

Care2Care (Yorkshire) Ltd

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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

About the service

Care2Care (Yorkshire) Ltd is a domiciliary care service providing care and support to people in their own homes. The service was providing personal care to 24 people at the time of the inspection.

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

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

The service had responded positively to issues identified in the last inspection that might affect people's safety. Medicines were now managed safely and care records, including risk assessments, included the detail needed to make sure people's needs were met safely.

Staff were recruited safely and followed an induction and training programme which had been developed and improved since the last inspection to make sure staff received the training they needed. People felt staff were well trained, but some felt new staff would benefit from a longer period of shadowing more experienced staff.

People we spoke with were complimentary of the care and support they or their relative received and commented positively about the respect staff showed to make sure dignity needs were maintained.

People or, where appropriate, family members said they were fully involved in the development and review of care plans to make sure care and support was delivered as needed and preferred. One person summed this up saying, "I will talk to them about how I want my care provided and the carers are open to that and will respect what I have said to them."

Care plans were person-centred and included information about what staff needed to do to make sure people's individual needs were met. Care plans in relation to people's communication needs would benefit from some further development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff were responsive to people's health needs and liaised with healthcare professionals as needed.

The service had improved their management of complaints and people told us any issues they encountered were dealt with efficiently and appropriately.

Systems to effectively monitor the quality and safety of the service had been introduced to equip the

provider with a robust overview of performance.

People, their family members and staff gave positive feedback about the registered manager. Plans were in place to develop the inclusive culture within the service to further promote quality of care.

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

Rating at last inspection

The last rating for this service was requires improvement (Published 18 January 2019) and there were breaches of regulations 12,17 and 18. At this inspection sufficient improvement had been made, and the provider was no longer in breach of these regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care2Care (Yorkshire) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. The registered manager was also a director of the company. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 14 January 2020 when we spoke on the telephone with people who used the service and family members of people who used the service. We visited the office location on 16 January 2020 and reviewed additional information sent to us to support the inspection process on 22 January 2020.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and safeguarding team. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke on the telephone with three people who used the service and five family members of people who used the service but were not able to speak with us about their experiences of the care provided. We spoke with six staff including care workers and the registered manager. We reviewed a range of records which included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, meeting notes, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our inspection in August 2017 we found medication administration records (MAR) audits were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not taken sufficient action to address this when we inspected the service in November 2018 and were still in breach of regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Using medicines safely

- Medicines were managed safely, and robust systems were in place to make sure medication administration records (MARs) were audited effectively.
- Since the last inspection the service had introduced the role of medicines officer. This person had made sure each person had a detailed care and support plan for managing their medicines and completed robust reviews of medicine administration records.
- Medicine support plans detailed all the medicines the person used, what they were for and any possible side effects and adverse reactions.

At our inspection in August 2017 we found care records did not include sufficient detail and concluded there was a risk of people not receiving the correct support. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Systems were in place to make sure people received safe care and support. All the people we spoke with said they, or their relative felt safe.
- Care plans contained the detail staff needed to make sure people received the care they needed safely and as they preferred. Risk assessments were in place and included medicines, moving and handling, skin integrity, nutrition, falls and environment.
- New risk assessment documentation was being introduced which detailed the level of risk to the person before and after control measures were put in place. This meant the reason for the control measures was clear and aided the review process.

Systems and processes to safeguard people from the risk of abuse

- Staff recognised different forms of abuse and said they would report any concerns to the management team. All staff were provided with information about safeguarding and useful numbers in the event of them needing to speak to somebody, outside the service, about their concerns. Not all the staff we spoke with were familiar with this information. The registered manager said they would revisit this with staff through supervision.
- Safeguarding referrals were made as needed and the registered manager said they always checked with CQC to see if they needed to be notified of the event.

Staffing and recruitment

- Safe systems for recruiting staff were in place. This included a criminal record check (DBS) and references from previous employers.

Preventing and controlling infection

- Staff said they had access to gloves and aprons and people we spoke with confirmed they were used when providing care. One said "Yes, they do wear both; and will always tidy away after themselves."

Learning lessons when things go wrong

- The registered manager gave examples of how they had used the outcome from the previous inspection to learn lessons and improve the service they provided. An example of this was introducing analysis of falls and medicines errors. The registered manager said the results of analysing these events had enabled them to make positive changes which resulted in people receiving safer and more effective care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our inspection in August 2017 we found staff had not received the training they needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not taken sufficient action to address this when we inspected the service in November 2018 and were still in breach of regulation 18.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- A new induction programme was being introduced which meant all new staff, regardless of experience would complete the Care Certificate which is a nationally recognised set of standards designed to support staff new to care to deliver safe and effective care. The service had also developed an intensive, practical and experiential learning induction programme which existing staff would also complete.
- Most people we spoke with thought staff were well trained. However, two thought some new staff would benefit from a longer period of shadowing experienced staff.
- Training records showed staff had completed essential training and additional training specific to the needs of people using the service. A new training programme had been developed which included monthly refresher training for all staff.
- Members of the management team had completed training which qualified them to deliver training to staff in areas including moving and handling and the Mental Capacity Act.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager confirmed people's needs were assessed before a package of care was agreed.
- A new initiative had been introduced which meant one member of senior staff made all the calls for the first two weeks of each new client's care package. The member of staff used that time to make a thorough assessment of the person's needs and developed their care plan with them. She then introduces the carers who will take over the person's care and works with them.
- All the people we spoke with said they had been involved in the process of assessing their or their relatives needs and formulating the initial care plan.

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

- Care plans included information about people's nutritional needs and choices. For example, one person's care plan detailed their need for a fork mashable diet and thickened fluids.

- All the people we spoke with said staff supported them or their relative well with food and fluids. One person said, "They make all my meals and I can have whatever I want to eat and is warm enough, even to the point where they will help me to eat it, if I'm struggling to eat. There is never a time when I've not got fluids; they keep me very hydrated."

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

- Care records included details of staff working with health care professionals such as district nurses, continence nurses, palliative care nurses and occupational therapists.
- One family member told us how the registered manager had liaised with the district nurse to support staff in managing their relative's feeding system.
- The registered manager told us how the office manager attended meetings with one person's housing officer to rectify an ongoing parking issue in the street that was causing the person undue stress.
- People said staff would call for medical help as needed. One person said, "They will react in a very positive way if I'm not feeling well. When they first arrive, they will always ask how I am and if I had a good night."

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

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

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

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

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

- None of the people receiving care had a Court of Protection order in place.
- Staff recognised the importance of giving explanations to people and seeking their consent when providing care and support.
- Where people had a Lasting Power of Attorney in place, details of this were included in their care records. This made sure staff knew who to contact when important decisions needed to be made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave us many examples of the caring support they received. One person told us about how they were unwell when staff arrived. They said, "They stayed a little longer to get me comfortable as needed a little extra care than I would normally need. They are very thoughtful." Another person said, "They are very good, and some will go above and beyond what they need to do."
- People said they appreciated the way the service organised for people to be supported by a 'core group' of staff. One family member said, "If (person) didn't have the carers come in with the continuity of staff, then (they) wouldn't be able to have independence in (their) own home. Continuity is key, and it works well."
- One family member told us about the courtesy and understanding staff demonstrated when supporting their relative to their place of worship.
- A family member told us, "I sent them (the service) an email to express how good the carers are and how much they are appreciated, because they offer really good care with the utmost respect for (relative)."

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

- One person who used the service told us "I will talk to them about how I want my care provided and the carers are open to that and will respect what I have said to them".
- A family member told us, "(Person) has a set routine and (their) wishes are always respected. If that routine changes the carers will ask and make sure it's how (person) wants it to be. I've noticed that they will talk through with (person) what they are going to be doing care and support wise; I like that they do that".
- A family member said their relative "Has no independence, but the carers will still give choices, for example. which (item of clothing) do you want, or which soup would you prefer, so they give (person) as much choice as they can".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Care plans included details about the interventions care staff needed to make to make this was maintained during care provision. One member of care staff described how they always made sure people's dignity and privacy were respected.
- A person who used the service told us, "Your dignity and respect is maintained too. The fact they (care staff) visit and provide care and support, it allows me to be as independent as I can."
- A family member told us about how staff encouraged their relative to use their abilities, however small, to maintain as much independence as possible in personal care tasks.
- During an initial assessment of one person's needs, staff recognised the person was distressed about their home which they were unable to maintain. This impacted on the person's dignity. Staff took action to

address and resolve this immediately.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our inspection in August 2017 we found there was no analysis or audit of complaints received by the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Improving care quality in response to complaints or concerns

- Complaints about the service were recorded and managed in accordance with the provider's complaints procedure. Systems were in place to audit complaints and concerns to look for any common themes.
- All the people we spoke with said they knew what to do if they were unhappy with something. One person said, "Yes, there is a complete complaints procedure in the documents that I have, and it says that people are available at the office to advice as well."
- People gave us examples of how their concerns had been responded to positively and efficiently. One said, "(registered manager is able to sort me out straight away, pretty much. If another member of staff is involved, (registered manager) will talk to me and find out what I want to say and will tell me how she has dealt with it and says if there are any more problems, just give me a call." Another said, "Any concerns I have ever raised with the manager have been resolved and dealt with appropriately."

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

- Care plans were person centred and included details of people's choices and preferences about how they would like to receive their care and support.
- The new initiative of one member of staff working exclusively with people during their first two weeks of receiving care meant people had dedicated time to discuss their needs and formulate their care plan.
- All the people we spoke with said they had been included with the development of their, or their relative's care plan. One person said, "Anything that I wanted included in the care plan, was included. The manager came to see me the other day and said that with the care package that they have gone with, if there are any changes that I want to be made, at any time, they can be updated and changed."

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place but lacked some detail. For example, one person's plan detailed how the person communicated without words but did not give examples of what the person's communications might mean. Another person's plan said they didn't communicate but gave no information about how staff could communicate with them.
- One person told us, "The plan and the material I have is in plain English, no long words, or long medical terminology, which I just wouldn't understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One family member said staff supported their relative to receive Holy Communion and would pray with them.
- A person who used the service said, as part of their package, they were supported to go swimming by staff trained to manage their condition.

End of life care and support

- People's wishes for the care and support they received toward the end of their lives were considered through the care planning process.
- A care plan was in place detailing the wishes of a person receiving palliative care. The care plan also considered the needs and wishes of the person's family members.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our inspection in August 2017 we found the service did not have robust governance and quality assurance processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had not taken sufficient action to address this when we inspected the service in November 2018 and were still in breach of regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The service had developed specific staff roles to support the process of monitoring the safety and quality of the service. This included a dedicated medicines officer to complete weekly audits of medicines management and records.
- To improve and enhance quality of service, an electronic care planning and care plan delivery tool which integrated with the system used to coordinate calls was being introduced. This system meant all calls and records made, were available in real time for review and audit and issues such as late or missed calls and missed medication were identified immediately through alerts.
- Robust audits of areas including incidents, falls, medication, safeguarding and complaints had been completed and a full analysis of the results had been produced in charts. The registered manager said the auditing had been very effective. For example, the falls analysis had identified the time and situation when somebody was falling. With that information the service had targeted intervention at the right level and the correct time. Additionally, the medication analysis had shown when a specific type of training was required and had resulted in a change to the whole system of medicines management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were able to offer ideas and opinions and be involved in some decisions about the service because they were took part in regular meetings. Staff incentives were being introduced to promote excellence in care delivery.
- People differed in their responses when we asked if their views of the service were sought. Some said they

had received feedback questionnaires and were contacted regularly by members of the management team to check they were happy with their care and support. Others said they had received calls but had not had a questionnaire which they would prefer.

- The registered manager was looking at ways to improve and develop service user involvement. They had received positive feedback from people and their family members about the planned introduction of a coffee morning to include the opportunity to engage in a quality forum.

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

- People said the registered manager had responded with openness and honesty when something had gone wrong with their service.
- The registered manager had complied with the requirement to inform CQC of events affecting the service.

Working in partnership with others

- The service liaised with health and social care professionals to make sure people received appropriate care and support.