

Care with Care Limited

Care with Care

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Care with Care on 22 January 2018. This service is a domiciliary care agency (DCA). It provides personal care to older adults living in their own houses and flats in the community. The service operates in Eynsham and the surrounding areas and offers support between 7 am and 7 pm. At the time of our visit 18 people received personal care. Additional 10 people received additional support such as assistance with light housework or companionship.

At the last inspection in February 2016 the service was rated Good.

At this inspection we found the service remained Good overall.

People remained safe. People and their relatives told us people were safe. Staff knew how to escalate any safeguarding concerns. People were supported to take their medicines as prescribed. People were supported by regular staff that knew them well and knew how to manage the risks associated with the care delivery.

People's needs were assessed prior to commencement of the service to ensure these could be met. Staff received training relevant to their roles and they were well supported. People's care plans outlined their dietary preferences and staff assisted people with preparing their meals if required. People were supported to access health professionals appropriately.

The team promoted an open and honest approach and a positive culture. We found the provider had ways to monitor the quality of the service; however the evidence of this was not always available. The registered manager acknowledged concerns had not always been identified by their internal governance processes and told us they were going to address these issues promptly. There was a positive approach and responsiveness demonstrated from the management to address the concerns going forward. The service worked well with other professionals and services to ensure people were safe and had good support that met their needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the staff at the service supported this practice. People's rights to make own decisions were respected.

The service remained caring. People complimented the positive approach demonstrated by the team. People were able to build positive working relationships with staff. Staff were enthusiastic and positive about their job and working with people. The team promoted individual approach that met people's expectations and individual, diverse needs. People's dignity, confidentiality and privacy were respected. People were supported by staff that knew them well.

People's care records outlined the support required. People told us the service met their needs and complimented the team's responsiveness to people's changing needs. The provider's complaints policy was available to people and people knew how to raise concerns. People's feedback was sought and acted upon if required.

There was a registered manager in post who was also the owner of the company. 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 five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains safe.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains caring.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains responsive.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Governance systems and record keeping needed improving.</p> <p>The registered manager monitored the quality of care provided and acted on people's feedback when required.</p> <p>There was a positive approach, transparent and open culture demonstrated by the team.</p>	<p>Requires Improvement ●</p>

Care with Care

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 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 January 2018 and was announced. We told the provider three days before our visit that we would be coming. We did this because the management is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of 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.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had not completed a Provider Information Return (PIR) as this had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not received any notifications from the provider. Notifications are information about important events the service is required to send us by law.

We undertook phone calls to six people who used the service and one relative. In addition we spoke with two care workers and the registered manager. We looked at three people's care records and two staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

The service continued to provide safe support to people. People told us they were safe with the staff. One person said, "Yes the girls are all very good and they know how to look after me". One relative said, "I feel secure knowing they're with [person]".

People were protected from the risks of abuse. Staff received training in safeguarding and knew what to do if they had any safeguarding concerns. The registered manager told us they knew the local authority's safeguarding procedures. There were sufficient staff to keep people safe. People told us they had regular staff visiting them. One person said, "They have been coming to me for over four years, and mostly the same girls". One relative said, "Small company, same carers [visit]". Staff also told us they had regular rotas which meant the continuity of care was maintained. The provider followed safe recruitment practices.

Risks to people's safety and their environment had been assessed. The registered manager worked with other professional to ensure people's safety and they told us they referred people to them; for example a Fire Service in the past if they had concerns around the environment. Staff knew people's needs well and they supported people to ensure the risks were managed safely and appropriate equipment was provided to ensure people's safety. People's care plans outlined the level of assistance required, for example, one person needed to be supported using a hoist operated by two staff. This person's care plan gave this information. However, there was a separate manual handling assessment provided by an occupational therapist that was not incorporated into the provider's own care planning. We raised this with the registered manager who reassured us they would incorporate more details about the management of the risk into this person's care documentation. This had no impact of the person as the person was supported by the regular staff that knew them well and received appropriate training in relation to moving and training.

People continued to be given their medicines safely by staff that were competent to assist with administering medicines. The provider followed the local authority protocol for supporting people living in community with taking their medicines and ensured staff had been signed off and trained by professionals where required. People told us they had their medicines as prescribed. One person said, "They are very precise and work to the care plan, even if the doctor makes changes to my medication, they are notified and they update my care plan automatically and if I do need something extra the manager makes sure I get it".

The provider had a system for recording accidents and incidents however no accidents occurred since our last inspection. People were protected from risk of infection and staff were aware of the infection control guidelines. Staff used personal protective equipment (PPE) as needed and we observed a stock of PPE was available for the staff in the provider's office.

There was an open culture and the team were keen to learn from mistakes. For example, when we identified the shortfall in one person's risk assessment the registered manager promptly addressed it and told us they would ensure the relevant information is recorded in all files. The registered manager also told us that because, as a team, they had not had any major issues to learn from they used different scenarios in training with the staff to ensure learning.

Is the service effective?

Our findings

The service remained effective. Records confirmed and people told us their needs were assessed prior to commencement of the support. One person commented on how they were involved with the initial assessment, "I designed this arrangement (care) with them to be a background group, and that is what I get, it suits me down to the ground". Another person said, "They have a care plan that was agreed with me right at the start".

People and their relatives told us staff were confident and knowledgeable. One relative told us, "New staff always come with experienced staff to be introduced". Staff told us and records confirmed staff received training relevant to their roles and refresher sessions regularly. Training provided to staff included; manual handling, safeguarding, dementia awareness, first aid and medication. Additionally a number of policies such as confidentiality, data protection or whistle blowing were discussed with staff. Staff received regular supervision, one to one meeting with the manager and they told us they felt well supported. One member of staff said, "This is my first role in care, it was good induction, really good, I shadowed an experienced person, never was pushed in, had induction file and was signed off on various tasks, prepared me well for the role".

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. We checked if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected. The registered manager knew their responsibility to refer to the local authority if they had concerns about people's liberty.

People told us the staff involved them in making decisions about their care and support. One person said, "If I were to change my mind about having my hair washed on a particular day, they just say OK, we can do it tomorrow if you prefer; things like that. Nothing is too much trouble for them". We saw people signed their care plans and agreements to share the information as necessary. Staff knew about MCA and told us how they ensured they applied the MCA in their work. One member of staff told us, "It's all about people's independence and people having own choices". People's care plans highlighted the need of giving people choice. For example, one person's care plan stated, 'Assist with a lunch of choice'.

People had minimal support with meeting their nutritional needs and where they needed it, the level of assistance was outlined in their care plans. One person told us, "They are all excellent. They help me to have a shower, and to get dressed in the morning and also make me a cup of tea. They next come back at lunchtime and help me get my dinner". The registered manager kept information about various ready meals services including special diets such as soft diet that people could use if needed.

People were supported to access health services when required. Staff supported people to access services from a variety of healthcare professional including GP, opticians or occupational therapist. The team worked well together and staff commented the good communication and close working relationships

contributed to maintaining a good communication.

Is the service caring?

Our findings

The service remained caring. People were very complimentary about the staff and their compassionate nature. Comments from people included, "Oh yes, they are marvellous" and "All the staff are good". One relative said, "I can't recommend them highly enough".

The registered manager, who was also the provider and owner promoted a caring culture. They often carried out people's visits and led their team by example. There was a stable team of senior staff which contributed to the established caring culture at the service. One member of staff told us, "Manager is good, supportive manager, she's very caring, professional and her approach makes us want to achieve high standards".

People were able to build positive caring relationships with staff. One person said, "They come in each morning to make sure that I am still breathing, it is like a happy family. The carers are helpful mature women who also happen to be jolly good company. They will do anything I need, I only have to ask. I have no doubt that when I reach the stage when I need more personal support I can get it from the people that I know and have come to trust". One relative told us, "[Person] is really looking forward to them [staff] coming, it does a world of good [for the person]".

The team at Care with Care considered people's individual communication needs and they provided information in accessible formats to help people understand the care and support received. One person told us, "I have a board on the wall with all their instructions; as I am rather forgetful". A member of staff gave us more examples where the team supported people's individual communication needs, "We used to have one person who was quite deaf and manager went online and found additional equipment; technology to aid communication. Another person does lip reading and we've known them for a long time now so the good communication is maintained".

Discussions with the registered manager and staff demonstrated the service respected people's individual needs including the needs around equality and diversity. One of the provider's aims was to 'ensure that both clients and carer are treated with dignity and respect and are not subjected to sexist or racist remarks'. The registered manager ensured staff and people were compatible and allocated staff suited people's preferences and characters. People's feedback reflected this, one person said, "I think it is as much about the relationship you build up them that matters, it makes it work for both sides. We have got to know each other and worked out how to make it an enjoyable experience for us both. After all, I expect you would be particular about the people coming into your home to look after you, wouldn't you?"

People's dignity and privacy were also respected. People told us the staff respected them and they were able to trust staff as they saw regular members of the team. Comments from people included, "The ladies that visit me are all excellent; I have never had to complain about anything. They never give me the impression that they are here to do a job, they just look after me beautifully without any unpleasant intrusion or unnecessary fuss" and "They make me feel like one of the girls, they are marvellous".

People's confidential information was kept safe. People's personal files were kept secure in provider's office.

Staff had access to guidance about handling information and confidentiality. People commented staff were vigilant with their sensitive information. One person said, "They are also very trustworthy, they have a key to my key safe and just let themselves in every day and get on with things".

Is the service responsive?

Our findings

The service remained responsive to people's needs. People told us they received the support that met their needs and the service responded to their requests to change the level of support if needed. One person said, "The girls that visit me are cheerful and very professional. I am a very fussy person and they do everything for me, I would recommend them to anyone". Another person said, "Yes they are very responsive, they are cheerful ladies and have a good sense of humour, I look forward to their visits. They will within reason, do anything I need on the day".

People's care records detailed how people wished to be addressed and what level of assistance was required. There was continuity in people's care as they were supported by regular staff so the staff knew people's needs well. The staff developed a unique way of recording daily records using codes. We raised this with the registered manager who told us the codes were used to record things that remained the same every day and that any additional, out of ordinary occurrences would be fully described. The records confirmed this was happening. The registered manager told us this allowed staff to spend more quality time with people than spending to write the same entries daily.

Good communication between the team ensured that important information was shared and acted upon where necessary. Staff shared information about any changes to people's care needs, planned activities or appointments and generally how people spent their day. This meant staff had up to date information about people that ensured responsiveness and consistency.

People knew how to complain and details of how to make a complaint were available to people. The provider's complaints policy was included in Service Users Guide that was given to people before the commencement of the service. None of the people or relatives we spoke with ever needed to make an official complaint. One person said, "I am very happy with the service and I have never had to complain". One relative said, "I never had any concerns". Records showed the service received no complaints and minor concerns were dealt with promptly. The provider had a log of numerous compliments and positive feedback received about the support and care people had received.

On the day of our inspection no people received end of life support. The registered manager told us the service would occasionally support people and their families when people reached their end of life stage. The Care with Care team would support main, family or live-in carers and work closely with other professionals such as the local community hospice team.

Is the service well-led?

Our findings

There was a registered manager in place who was registered with the Care Quality Commission (CQC) and the requirements of registration were met. People and relatives we spoke with told us they thought the service was well run. Comments included, "Manager completely hands on, can always contact them" and "There is an ongoing process of communication and the staff, who I have come to know really well are all proactive in letting me know how [person] is. This certainly gives me confidence in the team, they are great".

The provider had ways to monitor the quality of the service however the evidence of this was not always available. For example, staff told us people's daily notes and medicine records were monitored by senior staff and where any concerns around recording were found this was raised with the individual staff. There was however no written evidence of this. Where the team discussed people's needs and risks during weekly team meetings these evaluations were not always recorded in people's individual care files. We raised this with the registered manager who acknowledged concerns had not always been identified by their internal governance processes and told us they were going to address these issues promptly.

The registered manager demonstrated an open, positive and transparent culture. They led their team by example and encouraged improvements. The senior management team worked with people on regular basis, this allowed them to monitor the service delivery and obtain ongoing feedback from people. The registered manager evaluated their systems to ensure sustainability and made changes where needed. For example, they recently introduced more online training to make the training delivery more efficient.

The provider ensured people's views were sought through an annual survey questionnaire. We saw the last survey responses and we noted only positive comments were received. Where an action was required this had been followed up. For example, one person requested a change to their invoicing system and the registered manager told us this was implemented and the person received a more detailed bill. Staff were also involved in running of the service and told us their views mattered. One member of staff said, "If one staff raises concern regarding a person the manager would ask the team and we'd all agree a way forward". This meant staff had a say and were able to contribute to the running of the service. There was an established staffing structure within the team and staff were aware about their roles and responsibilities.

The registered manager worked closely with the local health and social care teams and various professionals as required. The provider was a member of United Kingdom Homecare Association (UKHCA). They help organisations that provide social care to people in their own homes and promote high standards of service. The service also worked well with other local agencies where they supported people with evening visit as the team at Care with Care did not provide late evening calls. The registered manager told us they worked mostly with one local organisation and this ensured good communication and good working relationships between the staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

