

Care 77 Limited

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Inspection report

Unit 11, Dana Trading Estate
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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

About the service

Care 77 Limited is a domiciliary care agency which provides personal care to people in their own homes. At the time of the inspection 47 people were receiving a personal care service. People had a variety of health needs and some people had physical disabilities.

People's experience of using this service and what we found

The registered manager was unable to demonstrate all of the required checks had been made before new staff had commenced work which could pose a risk to people receiving support. Quality systems did not ensure robust monitoring of the service. It had not been identified that recruitment checks had not been completed appropriately for all staff that were supporting people. Although the registered manager made some checks on parts of the service, there was no formal auditing system to identify areas which could improve. We received a mixed response from people regarding the calls they received. Although nobody said calls were missed some people felt they were not always well informed if staff were running late or if the staff booked to provide calls had changed. Checks around this was not robust although the registered manager was trying to improve this and a new computer system was being trialled. Risks were assessed, and measures implemented to reduce the risk of harm to people and staff. Staff understood their responsibilities to keep people safe and had received safeguarding training to recognise the potential signs of abuse.

We noted that information around two people's health needs needed more detail, so staff could provide effective support. The registered manager took action during the inspection to improve this. Staff received enough training and support to complete their roles and care for people well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us their dignity and independence were respected by staff. Staff understood the needs of people and spoke about them in a caring and respectful way. Nobody raised concerns about the way they were treated by staff.

People had care plans to inform staff of how care and support should be delivered in line with their needs. A complaints policy and procedure were available for people, staff and other individuals should they wish to make a complaint. Lessons were learnt when concerns were raised.

The views of people, staff and other individuals was sought so action could be taken to improve the service. Staff were clear about their roles and responsibilities. Staff told us they felt well supported and able to go to the registered manager at any time.

Rating at last inspection

The last rating inspection for this service was good.

Why we inspected

This was a planned scheduled inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care 77 Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone using Care 77 Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we wanted to gather feedback from people. We asked the provider to seek permission from people using the service to share their contact details with us, so we could make telephone calls before we visited the office.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account

when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We visited the office location on the 17 December 2019.

We spoke to five people and five relatives who used the service by telephone before we visited the office. We spoke to the registered manager, nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider) administrator, office staff and four staff. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information about health needs and information around making complaints. We spoke with two relatives and received feedback from two staff and one healthcare professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The registered manager was unable to demonstrate all of the required checks had been made before new staff had commenced work. Of the three staff files we viewed two staff members missed references and two staff had commenced working before relevant Disclosure and Barring Service (DBS) checks were completed (DBS checks help employers make safer recruitment decisions. Employers can check if new staff have any criminal convictions or cautions). Other employment checks such as identification and employment histories had been made. After the inspection the registered manager sent us information about the action they had taken to improve this.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to provide support to people. Staff said they had enough time in between calls and calls were planned to account for the distance they had to travel. Some of the feedback we received from people indicated that calls could be late. We have reported about this more in the Well Led domain.
- An on call system was in place so staff always had a point of contact for advice and support. Staff were positive about the team and the support they received. Staff told us, "We all get on really well as a team. it's not a massive company and we all get on well together"; "The company is really good to work for. They are easy to talk to. It's a small company which helps I think" and "I mainly do the same runs each week, I tend to cover the same areas. I drive, I get enough time in between calls."
- If staff were sick the office rearranged calls to ensure people were not missed. The registered manager said before they took on new placements they assessed if they had enough staff to be able to incorporate the call into their schedule.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and measures implemented to reduce the risk of harm to people and staff. Risks were regularly reviewed, and additional measures implemented if necessary. The registered manager said, "Staff didn't want to go to (a person) because of the area. We paid for two carers to go instead of one as they were worried about going alone. We gave all staff a personal safety alarm. We told staff to ring when they get there and get back."
- Care plans included risk assessments around areas such as walking, transfers, bathing, toileting, general health, communication, mental health, relationships, and health and safety. A staff member said, "There are

people who need moving and handling and have hoist and stand aids. We always check people's equipment and beds then we call out to (a company that maintains equipment) if there are any problems."

- Accident and incidents were recorded and reviewed to identify if additional measures could be implemented to reduce the chance of reoccurrence. This helped the registered manager identify what lessons could be learned.
- A contingency plan was in place for events that may prevent the service for operating for example adverse weather. The registered manager said, "For bad weather I have a four by four and we have two sets of wheel chains. I will drive and drop staff off. (Another staff member) also has a four-wheel drive vehicle. Carers could walk too, we can work remotely if we can't get into the office."

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe and had received safeguarding training to recognise the potential signs of abuse. Staff said, "I've had safeguarding training, I'm also doing a safeguarding course off my own back, it's really good. I would know what to do if I found someone with bruises or was concerned. I would speak to (registered manager). I could bypass them and go to the CQC or police"; "I would contact the office, if not I would contact social services and we get training" and "I've had safeguarding training. I would definitely know what to do. I would contact (registered manager), I can go to safeguarding team too."
- There was a safeguarding policy in place that staff could refer to and the registered manager understood their responsibilities to make referrals to the local authority when concerns were raised.

Using medicines safely; Preventing and controlling infection

- Some people received support from staff to take their medicines which were managed safely. Staff only administered medicines if they had completed the required training to do so. The registered manager said the new Care Line Live technology they were trialling would further improve the safety of administering medicines as staff would be prompted to mark this priority task off as complete before they left calls.
- Staff were competency checked and observed administering medicines by the registered manager or other senior staff.
- People were protected from the risk of infection. Staff received training in infection control and were provided with enough personal protective equipment such as gloves, masks and aprons to complete their roles which they could collect from the office.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information to inform staff how to support them with their health needs. We noted that information around one person's catheter care (a urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag) and one person's diabetes information needed more detail to support staff to identify any signs, symptoms or concerns. There had been no impact on people and the registered manager took action during the inspection to improve this.
- The service worked with other healthcare professionals such as district nurses, social services, occupational therapist and doctor's surgery to support people with their health needs. A health care professional said, "Office staff will always listen to any concerns and recommendations are implemented as requested. It has been my experience that staff at Care 77 generally provide good care for our service users. I have found carers especially attentive to our most vulnerable service users."
- People's needs were assessed and reviewed to ensure needs continued to be met by staff. People had quarterly reviews and annual risk assessment reviews, so any changes could be discussed and documented on the care plans. If people were discharged from hospital, they were reassessed to ensure any changed needs could be met.
- Before people used the service, their needs were assessed by the registered manager or other senior staff. The initial assessment process collected information on areas such as personal care needs, nutrition and fluids, medication, what people were looking to achieve and outcomes of the care package. If there was anything specifically the person would like to be involved in, their likes and dislikes, what people would like to be called, and what languages they spoke.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Peoples capacity was continually assessed, the registered manager said, "We often go to social services and raise concerns about people we deem to have no capacity. If we found relatives were putting restrictions on people, we would raise this to social services and safeguarding."
- Staff understood the importance of people having choice and having the right to make their own decisions. The registered manager said, "If the client had dementia or lacked capacity we would invite relatives to their review. If a client had full capacity, we would leave it completely up to them to invite who they wanted."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required support with their meals. Any concerns observed around people's weight, eating or drinking were referred to other healthcare professionals.
- Training had recently been allocated to staff around the importance of oral care and the impact this can have on people's health, weight, eating and drinking. After the inspection the registered manager sent us information about how they planned to raise further awareness with staff about this topic.

Staff support: induction, training, skills and experience

- Staff said they received enough training and support to complete their roles and care for people well. Staff said, "The training we do is mostly online training which I actually prefer and learn more as you can take your time and take it in easier" and "I wanted to expand my learning and understanding. I asked my manager if I could do level 3 NVQ. This I have been doing for 6 months and I am halfway to complete. I have full support from my manager and whenever I ask for more in depth training courses she happily sends me more."
- The registered manager completed quarterly training updates with staff as well as supervisions and appraisals. This was an opportunity for staff to discuss their training needs and plan what they hoped to achieve in the next quarter. A staff member said, "I have supervision and appraisals, my last one was October and I've had spot checks in between."
- New staff who had not worked in the care sector before completed the Care Certificate. The Care Certificate has been introduced nationally to help new carers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. A staff member who had recently started work at the service said, "I got an induction when I began. (The registered manager) went through everything; what's expected from me, uniform, training I would need. Yes, I felt I had enough training before I was sent out to care for people. I also did some shadow shifts to make sure I was okay."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were asked to provide feedback and express their views about the service they received. People and their relatives said, "Yes we get feedback forms, but we've never had to say anything bad"; "(Senior manager) came out to check everything was okay and asked me to fill out a questionnaire"; and "(Senior managers) often come and ask for our feedback, what's going well or not." A staff member said, "I work closely with my clients and feel that I have built good strong working friendships. They trust and feel confident that they are getting the care they deserve and can feel confident enough to say if they are unhappy or feel that something can be done better to suit their needs, and this will be done."
- People said their dignity and independence was respected. People and relatives said, "All kind and treat my relative well, no complaints"; "Carers are kind and respectful, no problems or concerns there"; and "They treat us nicely, you couldn't ask for better. We have banter and jokes, and they are always a pleasure."
- The service had received several compliments. Compliments included, 'This is a big thank you we had two of the kindest ladies to look after (person) your service was five star'; 'Just a little note to say thank you very much for the wonderful care and compassion that you showed to my mother. She was very happy with you looking after her and it certainly put our minds at rest knowing how well she was being cared for. Thanks again'; 'Thank you from the bottom of our hearts for all you help over the past few years'; and 'I cannot thank them enough, if it wasn't for the amazing staff I don't know what we as a family would have done. Not only did they support my mum they supported us too and did so with utmost respect and dignity. I will forever be grateful to the carers and friendly office staff alike.'

Ensuring people are well treated and supported; respecting equality and diversity

- Staff understood the needs of people and spoke about them with fondness and in a respectful and caring way. Staff told us, "Yes I do get enough time to talk to clients, I personally do not take on extra work unless I can fit it in and give each client quality time"; "I talk to (people) whilst I carry out any help or support they need as good communication is important in providing care. I feel that I get to know my clients very well for me this is very important in providing care and ensuring people's needs are met" and "I like a chat, I get time to talk to people. It's quite sad, you might be the only person the client has seen. They are all nice."
- Peoples diversity was respected. The registered manager described how people with different religious belief were supported in a respectful way and how their support was adapted accordingly. Equality and diversity formed part of the assessment process before people began to use the service. A healthcare professional said, "I have worked with Care 77 for several years and have always found staff very

approachable and reliable when I have dealt with them. I have witnessed carers supporting and have been impressed with their patience when communicating with (person) who is hard of hearing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans to inform staff of how care and support should be delivered in line with their needs. Information included call times, contact details of other health professionals such as the person's GP, health information, the person's history, social needs, and plans of care. Care plans described how people liked to receive their calls and the routine staff should follow.
- Care plans were reviewed and updated as and when people's needs changed. A healthcare professional said, "The care staff appear to know the people they care for well and continuation is provided with same carers attending when possible. I have visited Service user with the co-ordinator who was knowledgeable about the particular situation presenting concerns with this service user. I am always pleased when I know I will be speaking to Care 77 about a service user or particular problem."
- People were assigned key workers when they were assessed. Key workers were responsible for making sure information was kept up to date and changes made to the care plan reflected people's current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Part of the assessment process looked at how people communicated and if they required information presented in different formats. Staff were knowledgeable about how they supported people with different communication needs. A staff member said, "People can have information in large print. People are involved in care plans and ask if they want anything added to care plans."
- Most people had family that could support them to communicate any wishes. The registered manager said, "Nobody has a documented advocate. We could support people if they needed an advocate. There is one (person) with no family we were worried about, so we raised concerns with the care manager."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were available for people, staff and other individuals should they wish to make a complaint. Some of the details of who could be contacted if complainants were not satisfied with outcomes were incorrect. The registered manager took action and sent us the updated complaints policy after the inspection.
- There had been two recent complaints, one had been resolved and the other was in the process of being

investigated. A relative said, "I wouldn't be worried to complain if something was wrong. I wouldn't sit back, I would say something, but all is going well."

End of life care and support

- Some people were supported at the ends of their lives. Staff received training in end of life care and said they felt able to support people at the end of their lives. End of life information was not recorded in peoples care plans and is an area of improvement. A staff member said, "End of life training we've had. We generally see the same clients. We get time to talk to clients and build a rapport then it becomes hard when they get poorly and pass away." Another staff member told us they had supported a person at the end of their life and the registered manager provided support to them at this time.
- The service had links with the hospice and Age UK. The registered manager said most people had relatives who could help to additional support when people were at the ends of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Quality systems did not robustly monitor the service: it had not been identified that recruitment checks had not been completed appropriately for all staff that were supporting people. Although the registered manager made some checks on parts of the service, there was no formal auditing system to identify areas which could improve. For example, we received a mixed response from people regarding the calls they received. Some people said calls could be late and they were not always informed. Other people said they were kept well informed if staff were running late or had changed and had no complaints about the calls they received. Nobody told us their calls were missed. Audits had not been conducted to get an overview of this concern. The registered manager said, "If the carers don't ring in and tell us (they are running late) we don't know. I will put a message out to the carers that if they are running late then please let the office know."
- The registered manager was trying to improve this and was trialling a new computer system, Care Line Live. The system allowed staff to use an app on their phones to scan in and out of calls which would give the office a better oversight of where staff were and if calls were running late so people could be kept better informed.
- The registered manager understood their responsibility to notify the Care Quality Commission of important events as required. It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating in the registered office.
- Each staff member received an employee handbook which contained the services policies and procedures. The registered manager said when the new Care Line Live system was fully active updates of policies and procedures could be sent in a more efficient way as staff were often on the move. A staff member said, "I meet up with my manager once a week at the office, this gives me the chance to talk about any problems I may have. I also can talk about anything work related usually how my training is going and if I need any extra help or support".
- Feedback and complaints were used as an opportunity to learn from and improve the service people received. For example, following people's quarterly reviews several comments had been received from

people about staff not wearing the correct uniform. Staff were re-issued with the dress code policy which outlined what was expected of them and what they must adhere too.

- The registered manager kept their skills and knowledge up to date by attending forums such as the managers network where current information was shared about the care sector.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Further improvement could be made in how staff were kept informed. Although all staff met quarterly with the registered manager formal staff meetings were not regular. The registered manager said, "We don't do enough team meetings. We were thinking of doing every other month where we will do nibbles. We inform staff of changes through supervision. Everyone would get a supervision. If it was something urgent we would use Facebook page or group text."

- Staff were clear about their roles and responsibilities. Staff told us they felt well supported and able to go to the registered manager at any time. Staff said, "We get supervision and training. I had supervision in August, but we can always come up to the office, its open door. (Senior manager) goes out to check on carers too" and "Support and training is brilliant. We can all come and see (registered manager). We do training, we get spot checks. There is always someone on call."

- Staff were rewarded and recognised for their hard work. The registered manager said, "We do a monthly raffle. If a staff member has gone over and above, we give them a raffle ticket. Whoever wins the raffle gets an Amazon or Love to Shop £100 voucher. For example, one of the carers said they would make (person and there relative) a Christmas dinner as they were worried they would not get one, so the carer will get a raffle ticket."

- The views of people, staff and other individuals was sought so action could be taken to improve the service. People told us they were visited by management of the service and asked to give verbal feedback about how their care package was going and if they had any concerns. The registered manager said, "We give questionnaires to people and relatives annually and use the feedback to improve. We do feedback with staff in the appraisals" In July 2019 some staff fed back a list of key codes would be useful when visiting people, so this was provided in a format that met the services confidentiality and security policy. Results from the questionnaires people and relatives had received had not been analysed as they had not all been returned.

- The service worked alongside other health professionals such as occupational therapists, GPs, district nurses, social services, and care managers so people could get good outcomes. A healthcare professional said, "Staff contact me when carers have concerns regarding issues with service users. They always call me back if I have requested they do so."

- The service raised money for charities which created links with the local community. For example, in November 2019 the service booked a stall at a local event and sold raffle tickets to raise money for the Alzheimer's Society. People were told about this event and invited to attend. They also raised money for McMillan's and delivered cakes to people at their homes. Staff took part in elf day and delivered mince pies to people in their own homes for Christmas.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed There was a lack of effective and safe recruitment processes. Regulation 19(1)(2)(3)(a)(b)(c).