

Care XY Limited

Care XY

Inspection report

Unit 10
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Date of inspection visit:
19 September 2016

Date of publication:
30 September 2016

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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

Our inspection was announced and took place on 19 September 2016. The provider had a 48 hours' notice that an inspection would take place. This was because we needed to ensure that the registered manager/provider would be available to answer any questions we had or provide information that we needed.

The provider is registered to deliver personal care. They provided personal care to people who live in their own homes in the community. People may have conditions that include those relating to old age, physical disability, or a learning disability. At the time of our inspection one person used the service. They received care and support from two staff twenty four hours a day, seven days a week.

At our last inspection on 25 January 2016 we found that some improvements were needed to ensure that the person was kept safe this related to staff recruitment, medicine management and the quality monitoring of the service. We found that improvements had been made.

The provider was also the registered manager. 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 provider had policies in place and staff had received training on procedures they should follow to ensure the risk of harm and/or abuse was prevented. They had also undertaken risk assessments to maintain the safety of people who used the service. Medicine management systems ensured that staff followed good practice so that people would be protected from errors that could cause ill health. Recruitment processes ensured that unsuitable staff would not be employed. Staff were provided in adequate numbers to meet individual needs.

The staff had received the training they required to equip them with the knowledge they needed to support the people in their care. The provider understood the requirements of the Mental Capacity Act (MCA) This ensured that people received care in line with their best interests and would not be unlawfully restricted. People were encouraged to make decisions about their care. If they were unable to, their relatives were involved in how their care was planned and delivered. People were enabled to engage in recreational activities that they enjoyed and met their preferred needs.

A relative felt that the staff were kind and caring. Staff ensured that the person's privacy, dignity and independence were maintained and promoted.

Complaints systems were in place for people and their relatives to raise their concerns or complaints. Staff and family views on the service were sought. The registered manager/provider had listened and been responsive in improving the service they provided.

The management was open and inclusive. Checks and audits were undertaken to ensure that the service was run in the best interests of the person who used it.

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.

Systems in place ensured the proper and safe management of medicines.

There were recruitment systems in place that prevented the employment of unsuitable staff.

Sufficient staff were provided to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge they needed to meet people's needs in the way that they preferred.

Staff felt supported and were trained to enable them to undertake their job roles.

Staff understood that people should agree to their support and should not be unlawfully restricted.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring.

People's dignity, privacy and independence were promoted and maintained.

Is the service responsive?

Good ●

The service was responsive.

A relative felt that the service provided met their family member's needs.

The person's needs and preferences were assessed to ensure that they would be met in their preferred way.

The person's recreational needs were acknowledged and met.

Is the service well-led?

The service was well-led.

The provider's used audits and spot checks to ensure that the service was run in the best interests of the person who used it.

There was a leadership structure in place that relatives understood. Staff and relatives had confidence in the registered manager and the service the service provided.

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 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.

Our inspection was announced and took place on 19 September 2016. It was carried out by one inspector. '48 hours' notice of the inspection was given because we needed to ensure that the provider would be available to answer any questions we had or provide the information that we needed.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We had not been made aware by anyone that any accidents or incidents had occurred. The registered manager confirmed that there had not been any accidents or incidents so they had not had the need to notify us of anything. The provider did not have a contract with any local authority at the time of our inspection.

We spoke with three care staff, a senior care staff member, the registered manager and a family member. We looked at the care files for the person that included their medicine records. We looked at recruitment records for two staff, training records, complaints, safeguarding and quality monitoring processes.

Is the service safe?

Our findings

At our last inspection on 25 January 2016 we found that some improvements were needed to ensure that the person was kept safe. Areas that needed improvement related to staff recruitment and medicine management. During this inspection we found that improvements had been made.

Staff told us that checking processes had been used before they could start work. A staff member said, "All of the checks were done before I was allowed to work". Records that we looked at confirmed that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We saw that there was provision on application forms for staff applying to work to verify why their last care employment ended and this had been completed. We saw that references had been obtained from staff's previous care employers. This meant that the provider had got all the required information to enable them to make a judgement on potential new staff suitability to prevent any risk of harm to people.

A relative said, "There have been improvements with medicines since your last inspection. The systems in place now are beyond what is required. There are no problems and medicines are given as they should be". A staff member told us, "There are instructions and care plans for how medicines should be given and we [the staff] follow these". We saw that some medicines had been prescribed to be given 'as directed' and there were instructions for staff of when and how these should be given. There were body maps in place to confirm to staff where prescribed creams should be applied.

A staff member told us, "I have had medicine training and have been assessed". Records that we saw showed that staff had received training to enable them to manage and administer medicines. This was confirmed by records we looked at. Medicine records that we saw were completed fully and were signed by two staff members which showed that the person had been given their medicine as it had been prescribed.

A relative we spoke with told us that they did not have any concerns regarding abuse. They also told us that they had Continual Close Circuit Television (CCCTV) monitoring in place to ensure that their family member received the support they required and would not be subjected to any form of abuse. The registered manager told us that staff had received training in how to safeguard people from abuse and records we saw confirmed this. Staff meeting minutes that we looked at highlighted that staff were tested on their knowledge of safeguarding and what action they could take if they had a concern. Staff we spoke with knew the different types of abuse and the action they should take if they felt that a person was being abused. They said, "I would report any concerns to the manager".

A relative said, "I would not use the service if I thought they [person's name] was not safe". We saw that assessments had been undertaken to determine the person's individual risks that included behaviour and mobility. Staff we spoke with told us in detail what the person's risks were and what they did to prevent risks. What they told us reflected the risk assessments and care plans that we looked at.

A relative told us, "Two staff are provided at all times as is required and had been agreed by the manager". Staff we spoke with and the staff rotas that we looked at confirmed that two staff were always provided to support the person. The registered manager told us that if staff were off sick or had holiday then a replacement staff member was provided. Staff we spoke with confirmed this. This showed that the staffing provided had been sufficient.

Is the service effective?

Our findings

A relative told us that the service provided had been effective. They said, "I am pleased with the service. Much better than the last provider I used". All staff we spoke with told us in their view the care provided was good.

A relative told us, "When staff are doing induction training they come and watch the other staff to learn". All staff we spoke with told us that the induction training that they had received was good and helped them understand and be prepared for their job role. A staff member said, "I had a good induction. I did training and looked at procedures. I then worked with other staff who were experienced".

A staff member said, "I have one to one supervision to look at how I do my job". The registered manager told us that all staff received regular supervision and annual appraisals were undertaken. Records that we looked at confirmed that those support mechanisms were in place. We saw that supervisions were provided to staff regularly and staff appraisals had been scheduled up to the end of December 2016.

A staff member said, "I have the training I need". Another staff member told us, "I feel able and confident to do my job". A relative told us that they felt that the staff had the knowledge to support their family member well. Records that we looked at confirmed that a range of training had been provided to the staff that included, the principles of care, challenging behaviour and autism training.

A staff member said, "Staff ask the person first before we give support. If we need to provide support and it is refused we wait a short while then ask again". The registered manager told us that staff were instructed to seek people's permission before they provided support.

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. The application procedures where personal care is being provided must be made to the Court of Protection and are called the Deprivation of Liberty Safeguards (DoLS). Staff told us and records confirmed that they had received MCA and DoLS training. Staff knew that they must ensure that people are not unlawfully restricted. The registered manager had knowledge of the principles of the MCA. They told us that they had not had a need to apply to the Court of Protection for the person who used the service.

A relative told us that they purchased their family member's food and drink. They told us that the person's meals were prepared adequately and that the person was supported to eat and drink effectively. Staff we spoke with knew that the person had cultural dietary needs and an allergy. They told us how they met these needs and the relative confirmed that the staff did this well.

A relative confirmed that they took responsibility for their family member's health care. A staff member told us, "If the person was ill we would let the family know and the manager". The relative told us that they liked to go to appointments with their family member and staff also went to these for support.

Is the service caring?

Our findings

A relative told us that the staff were kind and caring. Staff we spoke with told us that the team [staff] were very committed to providing a good, compassionate, service to the person and that they and their peers were considerate and caring.

A relative told us that the staff were respectful to their family member. They said, "They are polite and respectful to them [person's name] but the family too. Which is important as staff are in our home day and night". Records highlighted that the person's preferred name had been determined. Staff confirmed that this was the name they used and when speaking about the person we heard them use that name. A staff member told us, "When providing personal care we shut doors and close curtains to protect their [person's name] privacy and dignity".

Staff we spoke with confirmed that they encouraged the person to choose their clothes and as far as possible decide what they wanted to do each day. They also told us that they promoted independence. A staff member said, "It may only be small things but it is important. At meal times we encouraged them [person's name] to hold their spoon. When brushing teeth we encourage them to hold their toothbrush".

Staff knew that they must maintain people's confidentiality. A staff member said, "We must not discuss things with people who need not know". We saw that confidentiality polices had been signed by staff to show that they had read what was expected of them.

Staff described to us how they promoted good communication with the person by speaking slowly and clearly. Staff told us that they had continued to communicate with the person in that way and also used pictures and objects to promote understanding. A staff member said, "At meal times we hold a spoon and that means that the meal is ready". These techniques were reflected in the person's care file for staff to follow to enhance communication with the person.

The registered manager told us that advocacy services could be arranged if required. The relative told us that they made decisions on behalf of the person and this worked well and is what was wanted. Records we saw confirmed that where important decisions had to be made health care professionals had been involved.

Is the service responsive?

Our findings

A relative told us that the registered manager undertook an initial assessment of their family member's needs and risks. We saw that an assessment of need had been undertaken that highlighted food and drink likes and dislikes, any risks, and individual preferences which included, rising and retiring times. The gathering of this information ensured that the provider had enough information to be able to meet the person's needs in a way that was appropriate to keep them safe.

A relative confirmed to us that the staff knew their family member well. They told us that they were involved in care planning. The care plans that we looked at captured the person's needs. We asked staff about the person's needs and what was in the care plans. The staff gave us a good account of these and had a clear understanding of what was needed to meet these. A relative told us that they were always involved in the reviews of their family member and were satisfied with the process. The registered manager told us that there had been recent changes to some aspects of support and records had been updated to reflect this. Staff confirmed that this was correct.

A relative told us that the staff supported the person to undertake activities that they enjoyed. They named some local venues that included the park that their family member enjoyed visiting. The family member told us that the service provided was responsive and more than adequate regarding trips and outings. The registered manager told us, "They [person's name] go out a lot". Staff we spoke with confirmed this as did records we viewed.

A relative told us that they would feel comfortable to complain to the provider if they had the need. They said, "Some small issues have been raised but these have been dealt with quickly and adequately". Staff meeting minutes highlighted the issues that had been raised and what they needed to do to rectify the situations. We saw that a formal complaints procedure was available to be followed if the relative felt they had a need to.

Is the service well-led?

Our findings

A relative told us that the service provided was good and well organised. Staff we spoke with all told us that the service was well-led.

There was a leadership structure in place that the relative and staff understood. The provider was also the registered manager and was supported by senior care staff. A relative confirmed that they knew the registered manager well. They told us that they had regular contact with them and was comfortable to approach them if they had the need. They also confirmed that they had completed provider feedback forms and we saw these on the person's care file. Staff also told us that the registered manager was approachable and had time for them.

We found that there was an 'open culture' was promoted within the service. Staff we spoke with told us that they would not be afraid of admitting an error if one was to occur. We saw policies in place informing staff that there was no blame culture that they should not be afraid to say if they did something wrong. Staff told us if they were concerned about anything or witnessed bad practice they would feel confident to speak up about it. We saw that whistle blowing procedures were in place and accessible for staff to follow.

At our last inspection on 25 January 2016 we found that some improvements were needed regarding the quality monitoring of the service to ensure that the service was run in the best interests of the person who used it. We found that improvements had been made.

A relative told us that the registered manager visited them or had regular contact with them to ensure that the service was operating as it should. A staff member told us, "I do a lot of the spot checks that is my role. If there are any issues I report straight back to the manager who speaks with staff and deals with the situation". Records that we looked at highlighted that the provider undertook regular audits on staff, medicine management and records and the process had worked well.

Staff told us that they attended staff meetings and benefitted from this. A staff member said, "It is good as we [the staff] can all get together, have information and discuss things".

The provider was aware that they had a legal duty to inform us of any untoward events that may occur that could include accidents and injuries. They confirmed that no events had occurred to date that required a notification. It is a legal requirement for providers to display the rating awarded by the Care Quality Commission. We saw that the rating was on display in the office and on the provider's web site.