

Carers with Care 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

Carers With Care Ltd is a domiciliary care agency. It provides personal care to both adult and young people living in their own homes. At the time of our inspection 54 people were using the service.

This inspection took place on 9 November 2018; and was announced. The last inspection of the service took place 28 March 2017 where we found a breach of regulation of the Health and Social Care Act relating to good governance as the systems for assessing and monitoring the quality of the service were not effective. The provider sent us an action plan on how they would improve. At this inspection, we found that the service had made the required improvements and had complied with the regulations. We have rated the service Good.

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.

The provider undertook checks and audits to monitor the service delivered to people and to drive improvements. The provider worked in partnership with other agencies to develop and improve the service. Staff told us that they had leadership and management support needed to do their jobs effectively. The service operated an open culture which encouraged feedback and learning opportunities when things go wrong.

Staff were trained to keep people safe from abuse. They knew the procedure to report any concerns appropriately. People were protected from avoidable harm as risks were assessed and management plans were in place. Staff reported incidents and accidents appropriately and the registered manager took action to address them and to reduce the risk of recurrence.

There were sufficient numbers of experienced staff to support people safely and staff were appropriately deployed to cover care visits. Staff recruited were vetted to ensure they were suitable to work with people. Staff provided people with the support they required to take their medicines safely. The risk of infection was minimised as staff were trained and knew the procedure to reduce infection from spreading.

Staff were trained and supported in their roles. People received the support they required to eat and drink. Staff supported people to maintain their health and to access healthcare services they needed. Staff liaised with other professionals to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and obtained consent from people before supporting them.

People received care from staff who were compassionate and caring. People and their relatives were involved in planning their care. People were encouraged to maintain their independence. Staff respected people's privacy and their dignity. People received care from staff they were familiar with and had developed relationship with. Staff were trained to deliver end of life care in line with people's wishes.

People had their needs assessed before they started using the service. People's needs were reviewed and care plans updated to reflect people's current needs. People received care and support personalised to their needs. The provider made information accessible to people in various formats in accordance with people's needs and preferences. Care records detailed people's cultural and religious needs.

People knew how to complain if they wished. The service sought the views of people about the care they received and acted on them.

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 to safeguard people from abuse. They knew the various forms of abuse and signs to identify them.

Risks to people were assessed and plans developed to alleviate any risk identified. Lessons were learned from incidents and accidents.

Thorough recruitment checks were undertaken on staff before they started working with people. There were enough staff available to deliver care to people and care visits were allocated and managed effectively.

Staff were trained in medicines administration and supported people to receive their medicines safely. Staff followed infection control procedures.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to be effective in their roles.

People's needs were assessed to establish what care they needed. People and their relatives consented to the care they received.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs.

Staff supported people to access healthcare services. Staff liaised effectively with other professionals.

Is the service caring?

Good ●

The service was caring.

People told us that staff were caring and kind towards them. People were supported by regular care staff who knew them and had developed positive working relationships with them. People

were involved in their day-to-day care and were given choices about their care and support.

People's independence was promoted. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed and in the way that met their preferences. Care plans were regularly reviewed to reflect people's circumstances and needs.

Care records detailed people's cultural and religious needs. Staff had completed training in equality and diversity and respected people's individuality and differences.

People told us they knew how to complain about the service if they were unhappy. The registered manager responded to concerns in line with their procedure.

Care plans stated people's end of life wishes. Staff had been trained in end of life care.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post. The registered manager complied with the requirements of their registration with CQC.

People and staff told us the registered manager was open and approachable. Staff felt supported by the registered manager and the members of the management team.

There were systems in place to monitor and assess the quality of the service.

The provider actively sought the views of people about the care provided and used feedback received to improve the service.

The provider worked in partnership with other organisations to improve and develop the service.

Carers With 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 checked 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 site visit was carried out by one inspector on 9 November 2018 and it was announced. We gave the service 48 hours' notice of the inspection visit because the location provides domiciliary care service and we needed to ensure the registered manager or member of the management team would be available to give us access to records. An expert-by-experience made calls to people using the service to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also examined the information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection the expert-by-experience spoke with three people and six relatives. We also spoke with the registered manager, the provider, two field supervisors and four care workers. We reviewed five people's care and medicine administration records (MAR). We looked at five staff files which included recruitment checks, training records and supervision notes. We also reviewed other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe with staff and in the way their care was delivered. One person said, "I feel safe in this environment and with the carers that we get in contact with." Another person told us, "I feel very safe and the carers are very sincere, honest, and respectful." One relative said, "They [staff] make us feel safe at home and with them."

All staff had completed safeguarding training and understood the provider's safeguarding procedures. They were clear about the various types of abuse, signs to recognise them and actions they would take to report their concerns. A care staff member told us, "If I suspect abuse I will speak to my manager and if they are not doing anything about it, I would whistle blow." Another care staff said, "I would contact my line manager straightaway if I noticed anything of concern or abuse. I know higher authorities to contact if nothing is done about it but they [Provider and registered manager] are protective of people so I believe they would take necessary actions." The registered manager and provider knew their responsibilities to protect people and were aware of their duty to respond to alleged abuse. This included undertaking an investigation; alerting the local safeguarding authority and notifying the CQC. Record showed that there had not been any safeguarding concerns since our last inspection.

Risks to people's health, safety and well-being were minimised. One relative commented, "The service always sends two carers to help my loved one due to safety concerns. Safety is important to them." The registered manager and senior members of the team carried out assessments to ascertain risks to people. Risks to people's skin integrity, physical health and mental health were examined. Other risks areas assessed included falls, choking, malnutrition, mobility, moving and transfers. Management plans were developed to address risks identified and to provide instructions to support people safely. For example, there was guidance to support people who may be at risk of developing pressure sores. Staff were informed to use barrier creams and to support people to reposition regularly. Moving and handling plans reminded staff of safe transfer procedures. It also specified the number of staff members required to carry out safe transfers, equipment needed and how to use them. One person at risk of choking had a management plan which included the type and texture of food safe for them to eat, the recommended sitting position when eating and actions to take if they were choking. Staff understood the risks faced by people they supported and they knew the actions to follow to reduce such risks.

Staff knew how to respond to emergency situations. Staff told us if people had an urgent medical situation, they would contact emergency medical services. If there was a non-urgent medical situation they would contact the person's GP and inform their relatives. A member of staff told us, "If a person was feeling unwell I will call the GP, if I feel the situation warrants an ambulance, I would call them."

Lessons were learned from incidents, accidents and when things go wrong. There were systems in place to report incidents and accidents; and staff knew about these systems. Records of incidents including missed care visits and late care visits. The registered manager reviewed incidents reports on a regular basis and we noted they investigated incidents thoroughly and developed actions to reduce a repeat. Where incidents were deemed as safeguarding, alerts were raised with social services. Incidents deemed notifiable to CQC

were also reported as required.

There were sufficient staff to meet people's needs and care visits were appropriately planned. One person said, "They [care staff] come on time and they help me with what I need but I would like if they are able to spend more time with me." One relative told us, "They [carers] arrive mainly on time but there have been a few times that they are late due to the time spent from the last person they visited." Staff also told us they had sufficient time allocated to them to care for people. One staff member said, "I have enough time for travel and enough time to support the people allocated to me." Another staff member mentioned, "9 out of 10 times the time allocated is enough. Sometimes we request for extra time based on the person's needs." Staff told us double handed tasks were always done by two care staff members. One staff commented, "Double-handed always done in pairs. It is never safe to do it alone and we are never allowed to do it alone. The office staff always ensures the rota is planned to cater for doubled-handed visits."

The service had an electronic monitoring system (EMS) used to plan and manage care visits. The rota was planned considering staff skills, experience and geographical locations of staff and people to reduce the risk of lateness. The office staff contacted care staff to inform them of any changes in their rotas and care staff were reminded of the need to inform people and the office based staff if they were running late. Office staff and senior members of staff covered shortfalls and emergency absences. We noted that late visits recorded in the six months prior to our visit were within the leeway period agreed. There had been two missed visits which had been investigated and actions put in place to reduce the risk of a recurrence.

People received support from staff who were recruited in a safe way. Prospective staff submitted applications and were interviewed as part of the process. The service explored gaps in applicant's employment histories if any was identified. References, proof of identify, right to work in the UK and criminal records checks were also undertaken before staff were recruited or could start working with people.

People received their medicines as required. The support people required to manage their medicines was assessed as part their needs assessment process. Staff had completed training in medicine management and had their competency assessed. Medicines administration records [MAR] sheets we checked showed people received their medicines as instructed by healthcare professionals. Senior members of staff completed regular audits of MAR sheets to ensure they were accurate.

People were protected from the risk of infection. Staff were trained in infection control. Staff told us that the service provided them with personal protective equipment (PPE) and reminded them of the importance of using PPE. They told us effective hand washing and disposing waste appropriately were key to reducing the risk of infection. Record of spot checks carried out by senior members of staff showed that infection control compliance formed part of their spot checks.

Is the service effective?

Our findings

People were supported by staff who were experienced and effective in their jobs. One person said, "The carers are very good and thorough." One relative told us, "The carers understand the care needs of my loved one and they care for them well. I feel they have regular training, they demonstrate person centre care."

Staff told us and records confirmed staff received induction when they first started working at the service and they had been trained to meet people's needs. One member of staff mentioned, "I had a week of shadowing. I completed the care standards certificate induction programme. It was good, it made me comfortable. I have done training in safeguarding, medication, first aid, moving and handling, infection control, food hygiene and dementia." Another member of staff told us, "I'm up to date with all the mandatory training courses. I have done training on palliative care and dementia care too. Because of my experience I mostly have complex cases like double-handed visits, palliative care, and people living with dementia. I have been given all the training I need to do my job." The provider's mandatory training programme included medicine management, safeguarding, health and safety, manual handling, infection control and first aid. Staff had also received training in specialist areas such as dementia care, and catheter care. The Care Certificate is the benchmark that has been set for the standard for new social care workers.

All the staff we spoke with confirmed they were supported in their roles. One care staff member said, "I feel well supported. I had a spot check recently. They check how I communicate with people, and the quality of my work. Spot checks make me reflect on what I'm doing and makes me always want to do my work better." Another staff mentioned, "I have supervision every three months, regular spot checks and performance review meetings. It's always very helpful." Records showed that staff received regular spot checks, observations, one-to-one feedback and updates and performance reviews. Annual appraisals also took place to review and give staff feedback on their performance.

People's needs were assessed to establish what support people needed. Senior members of staff carried out assessment of people's needs before they started using the service. Assessments were completed with the person and their relatives. The registered manager told us that the assessment enabled them establish people's needs and what support they required from staff. Assessments covered people's backgrounds, physical and mental health; nutrition, eating and drinking, mobility, falls and daily activities. We saw that where required, professionals such as occupational therapist (OT), speech and language therapist (SALT) had been involved in assessing people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager and staff understood the MCA principles and their responsibilities to promote it and ensure people consented to their care and support before they were delivered. One member of staff told us, "I always offer choice to people and obtain consent from them before giving them any support, I believe it's their right. I provide them information to make a decision and if I have concerns with the decisions they are making, I inform my manager and would then involve people's relatives and other professionals." Records showed people, their relatives and social workers were involved in making decisions about people's care and support. We saw that people had appointeeship in place for their care, support and finances where required.

People received the support they required to meet their nutritional needs. People told us that staff supported them to prepare the food they wanted. One person said, "They [carers] do my breakfast and dinner. They encourage me to eat." Another person commented, "They [carers] cook a fresh meal for me at my request, which is very tasty and nourishing." A relative mentioned, "The girls [staff] don't cook but help us microwave food already prepared by relatives." Care plans noted what support people needed to meet their nutritional needs and how staff should support them with this. Where people needed support to eat, staff provided the support. Where people required special diets such as pureed or liquidised food, record showed staff prepared food in accordance to their dietary needs.

People were supported to maintain their health. Staff told us and record confirmed that they supported people to make and attend appointments with healthcare professionals and recorded outcomes as required. Record showed a range of health professionals were involved in meeting people's health and social care needs.

The registered manager told us that they liaised with professionals and other services to meet people's needs. They explained that staff had been trained to give updates and handovers to other care staff and to other services. Each person had a 'Person Profile' sheet which contained information about their health conditions, medicines, GP and next of kin details; and care required. The registered manager and staff we spoke with told us they handed this sheet to ambulance teams or other services when people were transferred to them.

Is the service caring?

Our findings

People were cared for by staff who were compassionate to them. One person said, "The carers are very good to me. They are kind." Another person told us, "My carers are very good, helpful and respectful." One relative commented, "The attitude of the careers is of respect, dignity and love to my [relative]. We are presently very happy with carers we have."

Care plans included information that enabled staff to understand people's backgrounds, likes, dislikes and what affected their emotional well-being. For example, one person's care plan read, "I like the company of my care workers and look forward to them coming. I go all day without seeing anyone so when you do come in to see me, it's very important for you to be engaged with me. I'm friendly and talkative so please do take time to talk to me while you are here." Staff we spoke with demonstrated they knew the people they cared for. They gave us examples of what people liked and what made them comfortable. They told us care plans gave them insight about people. One staff member said, "I love the care plans. They are very simple to read and understand. They tell you about the person, you read and have a picture of what the person's life is. It's always handy." Care plans showed that people and their relatives were involved in deciding how they wanted their care delivered. Staff gave us examples of how they involved people in their day-to-day care. One staff said, "I allow people to choose what they want done." Another member of staff said, "I always give and respect their choices."

People received continuity and consistency in the way their care was planned and delivered. One relative told us, "We are very lucky to have the same carers every day. They have learnt to work with us as we want and they understand us." We noted that staff were matched to people looking at personalities, skills and experience. The registered manager and provider explained that it was important to them that people and staff had good working relationships; and people received continuity in care. Staff confirmed that they had regular people they supported which had helped in developing working relationships with them and understanding how to support people as they prefer. One staff member commented, "Continuity is a must for us. We see the same people, it really does help. We have a great rapport with the families because they know us. This organisation thrives for the continuity and consistency in the service they provide." Another staff member mentioned, "I have the same people I visit so I know them well. It helps like if there was something going on with a client you know straightway because you know how they are usually like. You also have that relationship with people and their relatives."

Staff maintained people's independence, and respected their dignity and privacy. One person said, "My personal care is delivered by the carers with dignity and respect." One relative told us, "Yes, the carers give my [relative] respect and dignity during their care service in this house." Another relative commented, "They [care staff] treat my loved one with respect and dignity." Staff told us how they maintained people's dignity and privacy. A member of staff told us, "Respect people's dignity cover them when doing a wash. I speak to them how I would like to be spoken to be nice, gentle and kind." Another member of staff said, "I close the curtains when I'm doing personal care and I make sure they are not exposed unnecessarily." Staff also commented on how they promote people's dignity. One staff member said, "I believe in the saying that if you don't use it you lose it. So, I always allow and encourage people to do the little things they can for

themselves."

Is the service responsive?

Our findings

People received the care and support tailored to meet their needs and preferences. One person said, "The service I receive is what I want including personal care, preparing meals and administering my medication. They do their best for me." One relative commented, "We are very happy with the carers and the services delivered. My [loved one] has four care visits a day and it meets their needs." Each person had a detailed care plan which provided information about their preferences, likes, dislikes and goals. It also contained times and duration of care visits, and tasks to be undertaken. One person commented about the care and support provided to them. They said, "Staff support me in whatever I need help with. They continue to improve the quality of my life. They take me to visit my relative in a care home. That is very important to me and I'm very happy with the care I receive." Records of care visits undertaken showed staff delivered care to people in accordance with their care plans. People received support with their personal care, meal preparation, eating and drinking, mobilising, transferring, medicine management; socialising, managing and maintaining health were detailed in their care plans. Staff told us they considered people's moods, health and general well-being at each visit and adjusted how they delivered care to them to meet their daily needs. One care staff member explained, "Sometimes people may be experiencing pain or discomfort and want to stay in bed longer. I let them do so. I give them what they want in bed and when I return for my next visit I support them with personal care if needed or I give handover to the next care staff visiting the person."

Care plans were regularly reviewed and updated to reflect people's current care needs and circumstances. The registered manager told us that they reassessed and reviewed people's needs if there had been changes in their situation or following a hospital admission or a fall. Staff confirmed they were informed about changes in people's care and they were always encouraged to read through people's care plans.

Care plans considered the support people may require in relation to meeting their diverse needs and with regards to any protected characteristics they had under the Equality Act 2010. For example, in relation to age, race, religion, disability, sexual orientation and gender. Staff had undertaken training in equality and diversity and knew to respect people as individuals.

Care records showed people had assistive technology such as alarm systems, fall mats and door sensors installed as measures to promote their safety. The registered manager told us that they looked at assistive technological systems that would be beneficial to people as part of their assessment process; and they made recommendations to people, their relatives and professionals involved.

From April 2016 all organisations that provide NHS care or publicly-funded adult social care are legally required to meet the requirements of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The provider told us that they would provide information in different formats such as large prints, Braille, and other languages based on people's needs. They told us and showed us evidence that they had converted one person's care plan and service user guide to the Polish language.

People and their relatives knew how to complain. One person told us, "If I had a concern I would get in touch with the office. I have done so in the past and they resolved the issue." A relative commented, "We would contact the manager if we had a concern. Although, sometimes issues don't get resolved immediately but we follow up and it eventually gets addressed." The provider included information about how to complain in the service user guide which people received when they began using the service. The provider had a complaint procedure in place which included the stages of managing a complaint and how to escalate concerns to external organisations if they were not resolved satisfactorily by the provider. We saw that the registered manager had responded to two complaints received in the last year and these were dealt with in line with the provider's procedure. The registered manager had taken actions to learn from complaints. For example, a staff member's performance had been reviewed and managed to improve their performance.

People had advance care plans in place which noted their end of life wishes and their Cardiopulmonary resuscitation (CPR) status. Staff had received training in end of life care. The registered manager told us they worked closely with the local palliative care team, people's GPs and relatives to care for people who required end of life care. However, there was no one receiving end of life care at the time of our inspection.

Is the service well-led?

Our findings

At our last inspection in March 2017, we found that the provider's quality assurance systems were not robust. We also found that records were not always accurate and up to date. At this inspection, we noted that the quality monitor systems in place were effective in monitoring the quality of service provided to people. Both the registered manager and provider conducted audits of care plans, staff files, MARS, complaints record and safeguarding. The registered manager also regularly reviewed record of incidents and accidents so that pattern could be identified. The registered manager reviewed and investigated each incident of late and missed visits and took appropriate action to reduce the risk of recurrence. Following a recent incident, the provider had implemented a system to effectively manage changes in staff rota. Records we reviewed during our inspection were up to date and comprehensive and were stored to maintain confidentiality in line with data protection regulations.

People told us that the service was well managed. One person said, "I'm happy with the service." Another person commented, "The girls [staff] do their jobs with dedication and the service provider is good." One relative mentioned, "At present I am very satisfied with the provider and look forward to any positive changes that will improve our lives." However, people commented that quality monitoring checks could be improved. One person said, "The office should do more checks to ensure things are always done properly." Another relative told us, "For now, I don't have any concern with the staff or provider, but more checks need to be done to improve their service further." Records we reviewed showed that the registered manager and senior members of the team carried out spot checks on staff at people's homes to monitor the quality of their work. They also used this opportunity to gather feedback from people about the care they received.

The provider also gathered people's views about the service through surveys. Comments made by people and relatives in the last survey included, "A high level of care is provided to [relative]", "[Loved one] receive excellent care. No improvements needed as you are brilliant", and "I think you have the Formula right! Making sure the company keeps healthy and solvent!" The last survey conducted in June 2018 showed high level of satisfaction. There was an action plan developed to address areas which required improvement. For example, people commented that they would like to be informed if they were having a different member of care staff. The registered manager explained that they endeavoured to contact people to notify them of changes in advance but it was not always possible if the change of staff was short notice but they were working to improve on this area.

There was a registered manager in post who had experience managing care services. The registered manager understood their role and responsibilities in delivering effective care service and meeting their CQC registration requirements including submitting notifications of significant incidents. The last inspection rating of the service was displayed correctly on their website and at the office location. The registered manager was supported by the provider who also experienced in managing care services; and a team of field supervisors and care coordinators who provided support to staff in the community

The service had an on-call management system which ensured staff had support during and outside office hours if needed. Staff told us this system made them feel safe as they knew they would get the support of a

manager if needed.

Staff told us they were motivated in their roles and they had the leadership and direction they needed to deliver their jobs effectively. One staff member told us, "I am really happy with this organisation. They are on top of things. If you have an issue, they deal with it quickly. They give you information, support and direction you need to do the job. I am really happy with the way they operate and I would recommend this service to a love one." Another staff member said, "The registered manager and provider are brilliant honestly, I can't fault them! They listen and are very supportive. If I have issues or a problem they deal with it quickly." Regular staff meetings took place which provided opportunity to discuss people's needs, challenges staff faced in their roles; and to update on any changes in policies and procedures. Staff told us that they were also able to approach the registered manager, provider or a member of the management team anytime about any concerns they may have and they felt listened to and supported.

The service worked closely with the local authority commissioners to develop the service. The registered manager told us they liaised regularly with various health and social care professionals to ensure people's needs were met. The registered manager told us that they were currently devising a contingency plan to manage the pressures of winter and Christmas season. They said they were recruiting a pool of staff ready to work to any emergencies or demands. The provider recently held a roadshow to create an awareness of the organisation in the community.