

Proud To Care Limited

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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

This inspection took place on 19 January 2017 and was announced. The registered provider was given short notice of our inspection. We did this because the service is small and the registered manager was sometimes out of the office and we needed to be sure that they would be available. The service moved to new premises in 2016 and the new location was registered with the Care Quality Commission on 15 February 2016.

Proud to Care is a small domiciliary care service registered to provide personal care for people living in their own homes. At the time of the inspection the service was supporting 17 people.

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

People received care from the same group of care workers and were introduced to any new staff who would be supporting them. People told us care workers turned up on time and stayed the full amount of time stated in their care plan.

People we spoke with were very satisfied with the quality of care they had received and made positive comments about the staff.

Relatives we spoke with were very satisfied with the quality of care their family member had received. They also made positive comments about the staff and the senior managers.

We saw there were sufficient staff to provide regular care workers to people using the service.

We saw the service's recruitment policy and procedure needed updated. The registered manager assured us the policy would be updated.

People had risk assessments in place, to ensure that potential risks to people were managed and minimised whilst still promoting independence.

There were robust systems in place to ensure people received medicines at the time they needed them.

Staff underwent an induction and shadowing period prior to supporting people on their own, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Staff received specialist training to meet the needs of people using the service.

Staff were supported to deliver care safely and to an appropriate standard.

Care plans were detailed and person centred. They contained personal preferences and instructed staff on encouraging people to maintain their independence. Care plans were reviewed and updated regularly.

People were supported with their health and dietary needs, where this was part of their plan of care.

The service promoted people's wellbeing by providing daytime activities and opportunities to go out into the community, where this part of their plan of care.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

People and relatives we spoke with knew who the registered manager [managing director] was and spoke highly of them and the service as a whole.

There were regular checks completed by senior staff to assess and improve the quality of the service provided. The service actively sought the views of people and their representatives to continuously improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People we spoke with told us they felt "safe" and had no worries or concerns.

We found there were arrangements in place to ensure people received medicines at the right time.

Staff were aware of how to raise any safeguarding issues.

Is the service effective?

Good ●

The service was effective.

People we spoke with told us they were fully involved in their care planning and that staff sought their consent prior to supporting them with their personal care.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively.

Staff told us that they felt supported.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the staff and told us they were treated with dignity and respect.

Relatives made positive comments about the staff and told us their family member was treated with dignity and respect.

Staff enjoyed working at the service. Staff were able to describe how they maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care planning was person centred.

People were supported with their health and dietary needs, where this was part of their plan of care.

People and relatives were confident that if they raised any concerns or complaints, these would be taken seriously and appropriate action taken.

Is the service well-led?

The service was well-led.

People and relatives made positive comments about how the service was run and the registered manager.

There was clear leadership in place, the registered manager supported people who used the service.

There were processes in place to ensure the quality and safety of the service were monitored.

Good ●

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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 inspection took place on 19 January 2017. The registered manager [managing director] was given short notice of our inspection. We did this because the registered manager was sometimes out of the office and we needed to be sure that they would be available. The inspection team was made up of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed 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.

During the inspection we spoke with the registered manager [managing director]. We contacted six care staff, five people and six relatives by telephone or by email to obtain their views about the service. We looked at a variety of records including three care plans, three staff recruitment files, medication administration records and auditing which had taken place across the service.

Is the service safe?

Our findings

People we spoke with did not express any worries or concerns about their safety and told us they felt 'safe'. People told us they were introduced to new staff before they started providing support. People's comments included: "They [service] took the trouble to introduce them [staff] at the start and now always introduce new ones [staff]" and "[Registered manager] introduced them initially and new ones [staff] are always introduced." Relatives we spoke with felt their family member was safe whilst being supported by staff.

All the people we spoke with did not express any concerns about the staffing levels at the service and confirmed that they were supported by regular care workers. People told us care workers turned up on time and stayed the full amount of time stated in their care plan. All the people we spoke with told us they had not experienced any missed calls whilst using the service.

We did not receive any concerns from relatives regarding the staffing levels at the service and relatives confirmed their family member was supported by regular care workers. Relatives comments included: "Same care workers all the time, any changes management will introduced the staff first" and "Very good care, reliable, I have total confidence in them [staff]." Relatives told us their family member had not experienced any missed calls. We reviewed a sample of staff rotas and saw that people were supported by regular care workers so they received continuity of care.

There was a process in place to respond to and record safeguarding vulnerable adults concerns. The service had access to a copy of the local authority safeguarding adult's protocols for staff to follow and to safeguard people from harm.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

The service had a whistleblowing policy and procedure. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. We found that a few staff working at the service were not fully aware of the service's policy. We shared this information with the registered manager; they assured us that the policy would be sent out to staff. Staff would be asked to confirm they had understood and read the policy.

We found there were satisfactory arrangements in place for people who had monies managed by the service.

The service had a recruitment and selection policy, but we saw it needed updating. We spoke with the registered manager and they assured us the policy would be updated.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking

and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

People told us they received their medication on time. The registered manager told us people's medication administration records (MAR) were collected on a regular basis from their homes and checked by a senior member of staff. Completing regular checks helped to ensure people were receiving their medicines safely.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns and investigations. This reduces the risks to people and helps the service to continually improve.

Relatives and people we spoke with did not raise any concerns about infection control. All the staff we contacted told us they used gloves, but a few staff told us they had not been given a supply of aprons to use. We shared this information with the registered manager, they assured us that staff would be issued with aprons straight away and given clear guidance on when they should be used.

Is the service effective?

Our findings

All the people we spoke with told us they were very satisfied with the quality of care they had received. Their comments included: "Very good," "I rate them [service] very highly indeed, it has been a relief to find them" and "They [service] are absolutely excellent."

All the relatives we spoke with were satisfied with the quality of care their family member had received. Their comments included: "Really can't fault them [service]," "Absolutely excellent bespoke service" and "Absolutely brilliant" and "[Family member] is happy with them," "The care is brilliant, even the management is good" and "I have found them [service] fantastic since day one."

People were supported with their dietary needs, where this was part of their plan of care. People were also supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 were able to describe how people were promoted to be as independent as possible and to make decisions for themselves.

All the people we spoke with felt staff were well trained and able to meet their needs. Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Some staff had been provided with specialist training to meet the needs of people they were supporting. For example, end of life care training, Motor Neurone Disease training and Dementia training.

The registered manager told us the competency of staff to administer medication was checked during their induction. It is important that a staff competency check be completed each year to ensure people receive their medicines safely. The registered manager assured us that a staff competency check would be completed each year.

Staff we contacted told us they felt supported by the registered manager and the deputy manager. We saw staff working at the service received supervision and an appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their

performance and identify their work objectives for the next twelve months. The registered manager told us the number of supervisions provided was tailored for each staff member.

Is the service caring?

Our findings

People told us they were treated with dignity and respect. People made very positive comments about the staff and the senior managers. Their comments included: "They are all very caring, very helpful," "Friendly, professional, always respectful, comforting, but not patronising," "Always a pleasure to have them [staff] in the house," and "Respect, affection and good humour."

Relatives we spoke with told us their family member was treated with dignity and respect. Relatives described how staff interacted with their family member. Their comments included: "Always respectful, banter in a nice way," "With dignity and respect," "They [staff] never rush, they're ever so patient, if he takes time to communicate they wait" and "Adult to adult – not patronising."

Relatives made very positive comments about the staff and the senior managers. Their comments included: "They're [staff] always professional," "They [staff] are brilliant with my family member," "They're [staff] very good" and "They [staff] are marvellous."

We saw that people's care plans contained information about the type of decisions people were able to make and how best to support people to make these decisions. It was clear from our discussions with registered manager that they knew people who used the service really well and were able to describe each person's individual needs. The registered manager told us they and the deputy manager provided support to people using the service on a regular basis.

Staff told us they enjoyed working at the service. Staff comments included: "I look forward to meeting new clients and supporting them, enjoy the responsibility and rewards of being a carer, it feels more like a vocation than a job," "The care we give is what I would want for my own family should they ever need it" and "I love the actual work of being conscientiously kind and thoughtful in the care we provide."

Staff described how they preserved people's privacy and dignity. For example, making sure the curtains and doors were closed whilst supporting a person to get dressed and making sure a person was covered as soon as possible after bathing.

The registered manager told us that staff were provided with end of life care training to ensure people had a comfortable and dignified death.

Each person using the service had been given a welcome pack. This welcome pack included a range of information including details of advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. The registered manager told us they had supported one person using the service to obtain an advocate.

Is the service responsive?

Our findings

People's care records showed that people had a written plan in place with details of their planned care. We saw that personal preferences were reflected throughout their care plan. People's care plans and risk assessments were reviewed regularly and in response to any change in needs.

People told us the service and staff were very accommodating if they wanted to make changes to their care and support. Their comments included: "They [staff] are very accommodating, the older ones will do things without being asked" and "They are occasionally very flexible and very obliging."

Relatives we spoke with told us they were involved in their family member's care planning. Relatives gave examples of when staff had responded to requests to changes to their family members care. For example, if the person or their relative needed an earlier call because they had a hospital appointment to attend or their family member's care needs had changed.

We saw the service promoted people's wellbeing by providing daytime activities and opportunities to go out into the community, where this part of their plan of care.

The service was open seven days a week from 7:30am to 9pm and operated an on call service out of office hours. All the people and the relatives we spoke with told us they would contact the registered manager or deputy manager if a care worker did not arrive.

Staff told us they could contact the registered manager or the deputy manager if they needed advice or assistance whilst at a call. During the inspection we observed the registered manager receiving calls from staff asking for advice.

Staff described the steps they would take if a person staying at the service became unwell to ensure they received medical assistance if needed.

The provider had a complaint's process in place. Relatives told us they had been provided with a copy of the service's complaints process. All the relatives spoken with told us they had never needed to complain about the service.

People knew who the registered manager [managing director] was and knew they could ask to speak with them if they had any concerns. One person told us the registered manager had responded positively to a complaint they had made and dealt with it promptly.

Is the service well-led?

Our findings

People we spoke with made positive comments about the registered manager and the deputy manager. Their comments included: "They run a tight business, its good" and "They are very good." People told us they were kept informed by the registered manager and/or by the deputy manager about any changes to their service. Peoples comments included: "[Deputy manager] is one of my care workers so I see him regularly and he tells me if anything is going to change," "If anything is going to change I get told usually by [deputy manager] or [registered manager]. It feels like he [registered manager] is closely involved and it is obvious that his staff like and respect him" and "[Registered manager] calls or visits."

Relatives also made positive comments about the way the service was managed. Their comments included: "Very well managed," "Management [registered manager], [deputy manager] are very good," and "Excellent, both [registered manager and deputy manager] are part of the team, their communication with care workers is good."

The service had sent out a client satisfaction survey at the end of 2015 to people and their representatives. The registered manager informed us they had recently sent out another client satisfaction survey. This showed the service actively sought the views of people using the service and their representatives to continuously improve the service.

Staff made positive comments about the staff team working at the service. Staff meetings took place to review the quality of service provided and to identify where improvements could be made. Regular staff meetings helped the service to improve the quality of support provided and to underline vision and values.

There were planned and regular checks completed by the registered manager and deputy manager within the service to assess and improve the quality of the service provided.

Accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified.

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.