

Care World Agency 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

The inspection took place on 1 February 2018 and was announced. This was the first inspection of the service since they registered with the CQC in October 2015.

Care World Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection 49 people were using the service.

The service had 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.

Staff knew how to protect people from abuse. Staff understood signs to recognise abuse and how to report suspected abuse. They also knew how to whistle-blow if necessary to protect people. The registered manager assessed risks to people and put management plans in place to mitigate identified risk. Staff were sufficient and adequately deployed to support people with their needs. People received the support they needed to manage their medicines safely. Staff followed procedure to minimise the risk of infection. The service had systems in place to report incidents and accidents and staff knew them. The registered manager reviewed incidents and took action to prevent them from happening again.

The registered manager assessed people's needs involving them and their relatives. They planned people's care based on assessed needs and requirements. Staff were supported to do their jobs. They received regular training and supervision. Staff supported people to meet their nutritional needs and requirements. People were supported to access the health care services they needed to maintain their health. The service had systems in place to ensure people received well-coordinated care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before they were delivered.

People told us that staff treated them with kindness. Staff respected people's dignity and privacy. People were encouraged to maintain their independence as much as possible.

Staff supported people in a way which met their individual needs and requirements. The service was flexible in the way they supported and cared for people to ensure their needs were met. Staff understood how to promote the individuality and differences in people. They knew to respect people's cultural, religious and belief systems.

People knew how to report their concerns or complaints about the service. The registered manager followed the provider's procedure to address complaints. The registered manager assessed and monitored the quality of service delivered through spot checks, monitoring visits and carrying out audits of records. They used feedback received to improve the service.

The service had a registered manager who was experienced and complied with their registration requirements. The registered manager maintained their registration with the Nursing and Midwifery Council and liaised with them when necessary to improve the care provided to people. The registered manager also worked in partnership with the local authority to develop the service and meet people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff and the registered manager understood their role and responsibilities to protect people from abuse. Staff knew how to recognise abuse and what actions to take to report it.

The registered manager assessed risks to people and devised action plans to minimise harm to them. Staff knew how to report incidents and accidents. The registered manager reviewed records and took action to reduce the chances of a repeat of such incidents.

The service followed safe recruitment practices to employ staff. People received the care they needed from staff as planned. There were enough staff available to support people. Staff supported people to take their medicines safely.

Staff understood and told us they followed infection control procedure to reduce the risk of contamination.

Good 

Is the service effective?

The service was effective. The registered manager assessed people's needs and put plan in place on how they would be met.

Staff were trained and supported to be effective in their roles. People and their relatives consented to the care and support they received. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to meet their nutritional needs and requirements. Staff liaised with other services to ensure people's care was well coordinated. Staff supported people to access healthcare services they needed to maintain their health.

Good 

Is the service caring?

The service was caring. People told us that staff were caring and kind towards them. Staff maintained positive relationship with people. Staff respected people's choice and decisions about their care.

Good 

Staff respected people's dignity and privacy. They encouraged people to be as independent as possible.

Is the service responsive?

The service was responsive. People had care plans which set out how their identified needs would be met. People received care tailored to meet their individual needs.

Care records detailed people's cultural and religious needs. Staff had knowledge of equality and diversity and respected the individuality and differences in each person.

People knew how to complain about the service and the registered manager responded to complaints in line with the provider's policy. They investigated and provided a response as required.

Good ●

Is the service well-led?

The service was well-led. There was a registered manager in post who understood their roles and responsibilities. The registered manager provided guidance and leadership to staff. Staff told us they felt well supported in their roles.

The registered manager obtained feedback from people and their relatives and used the feedback received to improve the service. The registered manager carried out monitoring visits and spot checks to assess the quality of service provided to people. They also audited records to check they were accurate and up to date.

The registered manager worked in partnership with the local authority to improve and develop the service.

Good ●

Care World Agency Ltd

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 checked 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 announced inspection took place on 1 February 2018. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector and an expert-by-experience (ExE) who made phone calls to people to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about Care World Agency including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We also reviewed the Provider Information Return (PIR) we received from the provider. PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection the ExE spoke with 12 people using the service, eight relatives, four care staff members and the registered manager. We reviewed six people's care records which included their medicines administration records (MAR). We looked at five staff files which included recruitment checks, training records and supervision notes; and other records relating to the management and running of the service such as the provider's quality assurance systems, complaints and compliments. .

After the inspection, we spoke to three care staff to find out how they supported people, and the support they received from the management.

Is the service safe?

Our findings

People were safeguarded against the risk of abuse because the service had ensured all staff were trained and knowledgeable in the organisation's safeguarding adult's procedure. Staff knew signs to recognise abuse and the procedures for reporting their concerns. One member of staff told us, "If abuse is suspected, the first thing I will do is report it to my manager. If I notice they are not doing anything about it I will report to social services." Another member of staff told us, "If I think abusing is going on, I will raise an alarm to my manager without delay." All staff we spoke with knew their rights to whistle blow and how to do this to protect people. They however said they had confidence that the registered manager would take necessary actions to keep people safe. The registered manager understood their responsibilities to address any safeguarding concerns appropriately including alerting the local authority safeguarding team, carrying out an investigation, and working jointly with relevant agencies. They also knew to notify CQC as required. Our records showed that there had not been any safeguarding concerns since the service started in 2016.

People were protected from avoidable harm. The registered manager completed assessments looking at risks associated with people's mental and physical health, behaviour, personal care, medicine management, moving and handling and environment. Risk management plans were devised on how identified risks would be mitigated. For example, one person at risk of developing pressure sores had a plan in place on how to reduce the chances of it developing. The registered manager had liaised with district nurses to provide pressure relieving equipment. We saw moving and handling plans to enable staff to support people with transfers in a safe way. Two staff members carried out moving and handling tasks which involved the use of equipment or where it has been assessed as a way to reduce harm. Staff we spoke with understood how to manage risk to people. They told us they followed the guide in place and reported any concerns to their manager.

People received their medicines in a safe way. Where people were supported to take their medicines, this was stated in their care plans including the level of support required. Staff had received training in medicine management and on how to support people safely. Medicines administration records [MAR] sheets we checked were clearly completed to show what medicines people had taken and the time. Staff knew what actions to take if there was a medicine error. They told us they would let the registered manager know and contact the pharmacist in line with their procedure. The registered manager regularly audited MAR sheets to ensure they were accurate.

The provider recruited staff in a safe way to ensure they were suitable and fit to work with people. The registered manager examined potential staff suitability for the job through interviewing, exploring employment histories, obtaining two satisfactory references, proof of identify and right to work in the UK. They also checked the Disclosure and Barring Services (DBS) database to ensure applicants had not been barred to work vulnerable people. A DBS is a criminal records check employers carry out to help them make safer recruitment decisions.

People received the care and support they need from staff. One person told us, "They [Care staff] are quite good on time apart from the odd times they might get stuck in traffic." Another person said, "They [Care

staff] turn up on time at 9/9.30am unless there's an emergency." A third person commented, "There has been no issue around lateness and failure to turn up." One relative mentioned, "The carers are quite efficient. The manager rings if one of the carers is not coming." Although, we received some comments from people about staff lateness but they did were not too concerned about it. We however spoke to the registered manager about the issue of lateness. They explained they were constantly exploring ways to reduce this. They said they were planning to recruit staff who were able to drive to manage the issue as public transportation was often a difficult for staff.

Staff told us the time allocated to them to support people was enough. One care staff said, "The time is enough. If we have concerns we inform our manager and she goes to social services to discuss it with them." Another care staff told us, "The time balances because you can spend more time with one person and spend less time with another." The service used an information technology system to plan the rota and monitor visits. The system alerted the registered manager of any likely late visit and they arranged for a cover immediately. The registered manager was also available to cover visits in emergency situations. There had not been any missed visits recorded and people confirmed this.

Staff were trained in infection control. Staff we spoke with told us of measures they used to prevent and reduce the risk of infection and contamination. Staff told us they practiced effective hand washing, using personal protective equipment (PPE), and disposing of waste appropriately. The registered manager told us they used spot checks and practice observations to monitor staff adherence with infection control procedure.

The provider had systems for the reporting of incidents and accidents. Staff understood the importance of reporting incidents, accidents and near misses and knew how to do so. Records showed incidents were reported and the action taken to reduce or prevent them from happening again in the future. People's risk assessment and care plan had been updated following falls.

Is the service effective?

Our findings

People told us staff knew how to support them with their needs. One person commented, "It's going alright. They're there when I bath. They help me dress and give me a shave. Everything's fine. I have no complaints. They do what they have to do." Another person mentioned, "The carers help me get out of bed, wash and dressed and with anything I want done. I can't complain they are good." One relative told us, "The carers are very good at meeting her care needs. They are technically competent and friendly." Another relative said, "They [staff] are really good with pressure sores and managing their incontinence. They're good with that, keeping [loved one] clean and using ointments."

The registered manager is a qualified and registered nurse. They assessed people's needs to establish what support people needed and how to adequately meet their needs. Assessments covered medical conditions, physical and mental health; personal care, and nutrition. We saw that where necessary other professionals were involved in determining people's needs. For example, a district nurse had been involved to assess one person's needs around maintaining their skin integrity. The registered manager was aware of the professionals to contact for support or advice with regards to meeting people's needs.

Staff had the training, support and supervision to care for people effectively. New staff members received an induction and training when they started. One member of staff told us, "My induction gave me confidence to do the job because when I had the training I was scared about how I will do the job but when I did the shadowing I gained confidence." Staff told us and records showed that staff received regular training relevant to their jobs. Training completed included safeguarding, medicine administration, infection control, health and safety, Mental Capacity Act 2005; and moving and handling. Staff also received training in areas specific to the needs of people they supported such as dementia. Staff talked about how the dementia training had improved the way they supported people with dementia as they had learnt to understand the individual's situations.

Staff received regular one-to-one supervision and observation of practice. The registered manager gave feedback on staff performance. Staff told us they felt supported and were able to discuss issues affecting their work with the registered manager. They also told us the feedback received enabled them improve their performance and it kept them motivated. One member of staff said, "I feel well supported. She always gives us information, encouragement and feedback to help us." Another member of staff told us, "The manager does random checks and observation to check how we are doing and give us feedback. She gives us supervision too. I feel supported. That's why I am still working with them." Annual appraisal had not been completed when we visited as staff were not due for one as they had only been in post for less than a year.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the registered manager told us they were not providing care or support to any people who required Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received the MCA training and understood people's rights under this legislation. One member of staff told us, "As a carer you are there to help and not impose yourself. You have to obtain consent, seek their approval and involve them. It's their lives and decisions. You must respect what they say. If you are concerned, discuss with your manager and they will follow the procedure." Records showed people had consented to their care and support. Relatives had given consent where people had not been able to do so. The registered manager understood their responsibilities under MCA and knew to arrange a best interest meeting where required.

People were supported to meet their nutritional and hydration needs. Care plans stated what support people required including meal preparation, shopping and feeding. Where relatives provided this support it were also stated. Staff understood what support people needed and provided it. One staff told us, "I always make sure I leave my clients with a cup of water and snacks before I leave." Another staff said, "Most of the people I support get support from their family but I always ask if they want me to prepare anything before I go."

Staff supported people to arrange visits or appointment with professionals if required. People told us their relatives helped with this most of the time. Records showed that the registered manager liaised with health professionals where required. For example, they had liaised with a pharmacist with regards to one person's medicines.

The service worked jointly with other services to ensure people got the support and care they required when they moved to use other services. The registered manager and staff told us they ensure people had a copy of their personal profile sheet when to they go to hospital or other services. The personal profile sheet contained information about their health conditions, medicines, GP and next of kin details; and care required.

Is the service caring?

Our findings

People and their relatives told us staff were kind and compassionate to them. Comments included, "The carers are kind and helpful" and "They're very nice. They treat me as if they've known me for years"; "The carers are nice and respectful" and "The carers are friendly. I have a chat with them. They are very caring."

Staff respected people's choices and wishes. Care records detailed people's likes and dislikes, and preferences. People told us staff involved them in planning their care and the day to day decisions about their care and support. One person said, "They [staff] always ask me what I want." A relative told us, "They [Staff] are good with checking what [Loved one] wants and let them have it. If they offer them something and they say no, staff let it go." Staff explained they encouraged people to participate and make decisions about their care. One member told us, "I make sure I ask them what they want. Sometimes I will show them the different alternatives so they can decide. You help them make a choice like that." Another staff member said, "We always involve people and their relatives in decisions about their food, care they want, choices of clothes. You don't assume you know what your clients always want. Even if you do, you still need to check and confirm with them."

Staff maintained positive relationship with people. The registered manager explained that as much as possible they endeavoured to allocate the same staff to people to ensure consistency and continuity. People confirmed this. One person commented, "[Staff name] is my regular carer but sometimes they are not available so another carer comes. When they are available they always come and I look forward to seeing them. They understand me." One relative mentioned, "[Loved one] normally gets the same carers... They're kind to mum." Another relative said, "Loved one mostly gets the same carer and they like that. They couldn't cope if it was lots of different carers. They have the same carer for three visits and then another regular carer for the evenings." Staff explained that they were able to build trusting relationships with people with this arrangement and it also helped them understand people's routines.

Staff were showed compassion and empathy to people. They understood this was important in their role and in building a positive relationship with people. One staff member told us, "We build a relationship even with difficult clients because they need the help. You need to be patient and understanding. Calm approach is important." Another staff member said, "You have to understand people's situation. Some are lonely. Some are confused. Some have dementia. You need to put yourself in their shoes and show them love and kindness like you would do for your mum or day."

People's privacy, dignity and independence were respected. One person said, "The carer treats me respectfully when washing and dressing me." A relative told us, "They [carers] are very good. They put [loved one] in the toilet and leave them to finish and then come back to wash them." Staff gave us examples of how they respected these values in their work. One staff member commented, "Knock on the door and wait for answer before you go in. Close doors when doing personal care. Give them a bathrobe to cover. Keep them neat and tidy. Make sure they are comfortable and well-dressed." Another staff member explained, "Involve the person in what you are doing. Encourage them to do the little things they can do. Cover them with towel so they are not embarrassed." People confirmed staff encouraged them to be as independent as possible.

One person said, "They [Carers] do help me to be independent, though I am getting progressively less independent."

Is the service responsive?

Our findings

People told us they received the care required to meet their needs. One person said, "I haven't got anything unpleasant. The carers are doing a good job. They get me sorted out. It's all working very well." Another person told us, "They [Carers] help me with what I need. They look at my legs and see if I've got bed sores. They cream me if I have. I am happy with the care." One relative commented, "I am very happy with the carers. Very, very happy. This is our first experience of care and they are helpful."

The registered manager planned and agreed people's care with them and their relatives beforehand. Care plans showed what care and support people needed to maintain and manage their physical health, personal care, mental health, nutrition, skin integrity and domestic tasks. It also included times of care visits, the duration of the visits and the tasks to be undertaken. The registered manager devised care plans on how these would be met. Care plans were shared with staff. Staff also confirmed they received updates and comprehensive information from the registered manager about people's needs and how to support them before their first visits. One staff said, "Care plan is given to us to know what we are doing. Manager also calls to explain and discuss difficult and new cases. She discusses changes with us so we know what we are doing."

Daily notes we reviewed showed people were supported with their personal hygiene, skin care, nutrition, incontinence and medicines as detailed on their care plans. Care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.

The service responded flexibly to people's needs and requirements. People told us they were able to request changes in time of their visits and the registered manager made efforts to accommodate their requests. One relative told us, "The service is flexible. If we have a hospital appointment, they will change their times. One time, they put in an extra visit to work around a hospital visit." Staff also explained that they supported people with tasks outside the agreed care plan if required to meet the person's needs. For example, if a person needed shopping or support arranging appointments or making phone calls.

Care records detailed information about people's disabilities, religion, and cultural needs and what support people needed. Staff understood equality and diversity and told us they delivered care that meets and treated people with respect and as individuals.

People knew how to complain if they were unhappy with the service. One person told us, "I wouldn't hesitate to complain if one of the carers was "bolshie. I know how to complain." A relative said, "The timing was an issue initially. We called the office to complain and it was sorted. I'm happy with how the registered manager received and handled my complaints." Another relative told us, "I have not complained but I have no problems phoning to register my complaints if I have one. I will surely do so, where necessary." Details about how to complain were included in the service user's handbook which people received when they started using the service. The service had received one complaint since they started. Complaints record we reviewed showed that the registered manager had followed the provider's procedure in responding to the

complaint. They had acknowledged, investigated and responded to it. They also involved social services to address the concerns as the complainant requested. Staff members involved had re-training and supervision to address issues raised.

Is the service well-led?

Our findings

There was a registered manager in post who is a qualified and registered nurse. The registered manager was also the nominated individual. They showed they understood their role and responsibilities in line their CQC registration requirements including submitting notifications of significant incidents. They also showed they knew how to deliver an effective care service to people.

People told us the registered manager run the service well and listened to them. One person said, "Care World are absolutely brilliant." Another person commented, "The manager is nice. She comes around and she listens to your feedback." A relative mentioned, "I feel they're doing their best. It's well run." Another relative added, "The registered manager is very good. She's always very helpful on the phone. Nothing is too much for her to deal with. She comes arounds and provides care herself."

Staff received the direction and leadership they needed. Staff gave us positive comments about the registered manager. One staff member told us, "The registered manager is very lovely. Always contacting us to check how we are doing. She says thank you for the hard work. She listens and makes us feel important." Another staff member said, "Support to do the job better: my manager is always there for us. Her phone is always available. You can call her to discuss concerns. She understands and supportive." A third staff member commented, "The manager is very caring. She has the clients at heart. She has empathy. She is very supportive too. I like working with her. She brings the best out of us." Staff added that they learnt from the registered manager how to deliver proper care to people. They said she had worked with them individually showing and explaining to them how to do the job. One staff member said, "I shadowed her during my induction and she took her time to teach me. It improved my skills and confidence." Another staff member said, "She leads by example. If you tell her you are having difficulty she will come out with you to experience the problem and then show you how to tackle it."

The registered manager held regular meetings with staff to listen to their views, consult and provide updates. Staff told us these meetings gave them opportunities to discuss issues they faced as a team and they discussed ways to resolve the issues. For example, they regularly discussed the rota and how to make it suit people's requirements and that of staff. They said their suggestions and views were taken into account. The team meeting notes indicated that staff were consulted about the rota. It also showed discussions on matters of concern about people and team work.

The registered manager monitored the quality of service provided. They regularly audited the MAR to ensure they were correctly completed. They checked the daily notes written by staff to ensure it reflected people's care needs. They regularly carried out phone monitoring and face-to-face visits to obtain feedback from people about the care they receive from staff. They checked people's satisfaction with the service, staff attendance and punctuality, staff conduct, how people were supported and record keeping. The registered manager had addressed issues about attendance following feedback received.

The service worked closely with the local authority commissioning and contracts teams to improve the service. The monitoring team had visited to assess the service and the recommendations made were being

completed. For example, records were not always dated. The registered manager continues to maintain the professional registration with the Nursing and Midwifery Council (NMC) and they liaise with the council to seek advice regarding service provided to people. They attended workshops and training to keep their knowledge up to date to be able to meet people's needs.