

Care Full Care Limited

# Care Full Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

Care Full Care Limited is registered to provide personal care to people who live in their own homes. At the time of this inspection a service was provided by 15 care staff to 36 people living in the Cambridgeshire and Hertfordshire areas.

This announced comprehensive inspection took place on 25 and 31 August 2016. We gave the service 48 hours' notice of our inspection.

The service had a registered manager in place. 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 visions and the values of the service were put into practice by the management to ensure an open and transparent approach to the way staff were supported.

The provider's policy on administration and recording of medicines had been followed, which meant that people received their prescribed medicines. The medication policy was being reviewed and updated at the time of the inspection because the information was not appropriate or applicable to the service provided.

People had their needs assessed so that staff knew how to support them to maintain their independence. People's care plans were reviewed and updated and contained person- focussed information. However, although plans were in place to minimise people's identified risks these had not always been updated. This meant that people could be at risk because staff did not have the up to date information they needed.

There was a sufficient number of staff available to ensure people's needs were met safely. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were aware of the procedures for reporting concerns, systems were followed and concerns were investigated.

Staff were only employed after representatives of the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were supported by the registered manager and senior staff through supervisions and staff meetings.

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. We found that staff were trained in the principles of the MCA and could describe how people were supported to make decisions. This meant that any decisions made on people's behalf by staff would be in their best interest and that any safeguards put in place would be as least restrictive as possible.

People received care and support from staff who were kind, caring and respectful to them. Staff treated

people with dignity and respected their privacy.

People knew how to make a complaint. The provider investigated any complaints and as a result made changes to improve the service.

The registered manager was supported by a staff team that included a number of other managers and care workers. The service had a quality assurance system in place. People and relatives were encouraged to provide feedback on the service and their views were listened to and acted on.

## 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.

Risks to people's safety and welfare were not always managed effectively.

Staff were following safe practices when they administered or recorded medicines. This meant that people received their medicines as prescribed.

The recruitment process had been followed to ensure that only suitable staff were employed to work with people in their own homes.

People were protected from harm because staff had an understanding of what might constitute harm and the procedures they should follow.

### Is the service effective?

**Good** 

The service was effective.

Staff understood the Mental Capacity Act 2005 so that people's rights to make decisions about their care were respected.

People received care from staff who were trained and supported to provide safe and appropriate care.

Staff knew the people they cared for well and understood, and met their needs.

### Is the service caring?

**Good** 

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment and reviews of their care. Care records had been updated when changes had occurred to people's health and wellbeing.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

### Is the service well-led?

Good ●

The service was well-led.

The visions and values of the service were put into practice. This meant that the service operated to promote or encourage or foster an open culture in the support of its staff.

There were effective systems to monitor the ongoing quality of the service. This meant that any shortfalls in the service provided to people were identified and acted upon.

# Care Full Care Limited

## 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 25 and 31 August 2016 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 someone would be in. It was undertaken by one inspector and an inspection manager.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and the local authority safeguarding team.

During our inspection we spoke with five people who used the service and one relative on the telephone. In addition to the registered manager we spoke with one assistant manager and three members of staff.

As part of this inspection we looked at records in relation to keeping people safe from harm and medication administration records. We also checked the care plans and risk assessments for four people. We checked the recruitment/personal files of three staff. We looked at records in relation to the management of the service including audits, complaints and meeting minutes.

# Is the service safe?

## Our findings

The registered manager said risk assessments were undertaken to manage any potential risks to people and staff; however one manager said that they were aware the risk assessments were "not specific enough". We saw that risk assessments about each person's home environment had been completed. Other areas of risk that had been identified included moving and transferring, falls, animals in the person's home and medication administration.

Although we saw that risk assessments had been completed they had not always been updated with the most current information. For example, there was information that the equipment in one person's home meant staff were at risk when they provided personal care. There was information that the registered manager had tried to address the risk with the appropriate health professionals. However, there was no information recorded for staff so that they were safe when providing personal care to the person. This meant the person and staff were at risk and staff did not have the necessary information to meet the person's needs safely. Information from staff was that there had been times when one staff member did assist people with the use of a hoist when there should have been two members of staff. This meant the person and staff were at risk of harm and not being as safe as they should have been.

One member of staff said they had not had their competency checked for a number of years. However, there was evidence on file that confirmed that competency checks had taken place for most staff. The registered manager told us staff had training in medication administration and competency checks were made each year. Medication administration records (MAR) had been completed and audits had taken place. Staff told us how they reported any issues with MAR charts to the office. One member of staff confirmed they had raised an issue with the management of the service where one person had a medication that should be administered at night, but had been given it in the morning. The staff member said the MAR chart had been changed. The medication policy was being reviewed and updated because the information was not appropriate or applicable to the service provided.

One person told us they had equipment that staff used to assist them when providing personal care. They said, "Someone comes and shows them in the first place. I feel safe with them; getting me up and that." Another person said, "When my hoist was put in [two names of staff] came out with the OT [occupational therapist] so that they were trained [in the use of the hoist]. Other staff are then trained by [the two named staff]. There have been no problems [with moving and transferring]." One relative also agreed that staff had been trained appropriately for the use of the equipment used for their family member.

People told us they felt safe with the service and the staff who cared for them. One person said, "I feel safe because I know they have my interests at heart. They [staff] always ask "Is that all right?" or "Is there anything else I can do?" Another person told us, "I feel safe because staff always hold my hand and make sure I get into the shower safely. They help me get dry and then get dressed [safely]."

The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff confirmed that the training had been completed on line and were

able to explain the process to be followed if incidents of harm occurred. One staff member said, "I have had training here [in the service]. I would put it in the book [record in the daily notes] and would ring staff in the office. I would text the on call person. I would report to someone else if I needed to like the Police." Another member of staff said, "I would report it [safeguarding] to my line manager. I would establish the events, record [the information], phone the office and explain. I know I can report information to CQC or the social services." Staff confirmed they had the necessary telephone numbers to enable them to report any concerns.

The registered manager showed us information about issues in relation to one person that had been raised with the local authority as a safeguarding. Procedures had been followed and the issues had been investigated by the registered manager. There was information that showed action had been taken as a result and staff had received written warnings, a staff memo was sent so that staff knew about the standards of care for people expected of the service and staff had received further training. There was also a new dial in and dial out system for staff so that their calls could be monitored, which provided evidence of the calls staff had undertaken and the times they visited people. This showed us that the registered manager took action to help ensure people's safety.

Emergency plans were in place in the event of flood or fire. This had been updated as there had recently been a flood that affected the service and the office had to be re located within the same building.

People were satisfied overall with the level of staff who provided their care. Two people told us they received a list of the staff expected to provide their care and that the staff stayed for the correct amount of time. One person said, "The rota is sent by post. There are sometimes one or two surprises [about staff who actually attend]. They [the office staff] have not always phoned to say there have been changes. There could be improvements in them [staff] being on time." Another person said, "They [staff] are sometimes a few minutes late, but they take their time [with me]. I don't feel rushed."

Staff told us that staff from the office telephoned them if they needed to cover staff who had gone sick. One staff member said, "If we are sick we have to phone [the] on call [staff]. They try and cover but they say they can't guarantee it. We get a text sometimes to add a person to our list [of calls]. We do have bank staff as well and sometimes the office staff do the calls [visits to people in their own homes]." This meant people still received the personal care they needed from the service.

The provider followed robust staff recruitment procedures. Staff confirmed the checks that had been completed. For example, a satisfactory employment history, Disclosure and Barring Service (DBS) check, (this check is to ensure that staff are suitable to work with people who use this service) and proof of previous employment. Staff told us that they had not started working for the service before their checks had been checked and were satisfactory.



# Is the service effective?

## Our findings

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.

The registered manager and all staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. All the people we spoke with were able to make their own decisions. The registered manager and staff said there was no-one who was not able to make decisions about their care needs or who would require a specific assessment under the MCA in relation to best interest decisions.

Staff understood people's needs well and they were able to tell us about aspects of people's care. Staff ensured that the care provided was only with the person's consent, and the people we spoke with agreed that was the case. A member of staff said, "We need to be aware of which decisions people can make. We make sure we offer choice in things like food or clothing and offer options." Another member of staff said, "I did my MCA training when with [name of another provider]. If someone is confused I become more specific and don't complicate things [for the person]. People can be confused if they have a urine infection and that could make someone [confused]." A third member of staff told us, "In a best interest [decision] you treat each person as an individual. You don't label people. You find a way to encourage them to [for example] eat and drink, change their clothes or interact with you. You do your best using different approaches."

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. For example, fire safety, food hygiene and health and safety. Staff confirmed that they were supported with time in the office to check policies and procedures and also shadow visits (working with a more experienced member of staff). The staff we spoke with told us they had experience in providing personal care to people before they worked with this service and felt comfortable when they started to work on their own.

People were supported by staff who had the necessary skills and who knew the people they cared for well. One staff member told us, "I have recently done [training in] food hygiene." Other staff told us they had NVQ Level 2 or 3 in Health and Social Care.

Staff told us that they received regular supervision and appraisal. One staff member told us, "I get one to one supervision and appraisal but it's not great as there are other people around and it's not done in private." Another member of staff told us they had monthly supervision with the registered manager or director and that it was recorded and then signed by them (the staff member). Management said that staff came into the office on a Monday or Tuesday for their rota as well as then having the opportunity to discuss anything that could affect their work.

People told us that staff always left them with sufficient food and drinks that they (the person) had chosen.

Two people told us they had frozen meals delivered and staff heated them up. They told us the staff always offered them a choice of meal. One person told us that staff always left them with a flask of drink and sandwiches to eat and said the staff always asked if they wanted anything else before they left.

## Is the service caring?

### Our findings

People told us that the staff were caring and kind. One person said, "They look after me well and some are especially kind. We've all got our own ways and we have a laugh and joke." Another said, "The ones [staff] I have had so far are polite and caring. I am getting regular times [visits from staff]." People told us they were encouraged to be as independent as possible. One person said, "I am very pleased indeed [with the service]. It's working well."

People told us that they had a good relationship with the regular staff who provided their care. One person said, "They all call me [name] and that's what I wished to be called. The carers [staff] are very kind and genuine. I would recommend it [Care Full Care Limited]." Another person said, "All carers are responsive. My principal carer is a man and is very efficient. They all try and do their best." A third said, "New staff are a bit more scarce with speech", but once they got used to each other were "very nice and we have a laugh and a joke."

One relative said, "When we have new carers [staff] it takes a little while to get used to things." They went on to say that if the staff were not following the care plan they discussed it with them to ensure their family member was provided with the correct care. They commented that new staff came in and observed a more senior member of staff before providing care on their own.

People were able to express themselves and state how they wished to be cared for. One staff member told us that they ensured people consented to their care by "double checking with them and raising it [consent] in different ways to ensure they [the person] understood". One relative told us they supported their family member and would speak up for them where necessary. The registered manager agreed that there was no information about advocacy or how to contact an advocate in the service. This put people at risk of not being spoken up for should the need arise. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us staff treated them with dignity and respect. One person said, "Dignity, yes. When they wash me all over they cover me with a towel." Another person told us that their care was driven by them and "they [staff] take their cue from me". They said staff were considerate when they (the person) were in the toilet and waited in another room until requested to return to assist.

Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. One person said, "Personal care is very good. The carers are very nice; I get on with them all. They're the best we've had so far. They keep my privacy and dignity very well. They help me wash where I can't reach." People told us they had not been asked if they preferred a male or female member of staff to provide their personal care.

## Is the service responsive?

### Our findings

People told us that initial assessments were completed with them or their representatives, usually relatives. One person told us that there had been an assessment of their needs prior to their hospital discharge. Another person said, "Yes two people [names of two staff from the service] visited and talked about the service they were able to offer."

People said that they or their relatives had been involved in developing and reviewing their care. One person said there was information in their care plan and that, "They [staff] know what I like." Another person told us about the information in their file. They said, "There is a description about me and what and how I like things done. They [staff] fill in a form every day. The times [the staff record of the visits] are correct." One member of staff said, "We always get a pen picture about any new person with their preferences. I always ask clients [people who use the service] what they want me to do as you're going into their domain."

One relative said they had been involved in the assessments and reviews and confirmed another review was due because of a change in circumstances for their family member." Where reviews had taken place they had been recorded and agreed with the person or their relative.

Staff told us they would report any changes for a person when they provided care. Staff said they were expected to inform the office staff if there were any changes in people's health and wellbeing. One member of staff said, "I would feed back to the company when something changes [in a person's health or wellbeing], for example if they [the person] need extra help." Staff were able to tell us about the people they were caring for and how they supported those people in their own homes. Staff said that any changes about a person were sent via text to ensure they had the most up to date information. There would also be information in people's files to show the changes made in their care plan or risk assessment.

People confirmed that the service was flexible to meet their needs. For example, if a person needed a different call time because of a GP or hospital appointment the time was changed. Two people said the staff would try to accommodate requests for visit times for appointments such as the GP or dentist. One person said, "If I ask them [staff] to change anything they'll help me." The assistant manager confirmed that the service would make every effort to change the times of the visit.

The provider had a policy and procedure in place that enabled people to raise any concerns or complaints about the service. There was information on how to make a complaint about the service in each person's file in their home. There were details of the telephone numbers including the out of hour's number when the office was closed. Two people told us they would tell their relative if they had any concerns or complaints and they (the relative) would deal with them on their behalf. One person told us they knew how to make a complaint and said, "I have made a complaint", and told us that they were happy with the action that had been taken. We saw that there had been one written complaint since August 2015. We checked the complaint logged in the service, the investigations that had been undertaken and the actions taken as a result.

# Is the service well-led?

## Our findings

There was a registered manager in post at the time of the inspection and they were supported by a director, two assistant managers and care staff. There was information in the service statement of purpose that provided information about the registered manager as well as where to send documents via e mail when necessary.

The registered manager said the service was transparent and fair and supported staff. He stated there was an 'employee of the month' scheme that he had recently introduced and a loyalty scheme called 'Perkbox', which gave discounts and free cinema tickets to staff. These were also awarded when staff went 'above and beyond' their duties.

People said they would telephone the staff in the office if they needed to. One person said, "I have phoned the office [before] and there's always a good response from the [office] staff. I have all the phone numbers available [in the folder from the service]."

All staff were aware of how to report any concerns about poor practice (whistleblowing) to the registered manager and that action would be taken where necessary. Staff knew of the whistleblowing policy and where to find all the necessary telephone numbers. One staff member said, "I would have no qualms in reporting [in relation to whistleblowing]." They confirmed how they would raise concerns, but had never had to do so.

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. The registered manager said that there had been 36 surveys sent out by the previous manager in January 2016. Eighteen surveys had been returned. Two people told us they had received a survey recently about the service but neither person was aware of any outcome. One said, "I'm not sure what happened about it." We saw the completed surveys and that overall people were satisfied with the service.

From the responses to this 2016 survey we noted that there had been comments such as 'time keeping varies considerably' and 'fifteen minutes late seems to be the norm'. There was evidence to show what action the current registered manager had taken. For example, the people who used the service had been split into two groups each supported by an assistant manager. The expectation was that each assistant manager would visit each person every six months to complete a re assessment form and telephone or visit at least once a month. The assistant manager we spoke with said this was a very new system and they had started to complete the re assessment forms over the last two weeks. We saw one completed form that showed the person had requested an earlier care visit. The assistant manager told us that another manager completed the rotas and the information had been given to them. We checked and saw that the person had the earlier call on the rota.

One person told us they knew that a 'spot check' had been completed about one member of staff. Staff said, and other records showed, that spot checks to check staff competence and service provision had been

undertaken. One member of staff said, "I have had a spot check in the last two months. They [senior staff] check what we are wearing, our PPE [personal protection equipment], how we handle medication and that we have other things like the food probe [that checks the temperature of food heated by the staff during their call]." Information in a staff memo showed that the provider also used concealed camera equipment, with permission from the people who used the service, to check the quality of the care provided. The registered manager confirmed that the cameras were only placed in general areas not where people received personal care.

One relative told us they read the daily notes recorded by staff. They commented that the times of the calls had not always been recorded but confirmed the staff usually stayed the correct length of time for the visit. The same relative told us about the new system for staff when logging in and out of the visit. They felt it was positive and meant they were assured the staff stayed for the correct and expected length of time. Another person also confirmed the new system and was happy with it. The new system was in place because of issues in recording when some staff did not record the times they attended a person.

The registered manager said that there was a new Care Full Care staff newsletter. We saw the Summer 2016 edition where staff had been asked if they wanted to go back to the old uniforms. There was a keep fit session available and staff only had to ring in so that it could be fitted in with their rota. There had been a barbeque in June and a prize quiz. This showed us that the support and encouragement to staff supported them in their role.

Staff told us there had been some staff meetings. Staff said the meetings were used to "discuss new MAR charts, new care diaries and the new system to log in and out [when providing care to people]." We saw that memo's had been sent to all staff so that they all had the same information.

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.