told us this was to ensure staff held similar values to the service regarding diversity and equality.
- Occasions and events that had meaning to people were recorded in their care plans. Care staff used this information to celebrate meaningful events with people.
- The registered manager told us how they made recommendation regarding technology to support people to maintain relationships with people that were important to them. For example, following advice from the service, one person had a video calling system installed to talk to their family members. Other people had been supported to use smart speakers to maintain contact with family and friends.
- The service supported people to access community provisions that may be useful or supportive to them. The Registered manager told us how they supported people to access a local dementia friendly theatre and a charity that supported people's mental health through gardening activities.
- People and relatives told us they were able to choose when and how they received care, one person told us, "A couple of times I've asked for the times to be changed so I can go to a cinema with a friend. They always say yes, that's great, let's get you ready to go out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had good knowledge of their responsibilities under the Accessible Information

Standards.

- People's communication needs were recorded in their care plans. These were shared with healthcare professionals when appropriate.
- Relatives told us how staff adapted their communication style to meet the needs of people they care for. One Relative said, "Over time, they've managed to figure out his needs, they have a unique way of communicating. They've learnt on the job how he communicates and responds to their question."
- The service used technology proactively to help communicate with people who did not speak fluent English. Staff used smart speakers and telephone apps to aid communication with people.

Improving care quality in response to complaints or concerns

- At the time of our inspection, the service had not received any complaints.
- There was a clear complaints policy in place, this was provided to people when they began receiving care from the service.
- People told us they knew how to complain and would feel comfortable to do so.
- People and relatives told us the service was open and transparent, comments included, "I've got no complaints, if I contact [registered manager], I always get an answer" and "If there is something that hasn't happened, I get in touch with them and [registered manager] makes it happen."

End of life care and support

- People's end of life wishes were recorded in their care plan. This included their religious beliefs and preferences.
- The service worked in partnership with other healthcare professionals when required. This ensured that people had access to appropriate support at the end of their lives.
- Staff told us they felt supported to provide end of life care and had access to an employee assistance programme if they needed further support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives praised the management, they told us the registered manager maintained good communication with them and the service was well run. Comments included, "[registered manager] is lovely, really nice. [registered manager] came and did my assessment. It seems to be well managed, I've got no complaints, if I contact them, I always get an answer" and "We [relatives and registered manager] have a fairly informal relationship, we can drop him a line if we need anything he makes it happen."
- Staff told us that the registered manager was approachable and supportive. Comments included, "They [management team] are really easy going, easy to talk to. Really approachable" and, "It's always open - they are very nice people. It's very important to trust your manager, they are very nice. You feel you can ask anything."
- The registered manager demonstrated a commitment to person centred care, this was reflected in the systems the service used and the staff we spoke with.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had good understanding of their legal responsibilities under the duty of candour.
- People and relatives told us they were confident that the registered manager was open and would communicate honestly with them if something went wrong.

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

- The registered manager had good understanding of their regulatory responsibilities. We had received appropriate notification from the service since their registration.
- The service had effective quality assurance systems in place. This included regular audits of care records.
- The service had an on-call system in place to ensure that staff always had access to managerial support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relatives told us the registered manager regularly contacted them to ensure they were happy with the service they received. One person told us, "Something that I think is absolutely great, and they must not lose the personal touch, [registered manager] contacts me every now and again and sees how I am, how things are going, do I have any complaints, is there anything else they need to do."

- The service requested feedback following each care visit. This information was used to improve the service people received.
- The registered manager held regular discussions around respecting equality and diversity in the staff messaging group, they told us that they held these discussions regularly following research demonstrating the benefit of open conversations about diversity and culture.

Working in partnership with others

- The service worked well with other health and care professionals. The registered manager maintained good relationships with other health and social care services and referred people appropriately.
- The registered manager was a member of relevant industry groups. They used this to ensure they were up to date with any changes in legislation or good practice guidance.