

The Caring Company (Oxon) Ltd

# The Caring Company (Oxon)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

We undertook an announced inspection of The Caring Company Domiciliary Care Agency (DCA) on 8 August 2016.

The Caring Company provides personal care services to people in their own homes. At the time of our inspection 63 people were receiving a personal care service.

There was 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.

People told us they were safe. People were supported by staff who could explain how they would recognise and report abuse. People were not protected as people's care records did not always include up to date risk assessments.

The registered manager informed the CQC of reportable events. The services quality monitoring systems were not always effective.. The service did not always have up to date and accurate records surrounding the day to day management of the service.

Staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. Where people needed support with their medication, they were supported by staff who had been appropriately trained. Individual medication administration records were fully completed which showed people received their medicine when needed.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with the staff who had a caring approach to their work. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

The registered manager was knowledgeable about the Mental Capacity Act (MCA) and how to ensure the rights of people who lacked capacity were protected; this included Deprivation of Liberty Safeguards (DoLS). People were supported by staff who understood the principles of MCA. Records showed staff had been trained in the MCA.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staffing rotas indicated there were sufficient staff to meet people's needs.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment.

The provider had a complaints policy in place and we saw evidence that complaints been resolved to the people's satisfaction and in line with the provider's complaints policy. Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report

## 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 not always safe. Some people did not have risk assessments in place to manage their risks.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

People and their families told us they felt safe.

People had their medicines when required.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff had the training, skills and support to care for people.

People were supported by staff who had been trained in the MCA and applied its principles in their work.

The service worked with other health professionals to ensure people's physical health needs were met.

**Good** 

### Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

**Good** 

### Is the service responsive?

The service was responsive.

The service responded to people's changing needs.

**Good** 

Staff understood people they cared for and knew their preferences and personal histories.

People knew how to raise concerns and were confident action would be taken. Complaints had been resolved to the people's satisfaction in line with the provider's complaints policy

**Is the service well-led?**

The service was not always well led.

The services quality monitoring systems were not always effective.

The service did not always have up to date and accurate records surrounding the day to day management of the service.

Accidents and incidents were recorded and investigated.

**Requires Improvement** 

# The Caring Company (Oxon)

## **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 was 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 8 August 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. The inspection was carried out by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with nine people, six relatives, seven care staff, the care coordinator and the registered manager. We reviewed 11 people's care files, ten staff records and records relating to the management of the service. Prior to our inspection we spoke with commissioners of the service to obtain their views. After the inspection we contacted three external professionals to obtain their feedback.

# Is the service safe?

## Our findings

We looked at 11 people's care records. Five people's care plans contained risk assessments which included risks associated with; moving and handling, falls, personal care and environment risks. Where some risks were identified plans were in place to identify how risks would be managed. For example, one person was assessed as being at high risk of falls during personal care. The risk assessment gave guidance to staff on how to manage this risk. Staff were advised to ensure that bathroom areas were kept dry and for staff to avoid 'wet floors'. Another person was at risk of developing pressure damage. The person's risk assessment included guidance on the use of pressure relieving equipment and to frequently encourage and support the person to change their position.

However, we saw that not everyone had risk assessments in place. For example six people's care records did not contain risk assessments. We asked the registered manager if the risk assessments that were kept at the office location were duplicate copies of the risk assessments that were kept in care records within people's homes and they confirmed that they were. We requested copies of the 'risk management plans' from these six people's homes be sent to us within 48 hours of our inspection.

The registered manager carried out this request. However the 'risk management plans' did not contain guidance for staff to support them in mitigating the risks to people. For example one person's risk management plan stated 'liquid medication is to be given if needed'. However there was nothing recorded as to when this medication may be needed or what the medication was for.

Another person's risk management plan highlighted that they were prone to a medical condition. However, there was no guidance on how staff should manage this in the event of the person becoming unwell. We also noted that three of these risk management plans had not been updated for long periods of time. For example one person's plan had not been updated since January 2013. Two other people's plans had not been updated since 2012.

Due to these inconsistencies surrounding the management of risks associated with people's care we could not be satisfied the risks to people were managed appropriately and staff had access to up to date guidance to enable them to support people safely and in line with their care needs.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this further with the registered manager who gave reassurances that these concerns would be addressed by the service. We also noted the service was in the process of transferring people's care records to an electronic system. The registered manager told us this would support them to ensure records are kept up to date.

People told us they felt safe. Comments included; "Yes very safe, always very good with me", "They make us feel so comfortable", "There's never been a time when I have not felt safe around them", "Yes I feel safe

around them" and "I feel safe with them here".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their supervisors and the registered manager. Their comments included "The first port of call would be the office where I would report it to [registered manager]", "If I was not satisfied then I would raise it higher. But I know that something would be done because in the past I have raised things and something has always been done" and "I would write it down and feedback my concerns to my senior".

Staff were also aware they could report concerns externally if needed. Comments included; "I would go to yourselves (Care Quality Commission)", "I would consider going to the police if I had to" and "I would contact safeguarding".

Staffing rotas confirmed there were enough staff to meet people's needs. People we spoke with told us there were enough staff and they did not experience missed visits. People's comments included; "They've never not turned up to see me", "Very occasionally they can be late, but they always ring to let me know" "Very pleasant girls, always on time, any delay they always ring to let us know", "Never been a time when they haven't turned up" and "They have a time slot, there usually very good".

Records relating to the recruitment of staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. We spoke with one new member of staff who told us "I could not work alone with people until my DBS came back, I could only shadow other workers".

Records confirmed where people needed support with their medication, they were supported by staff that had been appropriately trained. People's individual medication administration records (MAR) documented when staff had assisted people with their prescribed medicines. These were fully completed which showed that people received their medicine they needed when required. One person we spoke with told us "They manage my medication safely, they make sure I have all my tablets when they visit".



# Is the service effective?

## Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included, "All very well trained, know exactly what they are doing", "On the whole they are very good and seem to know what they are doing", "They've certainly got the right skills" and "The girls know what they are doing".

Relative's told us staff were knowledgeable. Relative's comments included; "We find them to be very knowledgeable, we are more than happy", "I fully endorse the staff", "Yes the staff are knowledgeable, very much so" and "It's the best thing we have done, the staff are very good".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included managing challenging behaviour, medication, dementia, catheter care, safeguarding adults, infection control and the Mental Capacity Act. Staff spoke positively about the training that they received, comments included "Yeah the training is good", "The training is very good and comprehensive" and "The training is really good and there is plenty available".

Staff told us and records confirmed staff had access to a wide range of further training and development opportunities. This included access to courses and qualifications in different aspects of care that were delivered by national approved bodies. We spoke with the registered manager about this and they told us "We value our staff and we will do everything we can to keep our staff".

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told us they felt supported by the registered manager. Comments included; "Absolutely we are supported, I went through a rough patch once and they were bloody marvellous", "(Senior staff member) comes out occasionally and we have supervision, we air our concerns and something is done about it", "Supervision is good, some clients have been here ages and having a fresh pair of eyes helps establish the changes in peoples care needs" and "I find supervision helpful". We noted from personal records that one staff member had requested the opportunity to complete a diploma in care. We spoke with this staff member who confirmed that this had taken place.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "It's there to protect people who do not have the ability to make certain decisions in the society we live in", "Just because a person lacks capacity in one thing does not mean they lack capacity in everything", "Whether somebody has capacity or not, you always give them a choice" and "It's there to support people to make safe choices".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation which in a domiciliary care setting would be dealt with under Court of Protection. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager knew how to report any concerns and they told

us they continually assess people in relation to people's rights and capacity to make decisions.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses.

# Is the service caring?

## Our findings

People told us they benefitted from caring relationships with the staff. Comments included "Yes, they certainly are caring", "The girls are really caring" and "They are very kind people". A relative we spoke with told us "Yes the care's been okay so far, I can't remember how long we've had them, I really appreciate what they do for my wife". Another relative told us "The cares not just good it is perfect".

Staff were enthusiastic about providing Care to people. One member of staff we spoke with told us "Before I visit (a person) I make it my purpose to make (person) laugh when I am there, because she has the most beautiful laugh ever" and "I choose to do this job because I care". Another staff member told us "I love this job, knowing that you are making a difference to someone's quality of life is so fulfilling".

People told us staff were friendly, polite and respectful when providing support. Comments included "The staff are really polite", "The staff are ever so nice" and "Yes they are all very polite" and "They are polite and helpful, you can ask them to do anything and they will".

People told us they were treated with dignity and respect. Comments included, "They treat me with respect", "We think they are good when it comes to looking after our dignity" and "There is never a problem when it comes to privacy and dignity". One relative told us "They have never spoken down to mum, they are great at communicating on the same level and giving her reassurance, there communication is absolutely brilliant".

We asked staff how they promoted people's dignity and respect. Staff comments included; "I treat people the way I wish to be treated", "When delivering personal care I leave as least body exposure as possible and always treat them with dignity", "You should always cover people up and close the doors and windows, when delivering personal care" and "I think about myself and how I would like to be treated". We noted that the language used in care plans and support documents was respectful and appropriate.

People told us they felt involved in their care. Comments included "They keep us up to date and included with everything", "Very much so" and "We are always discussing things". People told us staff promoted their dignity by letting them know what was going to happen before supporting them with personal care. One person we spoke with told us "They always let me know what's happening". Staff we spoke with told us the importance of informing people of what was going to happen during care. One staff member said, "You need to talk people through it, it's important that you let people know what you are doing". Another staff member told us, "It helps them remember the routine and keeps them informed".

People were supported to remain independent. Staff we spoke with told us how they supported people to do as much as they could for themselves. One staff member described how they had recently supported a person to carry out a task surrounding personal care which the person had not carried out for a while due to health concerns which had improved. The staff member explained the importance of assessing the risk to the person and how they kept a watchful eye on the person during the task. The staff member told us "We must first re build the confidence level, it's all about getting people's confidence levels back it's nice because

not only does it give the person a boost, but it also gives you a boost as the carer".

Staff we spoke with recognised the importance of promoting peoples' independence. Comments included "I encourage people to do what they can it promotes independence" and "Where people have capacity ask them how they want to be supported, if they can do it for themselves then we need to encourage this as it supports independence".

## Is the service responsive?

### Our findings

People we spoke with told us the service was responsive to their changing needs. People's comments included; "I see [registered manager] weekly because my care needs have increased, they see me three times a day now when before they only saw me twice", "Since I discussed my needs, they've been really helpful in supporting me" and "They support me to appointments".

Relatives we spoke with told us the service was responsive, comments included "They will call if there is a problem", "If mum has an appointment then they liaise with us" and "They respond straight away if there is a problem".

We spoke with three professionals who told us the service was responsive. Comments included "They are quite responsive, they report any difficulties and they do reviews with us", "They are good at engaging with clients whose behaviour may challenge, they manage these cases really well" and "In an emergency they are the ones we go to".

Staff we spoke with knew the people they cared for, including their preferences and personal histories. For example, we spoke with one staff member who was supporting a person and they were able to tell us the person's likes, dislikes and preferences that matched those outlined in the person's care records. Staff we spoke with were able to tell us people's preferences in relation to their care. For example one staff member explained the importance of maintaining a person's wishes surrounding their dislikes when delivering personal care.

We saw evidence of how the provider responded to people's changing needs. For example, We observed a morning staff meeting and it was evident that people's changing needs were being discussed. For example staff discussed a person's changing needs in relation to how their personal care should be delivered.

People told us they received regular reviews of their care needs. One person we spoke with told us "I sit down with [registered manager] twice a year to review my care plan". Another person told us "Yes we have regular reviews". The registered manager told us that "We involve the families as much as we can in the reviews, its important". Relatives we spoke with confirmed they felt involved. One relative told us "They are always in contact with me or my sister to ensure we are involved in the review". Another relative told us "Yes we feel involved in [persons] care".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, their relatives and staff. Staff told us they knew how to assist people to raise a concern. People we spoke with told us, "I made a complaint once about one lady who came to visit me, [registered manager] dealt with it straight away and the lady hasn't returned" and "Yes I've complained to the company twice and both times it was resolved by [registered manager]".

Records showed there had been nine complaints since our last inspection. These had been resolved to the people's satisfaction in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

The services quality monitoring systems were not always effective. For example the systems had not identified the concerns found during the inspection. The service did not always have up to date and accurate records surrounding the day to day management of the service. For example, care records were not always accurate or complete. Some people's care records did not contain care plans and some care records did not always contain a person centred approach to care planning. People and their relatives told us that people had regular care reviews. However, records did not always demonstrate this. We spoke with the registered manager about this and they told us "I have not been through the standard ones (care records) for a little while" and "I need to get up to date with my paperwork".

Following our conversations with staff, relatives and professionals we were satisfied people were receiving person centred care and that these concerns related to the service's approach to recording keeping. However, an effective quality monitoring system would have identified these concerns and supported the registered manager to continuously improve the service.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

Staff spoke positively about the registered manager. Comments included "[Registered manager] is lovely, she is a really nice boss, I can go straight to her with any problems", "She has been good to me", "She is a very good boss who is approachable" and "[Registered manager] is a fantastic boss". Relatives told us "I think [registered manager] is an angel, she is just perfect" and "The registered manager is really helpful".

Professionals we contacted following the inspection spoke highly of the service. Comments included "I wish they were bigger, so we could use them more often", "The Caring Company are the best we deal with. They listen, they are reliable and the staff have been there a long time", "The registered manager is brilliant, she understands" and "They always go the extra mile".

The registered manager told us their visions and values for the service were, "To ensure that we deliver a person centred service that is always there to protect its clients regardless of their disabilities". Staff we spoke with confirmed they understood and displayed these values. The registered manager also told us, "My paperwork is the biggest challenge right now".

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff comments included "Any concerns would be acted upon", "I would not have a problem using it and I am sure I would be listened to" and "I

would not have any concerns using it".

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident surrounding a medication error the manager took immediate action which included one to one supervisions with staff and arranged for additional medication training.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, social workers and district nurses. One professional we spoke with told us "The registered manager is really good, they always come out with us to visit new cases".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  This service did not always do what was practicably possible to mitigate the risks to people who used the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have a system in place to continually monitor the quality of service.