Care Quality Commission

Givecare

# Givecare (Nottingham)

## Inspection report

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## Ratings

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

## Overall summary

We carried out an announced inspection of the service on 13 October 2015.

Givecare (Nottingham) provides personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 45 people.

Givecare (Nottingham) is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the service had a registered manager.

At the last inspection in July 2013 the provider was meeting the essential standards of quality and safety required of them.

# Summary of findings

People that used the service and relatives we spoke with told us they felt the care workers provided safe and effective care. Care workers had a good understanding of the various types of abuse and their roles and responsibilities in reporting any safeguarding concerns.

People's needs were assessed and planned for when they first started using the service. This information was then developed into a plan of care and other documentation such as risk assessments were completed. This information was reviewed for changes and communicated to care workers. This information was not always as detailed as it should have been to ensure people's wellbeing and safety.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. People's rights were not fully protected because MCA assessments and best interest decisions were not completed by the provider.

People spoke highly of the care staff and complemented them on their approach. They referred to them as kind and caring. Additionally, people said that the service had improved with the change of office staff that they described as polite and responsive when they contacted them.

The provider ensured there were sufficient care workers employed and deployed appropriately. There was a system in place that monitored visits by care workers that identified late or missed calls. On the whole people received visits from regular care workers. No concerns about visit times being met or the duration of visits were raised. Safe recruitment checks were in place that ensured people were cared for by suitable care workers.

People said they found care workers to be competent and knowledgeable. People were supported appropriately with their food and drinks. Support was provided with people's healthcare needs and action was taken when changes occurred.

Care workers were appropriately supported, which consisted of formal and informal meetings to discuss and review their learning and development needs. Care workers additionally received an induction and ongoing training. Care workers were positive about the leadership of the service and were clear about the vision and values of the service.

The provider had checks in place that monitored the quality and safety of the service. The provider had notified us of important events registered providers are required to do.

# 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 consistently safe

Care workers had received safeguarding training and knew how to recognise and respond to abuse correctly. The provider had a safe recruitment process to ensure suitable staff were employed.

Risks associated to people's needs had been assessed and risk plans were reviewed. Information for care workers lacked detail about managing and reducing risks.

Care workers followed processes that were in place to ensure medicines were handled and managed safely.

**Is the service effective?**

Requires improvement

The service was not consistently effective

Care workers understood the principles of the Mental Capacity Act 2005 but the legislation was not fully adhered to by the provider.

People were appropriately supported with their dietary and nutritional needs. Care workers supported people to maintain good health.

People received support from care workers that were appropriately supported and trained and understood their healthcare needs.

**Is the service caring?**

Good

The service was caring

People told us care workers supported them appropriately and were kind and respectful. People were treated with dignity and their privacy respected.

People's individual needs were known by care workers who provided care and support in a way that respected their individual wishes and preferences.

People had information available to them about independent advocacy services.

**Is the service responsive?**

Good

The service was responsive

People were involved in contributing to the planning and review of their care and support.

People's routines and preferences with how they wanted to receive their care and support was known and understood by care workers.

People received opportunities to share their experience about the service including how to make a complaint.

# Summary of findings

**Is the service well-led?**

Good

The service was well-led

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

People that used the service were encouraged to contribute to decisions to improve and develop the service.

Care workers understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

# Givecare (Nottingham)

**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 on 13 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted two local authorities who funded some of the support people received for their feedback about the service.

At the provider's office we looked at five people's care records and other documentation about how the service was managed. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems. We spoke with the registered manager, the office manager, the care coordinator, a senior care worker and the quality assurance manager. We also gave other care workers the opportunity to participate in the inspection by leaving our contact details.

After the inspection we contacted some people that used the service and some relatives for their feedback about the service by telephone. We spoke with 13 people that used the service and four relatives of people that used the service. In addition we contacted four care workers for their feedback about the provider.

Requires improvement

# Is the service safe?

## Our findings

The provider had procedures in place to inform care workers of how to protect people from abuse and avoidable harm. People that used the service and relatives we spoke with all said that they felt a safe service was provided. One person told us, "Oh I do feel safe. After my last call in the evening they [care worker] make sure I've locked the front door behind them. They're really good." Another person said, "I'm safe with them [care worker] here at home, yes." A relative told us, "Yes I believe he's [relative] very safe."

Care staff spoken with demonstrated they were aware of their role and responsibilities with regard to protecting people. They knew the different categories of abuse and the action required if they suspected abuse. Care workers confirmed they had received safeguarding training and records viewed confirmed this. A member of the care staff said, "I would report any unexplained bruising for example and any concerns a person told me about such as harm they had suffered to the manager."

The provider had a safeguarding policy and procedure. Records looked at showed what action had been taken when concerns of a safeguarding nature had been identified. This included working with the local authority to investigate concerns. Where there had been a missed call or a medicine error by care staff the office manager had taken appropriate and responsive action.

Risks were assessed and management plans were put in place where risks were identified, this included risks to people that used the service and the environment. People that used the service and relatives we spoke with did not raise any concerns about how risks were managed. People felt there were no unnecessary restrictions on them and that they had control and choices about the care package they received.

A senior care worker told us about the assessment procedure including how risks were assessed and planned for. However, care staff gave some examples that demonstrated this information was sometimes insufficiently detailed or passed onto them. For example a care worker visited a person due to their regular care worker being unavailable. They had not been advised about the person's mental health needs. Nor had the person been informed about the change of care worker which heightened their anxiety. Another care worker said that support plans were not always up to date or reflected people's needs. An example was given where a person was a diabetic and required prompts with their medicines but there was no guidance about the person's diabetes. This meant without sufficient information the person's health and wellbeing may have been at risk.

We found that whilst people had had their needs assessed and associated risk plans were in place information for staff was limited. Where people had specific health conditions there was a lack of information for care staff advising them of what this meant for the person and the action required if they had any concerns. For example, some people had needs associated with their breathing that put them at greater risk of chest infections. There was no information for staff of the action required if a person was unwell with this condition. Some people required care staff to change their catheter bag. Staff were not provided with information that advised them of any risks to be aware of that would indicate an infection and the action they needed to take.

This lack of detailed information meant this could have impacted on people's health and safety. We discussed this with the registered manager, office manager, quality assurance manager and a senior care worker. They agreed that the examples given showed a lack of information for staff to manage or reduce risks. They told us they would review the risk assessments used to ensure it provided care workers with all the required information.

There were sufficient staff employed and deployed appropriately to meet people's individual needs and to provide a safe service. People that we spoke with including comments received from relatives told us that care workers on the whole arrived on time and stayed for the agreed length of time. One person told us, "They're [care worker] late occasionally, but timing is much better than it was." Another person said, "Yes, there are enough staff. They're rarely late and only missed me once as one of them [care worker] had an accident." Relative comments included, "They're [care worker] pretty good. If they're ever late there's usually a good cause and the office phone me, no, they've never missed calls." This reflects other comments received.

Care workers told us they felt there were enough staff employed to meet people's needs and keep people safe. They also said that they felt they had sufficient time to provide care and support safely. Care workers told us about

Requires improvement

# Is the service safe?

the system in place should they be running late. They said that they called the office which then contacted the person using the service. People that used the service confirmed that they received a call from the office if the care worker was running late.

The provider had an electronic system that monitored visits completed by care workers. This recorded automatically the times care workers arrived and left. This was monitored daily by the coordinator to ensure people had received their care package as planned. Any issues or concerns were identified quickly and responded to promptly.

The experience and skills of care workers were considered. For example, senior care staff initially provided the care to enable them to assess the person's needs and risks. The delivery of care was then transferred to a care worker. The office manager gave an example of the action taken when concerns had been identified about a care worker that had been responsible for unsafe practice when providing care. Records looked at showed the provider had a staff disciplinary procedure that was used appropriately.

Care workers employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included checks on criminal records, references, employment history and proof of ID.

Where required people received appropriate support from care staff with taking their prescribed medicines. A person that used the service told us, "I have been told not to have my tablets before food so they [care staff] get to me at 7.30am then I can have my breakfast."

Care workers told us that they had received training on how to support people to take their medicines safely. Additionally, they said this included an observational competency assessment of their practice conducted by either a senior care worker or office manager. Records confirmed what we were told. The provider had a medicines policy and procedure for care workers that were based on national guidance. Care workers recorded when they had supported a person to take their prescribed medicines. This information was reviewed by senior care staff on a monthly basis to ensure people had been appropriately supported. We saw records that confirmed the provider had a system that regularly checked that people had received their medicines safely.

Requires improvement

# Is the service effective?

## Our findings

People were supported by care workers that had received appropriate training and support to do their jobs and to meet people's needs. People that used the service including relatives we spoke with told us that they thought the care workers were well trained, knowledgeable and had the right skills. A relative told us, "Yes the care staff know [name]. They've had more than enough training, they're excellent." This reflects other comments received.

Care workers told us that they received regular training opportunities and that they felt well supported by the office manager and office staff. A care worker talked positively about their induction experience. They said that they had received four days of training and during their probationary period had met with the trainer and received feedback from the office manager about their performance. Comments received from care workers about the training and support included, "The delivery of training is very good, it's informative and helpful." Additionally, "The support is good. I had a one to one meeting about a month ago; we talked about how I'm getting on and any training needs."

We spoke with the quality assurance manager who told us about the procedures in place for supporting care workers. This included timescales of when care workers could expect a meeting with either the trainer, office manager or senior carer. Additionally they said staff received an annual appraisal to discuss their performance, training and development.

We reviewed a sample of four care workers' files and found that they had completed an induction, attended relevant training and had received opportunities to meet on a one to one basis as described to us. This meant care workers were sufficiently trained and appropriately supported to carry out their role and responsibilities.

People that used the service told us that care workers gained their consent before care and support was provided. One person said, "They always ask for my consent, that's respect you know." Another person said, "Yes, they [care workers] respect you and always check with you before they do things."

Care workers gave examples of how they gained consent from people before providing care. One care worker said, "I always ask and give choices and don't assume anything. It's polite to ask before supporting a person."

From the sample of care files we looked at we found where people had mental capacity to consent to their care and support they had signed their support plans to show consent had been given. We also saw that the pre-assessment form recorded if a person had lasting power of attorney. This gives another person legal authorisation to act on a person's behalf about decisions relating to their care and welfare.

The Mental Capacity Act 2005 (MCA) is legislation that protects people who lack mental capacity to consent to certain decisions about their care and support. The principles of the MCA were known and understood by the office manager and care staff who confirmed they had received MCA training. A senior care worker told us if they had concerns about a person's capacity to consent to their care they involved others in discussions and decisions such as relatives or a person that acted on the person's behalf.

It was not always clear from people's care records if their human rights were protected. Care records showed that people's mental capacity to consent to their care and support had been considered at the pre-assessment stage. For example, information recorded if the person had previously had their mental capacity assessed by the local authority. We saw examples where this question was left blank. Where 'yes' had been answered there was no indication of what the assessment was in relation to. The legislation states that MCA assessments and best interest decisions have to be decision specific. The provider had no systems or procedures in place for people's mental capacity to be assessed. This meant there was a potential of risk to people's human rights.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to protect people where their liberty or freedom to undertake specific activities is restricted. This legislation now protects people living in the community. A senior care worker gave an example where some concerns had been identified about how a person's liberty was restricted. Due to these concerns the person was being transferred to a more appropriate service. The office manager was aware of their responsibilities and gave examples of when concerns had been identified they had raised these with the local authority.

Requires improvement

# Is the service effective?

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Some people that used the service required support with eating and drinking. People told us that care workers supported them with meals, shopping and checked food to ensure they were safe to eat. One person said, "They [care worker] make up two flasks for me so I can have hot drinks during the day. They get my lunch out of the freezer and tidy up after they've cooked it." A relative told us, "They [care worker] write up what food she's [relative] had."

Care staff spoken with gave examples of how they supported people to eat and drink sufficient amounts and that they were aware of people's dietary needs. One care worker said, "We check the date food has been opened to make sure it's ok. We monitor a person's weight due to some concerns." Another told us, "We support people with eating and drinking, and make sure they have snacks and drinks within easy reach before we leave."

We found examples from the care records we looked at that people's nutritional and dietary needs had been assessed and planned for.

People were supported to maintain good health. People that used the service and relatives we spoke with did not raise any concerns about how care workers supported them to maintain their health.

Care workers we spoke with gave examples of how they had supported people with their health needs. Several told us how they had reported concerns to the office to alert healthcare professionals of a change to a person's health. Additionally, the action they had taken themselves when the concerns were more serious or life threatening. This involved calling the emergency services for assistance. Care workers also told us about the communication systems in place where they recorded information about people's health to alert the next care worker of information that was important. This enabled care workers to monitor people's health effectively.

We looked at examples of the daily records care workers made at every visit. These were on the whole detailed and included reference to people's health when concerns had been identified.

Good

# Is the service caring?

## Our findings

Positive caring relationships had developed with people that used the service. People that used the service talked positively about the approach of care workers. We received many complementary comments including, "Very good, they're [care workers] respectful and caring." And, "They're considerate, kind and enquiring; they always ask if I'm okay." Additionally, "They're always cheerful and respectful, yes. They are always willing and say 'is there anything we can do before we go'."

Care workers told us that the service was improving with regard to providing regular care workers for people. They said that this was important to be able to develop positive and trusting relationships with people. One care worker told us, "It wasn't great when I started 14 months ago but there's more consistency with care workers now." On the whole people told us that they had regular care workers which they preferred. Relatives gave examples of how caring staff were towards their family member. One relative said, "We know them [care worker] now you see. They think the world of [relative]. They encourage her independence and are calm, kind and considerate."

We spoke with the care coordinator who was responsible for developing the staff roster. They said they were working on 'regular runs' to ensure as much as possible that people had regular care workers and that sufficient travel time for staff was also planned for. They acknowledged that people that used the service were not provided with information in advance advising who would be visiting them. However, they told us that they were working on improving communication and this information would be provided in the near future. Care workers told us and people that used the service confirmed, that largely it was care workers that told people when they were visiting again.

People that used the service and relatives we spoke with gave examples of how care workers were caring and considerate. A relative said, "[Relative] wasn't eating or drinking and the doctor came and gave him a week. I was crying and the care workers comforted me and listened to me. They were very kind and caring." A person that used the service told us, "They're [care worker] very good. I had problems with the chemist and they sorted it out over the telephone."

Care workers we spoke with were knowledgeable about people's preferences and personal histories, however, were respectful if people chose only to share limited information about themselves. Care workers showed compassion in the examples they gave about how they supported people at times of distress or discomfort. One care worker told us, "I had to support someone in the community with high anxiety; I hadn't worked with them before. Once I gained their trust we had a really good day."

People were supported to express their views and be actively involved in making decisions about their care and support. People told us that they had support plans that they had been involved in developing. One person told us, "Oh yes I was involved with my care plan. The record what they have done that's here and is accessible and readable." A relative said, "Yes I'm confident they [care workers] listen to [relative] and would listen to me. They always take on board if [relative's] got doctor's appointments and listen afterwards as to what's happened."

Care workers told us that peoples' plans of care provided them with information about people's needs and the support that was required. However, they said that they gave people choices about what care and support they provided and asked if there was anything in additional they required. A care worker told us, "I treat people individually, whilst I know what support I need to give I always ask the person and involve them in discussions and decisions."

People that used the service and their carers had information available that advised them of what they could expect from the service. This also included information about independent advocacy services. An advocate is an independent person that expresses a person's views and represents their interests.

People received care and support that respected their privacy and dignity and independence was encouraged. People that used the service and relatives we spoke with made positive comments about how care workers treated people with dignity and respect. One person told us, "Communication is great; we have a laugh and a joke. Oh yes I feel respected and the staff make me feel comfortable when they're doing my personal care." Another person said, "They're [care worker] very respectful when they're helping me with showering and dressing." An additional comment included, "I like to be as independent as I can be and do my own food and they [care worker] know this."

Good

# Is the service caring?

Care workers gave examples that showed they were respectful of people's privacy and ensured their dignity was maintained. This included examples of how they promoted people's independence. One care worker said, "It's important to treat people as you would want to be treated in that situation. Encouraging people to do as much as possible for themselves is important."

The office manager told us how care workers received training in relation to dignity and respect. They said this practice was then monitored when they observed care workers in people's own homes. We found people's plans of care prompted dignity, respect and independence.

Good

# Is the service responsive?

## Our findings

People received care and support that was focused on their individual needs, preferences and routines. People that used the service and relatives we spoke with gave examples that showed people received a service that was personable to their individual needs. One person told us, "They [the provider] put the person at the centre of care. They'll [care worker] try anything to make you comfortable, they respect that I want a female carer." A relative said, "Oh yes they're [the provider] flexible, when I'm not here my [relative's] visits are upped to four calls a day."

People told us they felt involved in discussions and decisions about how their care should be managed. People confirmed that their needs were assessed at the start of using the service. One person told us, "They're [the provider] flexible as far as they can be. They [care workers] were coming too early in the evening and now it's later to suit me." Another person said, "You just need to ask if you want changes. If you've got an appointment they [provider] make a note and work round it."

Care workers gave examples of how people's care package was developed based on people's requests. This included the times of calls and the support required. Care workers told us some people had a limited circle of support and the service helped reduce social isolation.

From the sample of care files we looked at we saw people were asked about their preference of male or female care workers. We noted people's routines were clearly detailed and their religion and spiritual needs considered. This enabled care workers to provide a service that was based on individual needs.

The quality assurance manager told us about the review process of people's care package. People had more frequent reviews at the start of their care package. This included a face to face meeting with the person and their relative or advocate if appropriate and telephone calls. People confirmed they received opportunities to discuss the care and support they received. From the sample of care records we looked at we found that people's care packages had been reviewed with the person and others such as relatives if appropriate. This showed there were arrangements in place for people's individual needs to be reviewed.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared. People that used the service and relatives we spoke with commented that they would speak to the care worker and contact the office or the manager if necessary. One person said, "They [care workers] listen, yes. I would be confident to talk to them if necessary." Another person told us, "If I had a concern I would talk it over with them [care worker]." Additional comments included, "If I need to I would speak to the care worker. If it wasn't sorted out I would go higher up."

Care workers were aware of the complaints procedure and what their role and responsibilities were. They told us that anything that was brought to their attention that they could resolve they would do but they would also speak with a senior or manager.

We found that the provider had a complaints policy and procedure and that this was shared with people that used the service. People told us that they knew how to make a complaint and said that when they had raised concerns these had been responded to quickly. We saw what action had been taken when complaints had been received. We saw the office manager had been prompt and responsive and there were no ongoing complaints.

Good

# Is the service well-led?

## Our findings

The service prompted a positive culture that was person centred, inclusive and open. People that used the service and their carers were positive about the service. People that we spoke agreed they were easily able to get hold of staff at the office, comments included, "Communication is excellent, they [care workers] always go the extra mile." Additionally, people said that the office staff were always polite and the new manager was very good.

Staff had a clear understanding of the provider's vision and values for the service. This included an understanding of staff's different roles and responsibilities. One care worker said, "I would recommend the service to others, we help people to maintain their independence to enable them to live at home."

People that used the service and their relatives gave positive feedback about how the service was managed. They said that the service was responsive and flexible in its approach. Care workers also told us that the service had improved since the new office staff and senior care workers had been appointed. They said they felt better supported and "The office has a calmer atmosphere, the service runs more smoothly now."

The service had quality assurance systems in place that monitored quality and safety. People that used the service and their relatives told us that they were given opportunities to share their experience about the service as a whole and how it met their individual needs. The quality assurance manager told us that satisfaction surveys were sent to people that used the service and their relatives annually. They were in the process of sending these out for this year. The quality assurance manager said that information received would be analysed for any action and a plan would be developed identifying what was required by whom and with timescales. Additionally, care workers received an opportunity to complete an anonymous staff questionnaire to enable them to provide feedback about the service.

The provider had additional systems that audited quality and safety to enable the service to continually improve. For example, internal inspections by the provider's quality assurance team were completed. These inspections sampled a variety of records to assess if they were correct or required action. Where issues were identified an improvement plan was developed for the office manager and registered manager to complete.

Care workers told us that the office manager and senior care workers did unannounced spot checks. This was to assess how well they provided care, that they were wearing the correct uniform and that they were competent in the support they provided. They said that they received feedback on their performance and that this was helpful. We saw records that conformed what we were told.

The office manager told us that staff meetings were organised as a means of supporting care workers, to exchange information and as a method to drive improvements. We saw a staff meeting record dated June 2015. This demonstrated the service reviewed the service provided and strived to make further improvements.

Care workers were aware of the reporting process for any accidents and incidents. The office manager showed us how these were recorded and gave examples of action that had been taken to reduce incidents from reoccurring. The office manager also monitored and analysed accidents and incidents for themes and patterns.

There was a system in place that monitored all visits by care workers. This alerted the office staff of any late or missed calls. This demonstrated that the provider was able to monitor the quality of the service and take appropriate action when issues were identified.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary.