The Caring Company

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Inspection report

2nd Floor
1 Poulton Close
Dover
Kent
CT17 0HL

Tel: 01304207010

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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**

Summary of findings

Overall summary

This inspection took place on the 22 and 26 September 2016 and was announced. The provider was given 48 hours' notice of the inspection because we needed to ensure that somebody would be available to meet us in their offices.

A Caring Company is a domiciliary care service providing personal care and support to 27 people in their own homes.

The service had a registered manager. 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 and their relatives told us that they received safe care, and staff understood the process to follow to protect people from risk of abuse. However the provider did not always follow its own recruitment policy to make sure that the correct checks had been carried out for prospective employees. This meant that people were put at risk of receiving care and support from staff who may not have had the appropriate character or experience. Some risk assessments were carried out, but these needed to be broader in their depth and scope to identify and safely manage the risks to people.

People told us that they received their medicines on time from staff who had received the appropriate training, but medicines administration record (MAR) charts were not always completed correctly to account for this. People had their dietary and healthcare needs identified and the service worked with external professionals to support people with any related conditions or changes to their needs. People had care plans in place which were person-centred and regularly reviewed with involvement from people and their relatives.

People told us that they consented to receiving their care from the service and staff had received training to understand the Mental Capacity Act 2005 (MCA). Staff received a range of additional training which enabled them to carry out their duties effectively. They were supported through a program of supervision and appraisal and were able to contribute to the development of the service through team meetings. Staff were usually able to attend to people's visits on time and stay for the correct duration, although some people raised concerns about the way in which rotas were managed.

There were quality monitoring processes in place for identifying improvements that needed to be made, however these were not robust enough to identify the issues we found during the inspection. Some areas of people's support such as the management of medicines were not audited and so errors or omissions were not being rectified. People, their relatives and staff were positive about the support they received from the registered manager. Questionnaires and surveys were sent out regularly to ask for people's views and comments about the quality of the care provided.

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.

Risk assessments were not detailed enough to provide clear and consistent instructions for staff on how to keep people safe.

The provider's recruitment policy was not always followed to ensure that the appropriate checks were completed for new employees.

There were enough staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received a range of specialised training that was relevant to their role.

People's healthcare needs were assessed and the service worked with other professionals to support people's health and well-being.

Staff received regular supervision and performance reviews from management.

Is the service caring?

Good

The service was caring.

People were supported by kind and compassionate staff who understood their needs.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had care plans in place that were person-centred and had involvement from people and their relatives.

Complaints received by the service were handled and resolved efficiently.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Medicines were not accounted for correctly on MAR charts and these were not audited regularly.

There were systems in place for monitoring quality.

People, their relatives and staff were positive about the management and culture of the service.

The Caring Company

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 over a two days period, on the 22 and 26 September 2016 and was announced on the first day. The provider was given 48 hours' notice of the inspection because it is a domiciliary care agency and we needed to ensure that somebody would be available to meet us in their offices. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with five people using the service and one of their relatives to gain their feedback. We also spoke with four members of the care staff, the field care supervisor and the registered manager.

We reviewed the care records and risk assessments for four people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We also looked at complaints and compliments received by the service, and reviewed information on how the quality of the service was monitored and managed.

Requires Improvement

Is the service safe?

Our findings

The provider had a recruitment policy in place, but this was not always followed to make sure that staff were of suitable character and experience to work for the service. In one staff member's application they had failed to include any employment history with dates of employment. While there were two employment references on file for them, this had not been validated and the reasons for a negative reference or gaps in employment had not been explored. One member of staff did not have any employment references on file and the service were unable to provide evidence of them having completed a Disclosure and Barring Service (DBS) check. The registered manager told us they had employed the staff member in good faith after verbal assurances, but the DBS reference numbers we were given were invalid. This meant that people were being put at unnecessary risk of receiving care and support from a staff member who might not have been of suitable character. On the day of the inspection the registered manager took immediate action to safeguard people following this discovery.

This was a breach of Regulation 19 of the Health and Social Care Act 2008: Fit and Proper Persons Employed.

We received mixed responses when we asked people and their relatives whether there were enough staff deployed to meet their needs. One person said, "Sometimes they do seem like they have to rush between appointments." A relative told us, "I know they have new staff starting soon and hopefully that will reduce the pressure on the existing staff a little." We looked at rotas for the previous four weeks and found that people's care visits were adequately covered, and that there were enough staff deployed to carry out all of the visits as directed. We asked people and their relatives whether staff were able to attend their care visits on time and stay for the correct amount of time. One person said, "Yes, sometimes they can be a little late but never too much. If they need to leave early then they will check first and usually I don't have a problem with that. Otherwise they'll stay as long as they need to." All of the staff we spoke with agreed that their rotas allowed them adequate time to travel between visits and stay for the correct amount of time. One member of staff said, "If I'm running late I'll let them know but usually I can get to them on time. The only reason I would leave early is if the person could give me permission to do so but otherwise it would be unethical. I'll always stay as long as I'm supposed to and more if I could."

People's care plans included some risk assessments in relation to moving and handling and medicines, but this was basic and did not include ways in which staff could minimise the potential risk to people. There were no specific risk assessments in place which detailed the risk across other aspects of people's support. For example we were told that one person sometimes demonstrated behaviour which might have negatively impacted on others, but this had not been risk assessed. Improvement was required to include a wider breadth of risk assessments to account for risks associated with personal care, medicines, moving and handling and behaviour. While people using the service felt safe, failing to adequately assess and manage risk might have put them at risk of not receiving consistent care.

A risk assessment was carried out in people's homes to identify whether there were any hazards or dangers to people or staff when working in different environments. For people who required support with moving or transferring, a detailed set of instructions was provided which listed the equipment used, the methods staff

should employ to move the person safely, and how to monitor and check that the process was being carried out correctly. All new staff completed moving and handling training as part of their induction, and people who required support with moving received 'two handed' visits from two members of staff.

People we spoke with told us they felt safe using the service. One person said, "There's never been any reason to feel unsafe or question the care." Another person said, "Yes, they [the care staff] make me feel safe."

Staff received training in safeguarding and understood how to follow the provider's policies if they suspected abuse. One member of staff said, "It depends on the kind of abuse as there are many different kinds- the first thing I would do is speak to my manager though. If I needed to go higher than I'd speak to the CQC or the safeguarding board."

A list of the medicines that people took was listed in their care plans. This included the time, dosage and preferred method of administration. For people who took medicines but didn't require staff assistance, the service had asked if a list of the medicines they took could be included in their care plan. This meant that if they were to be taken ill or require any further support with medicines that were usually self-administered, staff would have an understanding of their needs in this area.

Good

Is the service effective?

Our findings

The people and relatives we spoke with told us that they felt staff received the correct training and support to carry out their duties effectively. One person said, "The girls [care staff] seem trained to the right specifications." Another person said, "The staff have the right training."

Staff received a variety of training which supported them to carry out their roles effectively. This included training the provider considered essential, including moving and handling, first aid and health and safety. Some staff had also completed more specialised courses in nutrition and empathy. We saw that the majority of the staff team had completed, or were being supported to complete, their NVQ level 2 and 3 qualifications. The registered manager was proud of some of the more innovative training methods they used. She said, "We've changed the training provider recently and the training we deliver is much more around empathising with the person. We try to get staff thinking about what it's like from their perspective. We even had them walking around blindfolded outside to experience visual impairment!"

Staff told us they received regular supervision and appraisal of their performance. One member of staff said, "We'll have supervision every three months or so, but I know that the [registered] manager's door is always open. We're up here [in the office] all the time so we've always got that support if we need it." Another member of staff said, "Yes, I have supervisions every few weeks or as and when I need them." We saw a supervision matrix which showed that all staff had received a supervision within the last three or four months. When staff first joined the service they completed an induction which included a chance to read through company policies and procedures, work alongside existing members of staff and complete their mandatory training.

Staff had received training to understand the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 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. Staff were able to describe how the act applied to their practice and received training to help them to develop their understanding.

People told us that they had consented to receive their care and support from the service and that staff asked them before providing care. One person said, "They know how I like things done, but if they're not sure they'll always ask." The staff we spoke with had a good understanding of the ways in which people could provide consent. One member of staff said, "I would read their care plan first of all to see whether they had capacity. Some people consent differently, for some it's verbal and others it might be gestures or we might have to talk to a family member."

A list of people's healthcare conditions was included within their care plan, alongside any support that staff could offer to support with these. To help staff to better understand these conditions and how they affected people, information sheets were provided which explained the nature of the condition and best practice in

diagnosis and treatment. The service worked closely with external professionals in relation to people's more complex healthcare needs which allowed the staff to support people with any on-going rehabilitation or treatment where possible. For people who required support with eating and drinking there was a list of allergies, likes and dislikes included within their care plans and how to help them to eat.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring, kind and considerate. One person said, "The girls [care staff] that come are amazing really, they do as much as they can for me. You couldn't find a better care company in that respect." Another person told us that some care staff went the 'extra mile' for them. They said, "If they have the time then they'll stay and do that bit extra. That means a lot when they can do that."

The registered manager told us that during their dementia training they had learned of a method of care planning which they wanted to adapt to capture the unique needs of each individual using the service. They said, "We started a new part of their care plan called 'Welcome to my World'. We wanted to try and see things from their perspective and enter their world." We looked through four of these and were able to gain insight into people's backgrounds, social histories, likes and dislikes and important aspects of their lives which went beyond the basic care they received. Including this information in care plans meant that staff working with the person could have a deeper understanding of their personality and nature.

We asked people if they received the same regular care staff who understood their needs. One person said, "Sometimes we'll get new ones in and they don't understand my needs as well, but that's to be expected. The regular girls [care staff] I have are wonderful though." Another person said, "We do generally have the same carers, obviously sometimes they have to improvise when people are off sick or on holiday, but even then they do try and send a carer who knows me." The staff we spoke with told us that they were usually deployed to work with people that they were familiar with, and that this helped them to develop meaningful, caring relationships with them. One member of staff said, "I love chatting to the people I work with and hearing their stories."

People were treated with dignity and respect. One person told us, "They are respectful at all times, I have to say that. I've never had any reason to think they weren't doing things properly." One other person provided positive feedback about the professionalism of staff during a difficult time, stating that the member of staff had "made them feel human, and not embarrassed." The staff we spoke with understood the different ways in which they could maintain people's dignity and respect. One member of staff said, "Even though it's their home, we're still possibly doing things that could make them uncomfortable if we don't approach it in the right way. For example when we're giving personal care we'll pull the curtains, adjust the lights if they want and just speak to them normally." Another member of staff said, "I'll always treat them like I would treat my own mother."

Good

Is the service responsive?

Our findings

People and their relatives told us that they were involved in the planning and review of their care, and that knew and understood what was contained within their care plans. One person said, "They'll send somebody out regularly to go through the care plan with me and check that I'm happy with what's in there."

An assessment was carried out with all prospective people prior to them receiving care and support from the service. This detailed the nature of the care they needed, the times they required visits and their personal information. People's care plans included detailed instructions for staff to understand the level of care and support the person required on each visit. Visits were broken down into constituent tasks to provide them with a clear guide to follow, which meant that the care that people were provided with was consistent and followed the same principles each time.

Each person had a set of objectives which explored their personal abilities and set outcomes for them which staff could support them to achieve. For example we saw that for one person they had an important social engagement which was important for them to maintain. The service had therefore established this as a goal and planned in a way that would allow them to continue to enjoy this activity independently. If people required support exploring social activities or leisure time then this was also stipulated.

Staff filled out a daily task sheet on each visit which accounted for the care and support they had provided and any information that needed to be handed over to the next member of staff due to visit. The person receiving the care was asked to sign to confirm that each visit was an accurate reflection of the care that was provided, and the timing and durations were correct.

The provider was following their complaints policy and people told us they knew how to complain if required. One person said, "I have had to raise a complaint in the past. If you do say something then they will take it on board." We looked through complaints received by the service and saw that these were being handled correctly with responses issued to complainants and remedial action taken to resolve the issues raised.

Requires Improvement

Is the service well-led?

Our findings

The process for auditing people's medicine administration record (MAR) charts was not robust enough to identify gaps, errors or omissions. We looked through one person's MAR charts since January and identified a number of gaps which were unaccounted for. Staff had signed to say that the person had refused their medicines on some days, but this risk had not been identified in their care plan. The ways in which staff signed to indicate refusal were not always consistent, and because the MAR charts did not include a key, it was not clear what staff were signing for. We asked the registered manager how they identified these gaps and took remedial action. They said, "Because we know the person we know that they refuse their medicines sometimes. If I see anything I'm not sure about then I'll ask the member of staff." However because no formal audits were carried out, they were unable to account for each gap and couldn't evidence the action taken in response. While people told us they received their medicines on time, the systems in place to account for this required improvement.

People and relatives we spoke with were positive about the registered manager and felt she was approachable and supportive. One person said, "[Registered manager] is lovely. Really helpful." Another person said, "She [registered manager] is on the ball. Very good."

The registered manager told us about the story behind the service and the visions and values she was striving to uphold to provide people with the best quality of care. She said, "We want to stay small and make sure that the care we provide is of the best standard. We want to keep developing but we want to make sure we have it right." The staff we spoke with shared the registered manager's vision and values. One member of staff said, "We want to try and help people to stay at home. Nobody wants to go into a care home if they can help it. In their own environment they can feel comfortable and safe."

Staff were positive about the opportunities they had to develop and contribute to the running of the service. One member of staff said, "We'll have team meetings every two or three months to discuss topics and catch up with what's been going on. If there's something we all need to know about then the [registered] manager will call a meeting straight away." We looked through the minutes from previous meetings and saw that these were being held regularly and providing staff with an opportunity to have their views and opinions heard. Following our inspection we noted that the manager had immediately called a meeting to discuss the areas identified for improvement with the rest of the staff team.

An annual 'client review' was held with each person which asked them key questions about whether they were satisfied with their care and had any concerns or issues that they would like to discuss further. This included asking whether their needs had changed, whether they were happy with the staff that were visiting them and how they rated the provider overall.

A questionnaire had been sent out to people in June 2016 which asked for their views and feedback on the care they received. The response was overwhelmingly positive, with all of the people and their relatives rating the service as 'nine or ten' out of ten. Once the responses had been collated, the registered manager had sent a letter with the findings to all of the people using the service. We saw that the comments that

people had made were being acted upon. For example one person had raised concerns that staff were not using hoisting equipment properly. In response the service had vowed to retrain all staff in the use of hoisting equipment, which had been completed at the time of our inspection. Staff were also asked for their views through a staff survey which analysed the level of support they received and whether there was anything in relation to the service that they felt could be improved. We saw a number of compliments had been completed when people receiving a service had given positive feedback about an individual carer or aspect of their care.

There were regular audits carried out across the service to identify improvements that needed to be made. For example people's care plans were audited regularly to monitor whether the information contained within them was still current and covered the breadth of the person's individual needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff employed did not always have valid references on file or completed Disclosure and Barring Service checks.