Caring for You Limited

Caring for You Adults and Children Services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and we needed to be sure someone would be in.

Caring For You Adults and Children's Services provides personal care to adults and children in their own homes.

Summary of findings

This included children who received personal care as well as social activities for children and adults. At the time of the inspection the service provided care to 33 people, six of these were under the age of 16 years.

There was a registered manager in post that was responsible for the day to day running of the service. 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 and associated Regulations about how the service is run.

People who used the service and their relatives were satisfied with the service provided by the agency. Reference was made to staff providing care which met people's needs and took account of people's preferences. Whilst people who used the service, and their relatives, told us they felt safe with the care provided by staff, care plans did not always include full details so that staff would know how to provide safe and effective care. The registered manager was not fully aware of the type of support some people needed, which indicated care plans were not adequately reviewed.

People who used the service, and their relatives, said the staff treated people with dignity and respect. Staff were described as being polite, patient, caring, friendly and skilled in building effective working relationships with people.

There were enough staff to meet people's needs and staff had time to complete care tasks when they visited people.

Staff were well trained and supported by regular supervision, although training in the Mental Capacity Act 2005 was still to be provided to staff. The staff had a good knowledge of people's needs.

The registered manager and staff had a good knowledge of the procedures and principles for protecting people from possible abuse, including the procedures for reporting any concerns to the local authority safeguarding team. One staff member, however, was not aware of the correct safeguarding procedures.

The registered manager and staff took account of comments made by people and their relatives and responded to any complaints made.

Whilst there were checks made by the registered manager on the performance of the service omissions in care plans indicated this was in need of improvement. There was support to the registered manager, and, to the service from a regional manager, but these were informal and were not recorded.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe because care plans did not consistently provide staff with sufficient guidance to ensure risks to people and children were fully addressed.

Policies and procedures were in place to safeguard vulnerable adults and children. The majority of staff had received training in these areas, but not all were able to explain the correct procedures.

People and their relatives were consulted about arrangements for their care and support. Staff had not received training in the application of the Mental Capacity Act (2005), but suitable systems were in place to assess people's capacity to consent to care.

Staffing levels were sufficient to meet people's needs. Checks were made on the suitability of newly recruited staff so that people were safely cared for.

Is the service effective?

Good

The service was effective. Staff received regular relevant training and induction to provide effective care to people. People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

Where applicable people were supported to have sufficient food and fluids and arrangements made for people's health care needs to be met.

Is the service caring?

Good

The service was caring. Staff treated people with kindness and compassion.

Staff provided care to reflect people's, and their relative's, preferences and choices. Staff listened and acted on people's decisions and wishes.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care was personalised to reflect people's needs, routines and preferences. We saw people's needs were assessed before a care package was devised. Relatives and people told us they were fully consulted about the care being provided and that care arrangements took account of people's choices and preferences.

Arrangements were in place for reviewing people's needs. This was often carried out in conjunction with other health and social care professionals who told us care plans were flexible so they could be adjusted to meet people's changing needs.

People's concerns and complaints were dealt with and responded to.

Summary of findings

Is the service well-led?

The service was not consistently well led.

Quality assurance processes were not always effective and consistent. The management and oversight of care plans did not ensure safe care was always delivered. Audits and checks on the standards of care took place but these were often informal and not recorded, such as the support from the provider's regional management.

The management enabled staff to raise issues and concerns about their work and the care of people.

There were systems in place so that people and their relatives could give their views on the service. These included care reviews and satisfaction surveys.

Requires Improvement

Caring for You Adults and Children Services

Detailed findings

Background to this inspection

We visited the Caring for You Adults and Children's Service's office on 7 July 2014, and spoke with four care workers. We looked at care records for four people who use the service, as well as records relating to the management and running of the service. These included satisfaction surveys of people who used the service, audit checks, policies and procedures plus records of complaints and compliments. We also spoke with four staff about their work and looked at staff training and supervision records as well as staff duty rosters and staff recruitment records.

We carried out telephone interviews with nine people and their relatives to ask them for their views about the service.

The inspection team consisted of an inspector and an expert by experience who had experience of using adult social care services including domiciliary care and community health services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We also spoke to two social workers, one from children with disabilities services and the other from adult services to ask them for their views about the service.

The service met all of the regulations we reviewed at our last inspection on 11 February 2014.

Requires Improvement

Is the service safe?

Our findings

People who used the service, and their relatives, said they felt safe when they received care and support from the staff. However records did not always promote peoples safety.

Staff carried out a number of assessments to identify risks to people and actions which they needed to take to ensure people's safety. Risks posed by the use of equipment and the care environment were recorded on a general risk assessment form. Risks associated with people's individual needs were also assessed. We saw completed risk assessments relating to people's mobility and risk of falls, as well as behaviours which may challenge staff and others.

There were corresponding care plans setting out the actions which staff should take to reduce these risks, for example when helping people to walk. We found that some of these proposed actions lacked sufficient detail to enable staff to provide safe and appropriate care. One person had a neurological condition, and we saw there was guidance for staff to follow to ensure the person was safe when undertaking activities. However this guidance lacked detail and did not provide specific advice about how to keep the person safe should they have a seizure when undertaking certain activities where there was a risk. Whilst this was for just one person the risks posed to the person by the lack of recorded procedures was significant. The registered manager was not fully aware of all the relevant details recorded in the person's records which indicated the assessment and care plan needed to be completed in greater detail. For a second person who received support from staff with eating, drinking and taking medicines by the use of specialist equipment there was a lack of a care plan for staff to follow. In addition, the registered manager was unaware of the support staff were providing to the person with eating and drinking. The registered manager contacted the relative of the person during our inspection. The relative forwarded a care plan to the service which the relative had completed themselves. Whilst the relative was satisfied with the standard of care provided neither the staff nor the registered manager had formally assessed this need and had not devised a care plan for staff to provide safe care to the person. People were not always protected from the risk of unsafe or inappropriate care due to the lack of accurate records being maintained. This meant the service was in breach of Regulation 20 of The Health and Social Care Act (Regulated Activities) Regulations 2010.

The service had policies and procedures regarding the safeguarding of adults and children. These included procedures for reporting and disclosing any concerns or allegations of abuse. Health and social care professionals told us the registered manager and staff raised concerns about the safety of people and children with the local authority. These professionals also told us they considered the service was safe as it provided reliable care and worked well with other agencies to provide safe care to people who had complex needs.

Training records showed seven of the 24 care staff had not completed the safeguarding of children training course. We spoke with four staff about their awareness of safeguarding adults and children. Three of the four staff said they would report any concerns about the safety or safeguarding of children and adults to their manager and were aware they could also report these concerns to the local authority safeguarding team by following the service's safeguarding policies and procedures. One staff member said they thought they received training in the safeguarding of vulnerable adults but was not aware of the correct procedures for reporting any suspected abuse or neglect of children or people. Training records showed the staff member had received training in this, which indicated this staff member needed more up to date training so they were aware of the correct procedures for reporting any suspected abuse.

Measures were in place to protect people from possible financial exploitation as staff were aware of the policy that they must not accept gifts or make any financial gain from people.

The registered manager told us that staff had not yet received training in the requirements of the Mental Capacity Act 2005 but that this was due to take place in the near future . There was a Mental Capacity Act Policy which contained guidance on assessing mental capacity for those over the age of 16 years and the circumstances in which staff may need to make a 'best interests' decision on behalf of someone who did not have capacity to consent to care. Care records included consideration of people's mental

Requires Improvement

Is the service safe?

capacity to consent to care. People and their relatives told us they were consulted about their arrangements for care. Care records confirmed that these discussions had taken place.

People's needs regarding behaviours which were challenging to others were assessed. Care plans for people referred to the use of calming and de-escalation techniques to deal with behaviour so that any restraint was minimised. The registered manager told us the staff training techniques for dealing with any behaviour and possible physical intervention was approved by the British Institute for Learning Disabilities (BILD). Staff confirmed they used these approaches when dealing with any behaviours they found challenging.

People's care plans contained emergency contact telephone numbers so they and their relatives could contact the service in an emergency. The service had management support for staff to obtain advice and help in an emergency and staff confirmed this was available to them. We saw the service had a 'lone working' policy with details about staff safety when visiting people and for getting emergency support. The registered manager told us there was 24 hour emergency support by telephone for care staff.

Sufficient numbers of staff were employed so that people received safe care. Each person received a weekly roster with details of which staff would be attending for each appointment. Staff and people told us they received a copy of these rosters. We saw that people, or their relatives, signed a 'time sheet' each time staff attended a care appointment. They said they received a reliable service. Staff told us they were able to provide care as set out in care plans and described the service as providing both "safe" and "reliable" care. Health and social care professionals also said the service was both reliable and flexible to ensure people received safe care.

The registered manager made appropriate checks on the suitability of new staff to work with vulnerable people and children. We looked at the recruitment of three recently appointed staff and saw the registered manager had obtained Disclosure and Barring Service (DBS) checks on each person. These checks identified staff were suitable to work with people. Written references were obtained for each person including a reference from the person's most recent previous employer. This allowed the registered manager to check on applicant's performance in their last job. We also saw records that each person was interviewed to check their suitability for the post which staff confirmed.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us staff were skilled in providing effective care. One relative said how the care provided reflected what the person wanted. Another relative said, "The carer is absolutely fantastic," adding that the staff member was skilled in working with children with a disability. Health and social care professionals told us Caring For You Adults and Children's Services worked with them effectively to meet people's health and social care needs.

Staff were trained in a number of relevant subjects, and received regular supervision. They described the training as "very good" and "of a good standard." Newly appointed staff received an induction to prepare them to provide care. We saw copies of records and training for individual staff induction which used nationally recognised standards called, 'Skills For Care Common Induction Standards.' The manager maintained a record of staff training on a matrix table along with dates of when this training needed updating. Courses included dementia, epilepsy, emergency aid, health and safety, moving and handling and personal care. Staff said they felt supported in their work and received regular supervision. Staff also said they felt able to approach the registered manager with any concerns they had or if they needed advice. We saw records of individual staff supervision were maintained.

Social care professionals told us staff had the necessary skills to provide effective care. One professional told us care staff were skilled at working with people with complex needs and were "focussed on meeting" people's needs. The registered manager told us staff were recruited by matching the skills of the job applicants to the needs of the specific persons for whom they would be providing care. In one instance, the manager told us this included the recruitment of a staff member for work with just one family. A social care professional told us the service was effective in matching requests made by people and their families as well as when social services made specific requests for care. People were asked if they preferred to be visited by male or female care staff. These choices were recorded in people's care records and people said these preferences were acknowledged.

Care records included details about how staff should support people to maintain their independence. For example, details of what the person could do for themselves was recorded alongside what staff needed to do to support the person. People and their relatives told us staff helped people to maintain their independence when providing support.

The registered manager told us one person received support with eating and drinking. We spoke to the relative of this person who said staff knew the person's needs and provided appropriate support with eating and drinking. One of the staff who provided support to this person described how they supported the person with eating and drinking and that this was done in conjunction with the guidelines provided by the person's relative.

We saw people's individual care records included details of their current and previous medical needs. Other health details were also assessed and recorded so that staff could monitor these effectively. For example, one person's care plan included details about support with pain relief. There were also well documented care plans with clear guidance for staff to help the person during the night time. This included specific instructions about the placing of blankets and pillows so the person was comfortable.

Good

Is the service caring?

Our findings

The service was caring because staff understood people's individual needs and treated people with kindness and compassion.

People, and their relatives said they received care from a consistent staff team. One relative said the same care staff had been providing care for ten years. This meant staff were able to build a good knowledge of people's needs and were able to establish a working relationship with those they provided care to. Another relative said how four staff provided care over a 24 hour period and the staff gave a "choice on all aspects of care."

People and their relatives said care staff treated them with respect and with dignity. One relative said, "The carers always treat X with dignity and respect. They are always pleasant and polite. They never miss any visits. They understand X's needs, and always look at the care plan. They document everything." A relative said care staff established good communication with their relative and offered choices in their care. Another relative said care staff were patient and had a positive relationship with their relative. A relative described the staff as, "Really lovely. Positive. Caring. Friendly and happy." Y

The registered manager and staff listened to people and to those who mattered to them. Relatives told us they were consulted about the care of their family member. A relative said staff carried out a thorough assessment and their relative's "likes, needs, dislikes and health issues" were taken account of. Relatives also said they felt able to raise any concerns or issues they had and these were dealt with. Staff told us they listened to the views and wishes of people, and their relatives, so that care reflected people's preferences and needs. For example, a staff member told us how they worked closely with people and their families so that people's needs and views were taken account of. We saw care plans included details about people's preferences as well as those tasks and activities people were able to do themselves.

There were policies and procedures regarding the privacy, respect and dignity of people. This included guidance when staff provided personal care and for working in people's homes. We saw records included reference to how people and their families preferred staff to enter their homes. Care records also included reference to whether the person preferred to received care from male or female staff. Health and social care professionals and relatives told us the service adhered to this.

A relative told us the registered manager regularly called them to check if the service was satisfactory. Relatives also told us they attended care reviews where their views about care were listened to. People and their relatives said they felt able to raise any concerns or issues they had about their care and that these were acted on.

Good

Is the service responsive?

Our findings

Relatives said they agreed to the care plan which set out when and how care was to be provided. We saw each person's needs were assessed and that they, and, their relatives, were involved in the assessment prior to a care package being devised. People said the care reflected their identified needs as well as their preferences regarding how care was provided. We saw that most care plans were personalised to reflect in detail how staff should provide support. For example, we saw a care plan recorded the specific procedures staff should follow so the person slept well. This included details of the amount of light, whether the bedroom door was open or closed, the number of blankets and the person's sleeping positions.

Social care professionals told us staff were responsive to meeting people's needs as well as working with them to respond to any changing needs of people. A health and social care professional told us the service's staff attended care reviews with them and provided a flexible service to respond to people's changing needs. This professional described the approach of the service's staff and registered manager as "very professional."

Staff supported people to take part in community activities such as swimming and shopping. People and their relatives, told us they valued these activities. They provided meaningful stimulation and exercise which was appropriate to the person's age and preferences. For example, one relative said how staff interacted well with their child, that the staff member made time spent to have fun, and, that the staff member knew how engage with the child. People said care staff who provided activities were responsive to what people and children wished to do.

We saw each person had a timetable setting out the times of visits as well as the type of care to be provided. People said they had a copy of this timetable and that staff adhered to the times as set out. Care staff told us they had sufficient time to provide the support detailed in the care plans.

Staff responded to people's experiences and concerns to improve the quality of care. People told us they felt able to raise any issues or concerns with the staff or the registered manager. They said these were "always" resolved. We saw people were asked to give their views on the service in a satisfaction survey. We saw 17 completed surveys and these showed people were satisfied with the standard of care and the reliability of the service.

The registered manager told us there was an 'ideas and suggestions' box in the office so that people and their relatives could suggest any improvements. The registered manager told us this had never been used by people or their relatives.

People and their relatives, told us they had a copy of the service's complaints procedure. The registered manager told us there had been one complaint made to the service. We saw there was a record which showed the complaint was investigated and responded to in a timely way.

Requires Improvement

Is the service well-led?

Our findings

The provider promoted a positive culture that was centred on people's needs but quality assurance processes were not always effective, or used to drive service improvement. The registered manager was not fully aware of some of the needs of people to ensure staff were well managed to provide safe and effective care. Checks by the registered manager and provider on assessing people's needs and care planning were not being carried out in sufficient detail to ensure that staff had adequate written guidance to safely support people. Whilst we found these related to just two aspects of care these were significant in that staff did not have current guidance to provide safe care.

People who used the service, and their relatives, said they felt able to raise any issues directly with the service's registered manager and that these were addressed. The service had received one complaint and there was a record to show this was investigated and responded to. The service had a record of a compliment being made about the quality of the service provided to people. The registered manager also used a system to ask people, and their relatives, for the views on the service they received. These showed people were satisfied with the care and support they received.

The registered manager promoted a positive culture that was centred on people's needs although some of the methods used to monitor its own performance were informal. The registered manager told us she "encourages open communication from staff, clients and families." Staff had opportunities to discuss their work which reflected an open culture. Staff told us they felt supported by the registered manager and said they had opportunities to discuss their work. Staff were aware of the provider's whistleblowing policy about how they could report any concerns about people's welfare. Staff were motivated to provide a good standard of care. The registered manager told us staff could discuss any issues about their work or the service at individual supervision sessions. The provider did not use staff survey questionnaires or other systems where staff views about improving the service could be gathered.

The service had a registered manager as well as a care coordinator. The registered manager was supported by a regional manager who visited the service on a regular basis. She said this gave the opportunity to discuss any issues. There was, however, no system of formal supervision or appraisal of the registered manager. The provider told us the regional manager completed a report when they visited the service. These were not available for us to see at the time of the inspection. The registered manager said a meeting took place every three months of the managers of Caring For You services in Hampshire. The registered manager said these enabled her to receive and discuss information about policies and procedures which could be used to make any changes or improvements.

There was system of audit checks by the provider so that the regional manager could check the performance of the service and how incidents were dealt with. We saw this involved the registered manager completing a monthly audit check of staff supervisions, accidents, incidents and complaints. These were forwarded to the regional manager.

We spoke to social care professionals who told us they worked in partnership with the service to meet people's needs. This included attending joint reviews on people's needs so that people received coordinated care. The registered manager and staff were described by a social worker as "professional" in how they conducted themselves at care reviews. Health and social care professionals told us the registered manager and staff raised any concerns with them as appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records Proper steps had not been taken to ensure each service user was protected against the risks of unsafe or inappropriate care or treatment arising from a lack of proper information about service users.