

Careful Care Limited

Careful Care Limited

Inspection report

1A Meadow Road
Cirencester
Gloucestershire
GL7 1YA

Tel: 01285640420
Website: www.carefulcareltd.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection it was providing a service to 81 older adults.

Not everyone using Careful Care Limited receives 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 take into account any wider social care provided.

We heard positive comments about the service. People's relatives told us they were, "Really happy" and "Very pleased" with the service provided.

At our previous inspection in October 2015 the service was rated "Good". At this inspection we found the service remained "Good".

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

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Sufficient staff were deployed to meet people's needs and improvements to staff recruitment procedures were in progress.

People were treated with respect and kindness. Their privacy and dignity was upheld and they were supported to maintain their independence.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives and staff support in the least restrictive way possible; the policies and systems in the service supported this practice.

People received personalised care from staff who knew their needs and preferences. People and their relatives were involved in the planning and review of their care and support. There were arrangements in place to respond to concerns or complaints. Care was provided for people at the end of their life.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. A survey had been completed to gain the views of people and their relatives about the service provided. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Careful Care 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.

This inspection took place on 30 May 2018 and was announced. We gave the service notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 30 May 2018 when we visited the office location to see the manager and office staff and to review care records, staff information and policies and procedures about the management of the service. At the office we spoke with the registered manager, the chief executive officer and two members of staff. Following our visit to the office we spoke to one person using the service, two relatives of people using the service and three members of staff on the telephone.

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.

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. People told us they felt safe with staff coming into their homes, one person said, "I trust them with my life". Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had individual risk management plans in place. For example, for using a hoist, showering and bathing. One person's care plan alerted staff to a specific safety issue they may encounter when supporting the person with showering. Information was available to staff about entering and leaving people's homes to ensure they were safe and secure.

Suitable staffing levels were in place to meet the needs of the people. The registered manager reported there had been no missed calls and no one we spoke with had experienced any missed calls. People told us they felt assured that they would receive their care. One relative told us staff "tend to be on time" and if they were late they would let them know. One person described staff as "very reliable" and commented "they are bang on time". The registered manager described how a minimum call time of 45 minutes was found to be sufficient time for people to receive their care.

Checks in place on the suitability of applicants included a reference from their previous employer and a Disclosure and Barring service (DBS) check. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However; we found some recruitment information had not always been recorded. We discussed this with the registered manager who immediately put improvements into place. These included ensuring that employment histories were obtained and checks would be made in relation to previous relevant staff employment where applicants had previously worked providing care to adults and children. They sent us a copy of their updated staff recruitment procedure following our inspection visit.

People's medicines were managed safely. The registered manager reported no errors had been made when supporting people to take their medicines. One person we spoke with was satisfied with how staff supported them to take their medicines. Checks were made on a regular basis on the recording of people taking their medicines. Staff received medicine training.

People were protected by the prevention and control of infection. People's care plans instructed staff to maintain a clean environment following food preparation. Staff received training in infection control. Spot checks on staff included checking personal protective equipment such as disposable gloves were being used where appropriate.

The registered manager described how lessons had been learned and improvements put in place following a review of how contact was made with health care professionals. A record was now kept of all contact with health care professionals. This was introduced as an improvement to existing procedures where contact was needed but not always carried out by people's relatives.

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they received a service. The Provider information Return (PIR) stated, "Before taking any contract the care plan is checked thoroughly to ensure the needs of the service user can be met by our carers". Technology was used to monitor visit times in conjunction with people receiving care funded by the local authority.

People were cared for and supported by staff with appropriate knowledge and skills. Staff received training in subjects such as, moving and assisting, dementia and mental capacity. One relative commented staff were "well trained". The registered manager explained how team meetings out of working hours in a social context were found to be more effective than formal meetings. Staff commented positively about the support they received such as, "Very supportive" and "I have two very supportive bosses".

People were supported with meal preparation depending on their circumstances, and needs. People's care plans included information on their preferences for food and drink and its preparation. Staff had received training in food hygiene and nutrition and hydration. A relative told us how staff would prepare meals in accordance with the person's preferences. Where meals were provided by another agency staff would check to see if people were eating these.

People were supported to maintain their health through liaison with health care professionals. The PIR stated, "We contact GPs District Nurses and Occupational Therapists directly when concerns are raised and we feel medical treatment/advice is required". We saw evidence of this taking place during our visit to the office.

The 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's care plans described if they needed any support with decision making in relation to the care and support they received and included details of people they would trust to advise them with decision making such as close relatives.

Is the service caring?

Our findings

People had developed positive relationships with the staff that supported them. The Provider information Return (PIR) stated, "We take great care to employ only care staff we feel strongly are caring and compassionate". We heard comments from people and their relatives about staff such as, "Very polite", "Very, very helpful" and "Very patient". One person commented on how well they got on with the staff.

People's care plans noted the importance of staff providing companionship to people as well as care. When time allowed after care had been delivered, staff spent time with people taking part in people's chosen activities and interests such as crosswords. People's relatives confirmed this took place. Recorded observations of staff practice noted people were pleased to see staff when they arrived and were comfortable in their company. Compliments the service had received included, "Excellent care" and "Delighted with the carers (staff)".

People and their relatives were supported to express their views about the care and support they received. Meetings were held to review people's care and support. The registered manager was aware of how to access advocacy services if needed for people using the service. There were no people using advocacy services at the time of our inspection visit. Advocates help people to express their views, so they can be heard. They can be lay advocates or statutory advocates such as Independent Mental Capacity Advocates (IMCAs).

People's privacy and dignity was respected. This was confirmed by relatives of people using the service. Staff were able to describe the actions they would take to maintain people's privacy and dignity when providing personal care. People's preferred form of address was recorded for staff reference. Recorded observations of staff practice, carried out by senior staff, evidenced staff treated people with respect. One person received care from two staff. This person's care plan instructed staff on the importance of speaking with the person and not converse with each other and not include the person.

People were supported to maintain their independence. People's care plans instructed staff on how to promote the people's independence with personal care. For example, "(The person) wants to manage as much of her care herself. Staff only to assist when asked to. Just to be around to reassure (the person) help is there should she need it" and "Carer (staff) to ensure (the person) is given sufficient time to be as independent as possible". A relative commented. "They receive support to stay as independent as possible and stay in their own home."

Is the service responsive?

Our findings

People received care and support in response to their individual needs. The Provider information Return (PIR) stated, "We take notice of service users preferences and respect their choices, we are led by what they want and that they feel comfortable with our service." People's support plans contained information for staff to follow to provide individualised care and support and had been reviewed when necessary. For example, there was detailed information for staff to follow to support the personal care needs of a person living with dementia. Another person's care plan acknowledged the importance of cleaning and polishing their glasses and having their watch on their wrist.

Staff told us individualised care meant, "Mainly concerning the client, to do what they want you to do" and "The most important thing is the person". One person confirmed staff provided the care and support they needed. People's care was usually provided by staff familiar with them although at times other staff had to be used. The registered manager explained how people had a dedicated staff member who would carry out most visits. Staff were also organised in small teams in order to give consistent care when the dedicated staff member was not working. There had been no use of agency staff.

Rotas were sent out on a weekly basis and these were received with enough time so that people were aware of the staff allocated to visit them. A system was in place for staff to communicate any concerns or changes to people's needs to the management for any action such as contacting health care professionals. We saw examples of this in use when we visited the office.

The registered manager was aware of the need to provide information for people in a suitable format where required. At the time of our inspection there were no people using the service where such a need had been identified. Pictorial 'flash cards' were available in the office for use if needed which people could use to indicate their needs non-verbally.

There were arrangements to listen to and respond to any concerns or complaints. Information was available for people using the service to guide them in how to make a complaint. One concern had been received since our previous inspection this had been documented and a response provided by way of an explanation to the relative raising the concern.

People were supported at the end of their life where this was required. We saw an example of a care plan for staff to follow to provide care for a person in their final days.

Is the service well-led?

Our findings

Careful Care Limited set out the vision for the service which included "We will treat all people with respect and not discriminate", "We believe people have the right to expect choices and we will allow this as far as possible" and "We will try our best to be punctual". Throughout our inspection we found examples of staff supporting people in accordance with the provider's values and objectives. The registered manager described one of the current challenges as the time it took to contact health care professionals when sharing concerns or information about a person's care. Planned developments included expanding operations to other local areas.

Careful Care Limited had a registered manager in post who had been registered since June 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service.

We heard positive comments about the service provided from people and their relatives such as "Very pleased" and "Very supportive". Staff were positive about their role and the way the service was managed. We were told "I really enjoy working for them". The registered manager and the CEO were described as "Very approachable". People and their relatives received regular newsletters containing information about developments with the service such as new members of staff.

People benefitted from provider quality checks to ensure a consistently good service was being provided. The Provider information Return (PIR) stated, "Regular management team meetings are held, always looking at how we can improve and what can we do better". Quality assurance visits were conducted for each person using the service to observe staff practice. These were carried out on an unannounced and an announced basis. Areas checked on these visits included, punctuality of visits, checking care documentation, respecting choice and any training needs noted. No issues were found with the examples we looked at.

Survey questionnaires had been sent out to people using the service and their representatives in September 2017. The registered manager reported a low response although all the returned questionnaires contained positive comments.