

Care Driven Agency Ltd

Care Driven Agency

Inspection report

38 Harsoft Avenue
Worksop
S81 0HT

Tel: 07825051637

Date of inspection visit:
14 March 2022

Date of publication:
31 March 2022

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

About the service

Care Driven Agency is a domiciliary care agency providing personal care to people living in their own homes in the community. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were two people using the service.

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

People were safe and protected from avoidable harm. Risks to people's health and safety were assessed and staff knew how to support people to keep them safe. People were supported by staff who had been safely recruited. Staff were following appropriate infection prevention and control (IPC) guidance and were provided with personal protective equipment to allow them carry out their jobs in a safe way.

People's needs were assessed before the service provided them with care or support. Staff received training and support to enable them to carry out their roles effectively. Staff and the management team knew people well and were able to promptly identify when people's needs changed, and they sought professional advice appropriately. 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's relatives told us staff were caring and knew people's needs and preferences well. People received consistent care from a small team of staff. Staff treated people with dignity and respect, and they encouraged and promoted people's independence.

People received care and support which was personalised and met their needs. The registered manager had a good insight into people's care delivery and staff care practices as they frequently delivered care to people and worked alongside staff.

The registered manager monitored and reviewed the quality of service that people experienced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 July 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Driven Agency

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 Health and Social Care Act 2008.

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 houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 March 2022 and ended on 18 March 2022. We visited the location's office on 14 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, two staff and one relative of a person using the service. We reviewed a range of records including two people's care records, staff records and other records relating to the management of the service.

After the inspection

We reviewed additional documentation relating to people's care and the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm and abuse.
- Relatives told us they felt their family members were safe. One relative said, "My [person] is very much safe, no shadow of a doubt."
- The registered manager implemented effective systems to help protect people from the risk of harm or abuse. The registered manager understood their responsibilities to safeguard people from abuse.
- Staff received safeguarding training and were clear about how they would report any concerns both internally to the provider and externally to the safeguarding authorities.

Assessing risk, safety monitoring and management

- Risks to people's health safety and wellbeing were identified and managed safely.
- The registered manager had implemented a range of management plans which provided staff with the control measures needed to help minimise the risks to people. For example, there was a guidance in place on how to safely support a person who had mobility difficulties and was at risk of falls.
- Risks of injury caused by people's living environment were assessed. The registered manager had completed environmental audits and when issues were identified these were actioned without delay.
- People were provided with a range of accessible information about how to keep themselves safe and how to report any concerns or issues.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. The registered manager told us they considered travelling time between each call to make sure the duration of people's care calls reflected what had been agreed in their care plan.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff who applied to work at the service to make sure only those suitable were employed to support people, such as Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Newly employed staff went through an induction programme and were asked to shadow the registered manager so they could be introduced to the people using the service.

Using medicines safely

- People's records contained information about their prescribed medicines.
- People were supported to be independent to administer their own medicines or had help from a relative

to do this. Care plans detailed who was responsible for people's medicines administration.

Preventing and controlling infection

- Staff had access to an ample supply of personal protective equipment (PPE) and were using it in line with infection control guidance.
- One relative told us staff always wore the correct PPE at all times and were happy with staff infection control practices.
- Staff were tested for COVID-19 in line with government guidance.

Learning lessons when things go wrong

- The registered manager had systems for staff to report and record accidents and incidents.
- Although there had been no recent accidents or incidents, there were arrangements in place for the register manager to review these and to take appropriate action when needed to reduce the risks of these events reoccurring.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care and support needs were assessed by the registered manager before they received a service to ensure these could be safely and effectively met. The registered manager used a range of nationally recognised tools to assess people's physical health needs.
- People and their relatives were involved in the assessment process. One relative told us, "They [the provider] put care plans in place; we discussed it before they started." This was to ensure detailed information about each person's needs and how and when they would like care and support to be provided was agreed and recorded.
- The registered manager used the information from these assessments to develop care plans for people. People's choices and preferences had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs.
- Newly employed staff were required to complete a period of induction. During this period the registered manager assessed their skills and knowledge to make sure they were competent to work alone with people.
- Records showed staff had received the training they required to carry out their role effectively. This was confirmed by staff. They told us they felt supported and confident in their role.
- The registered manager told us they were looking for an external training provider to offer additional training to staff.

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

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs.
- Staff were aware of people's dietary needs, drink preferences and their required support. People's care plans set out their preferences for meals and drinks. This helped staff to make sure people received food and drink of their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where the service was responsible for this, the registered manager told us staff would work collaboratively with people's families to ensure people accessed health care services in a timely manner.
- When staff had concerns about people's physical health, people were supported to access external healthcare professionals to monitor and promote their health.

- Staff were clear on the actions they should take in the event of a medical emergency.

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- The provider had systems to assess people's capacity to consent to decisions about specific aspects of their care and support.
- The registered manager told us that where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff respected and promoted people's equality and diversity and treated people well.
- People's wishes in relation to how their social, cultural and spiritual needs were recorded so staff had access to information about how people should be supported with these.
- Staff told us they would involve people in all decisions about their personal care and support such as providing choices about their meals and clothing.
- A relative confirmed they felt staff treated their relative well and with respect. A relative told us, "My [relative] is over the moon with the service. The same carers are coming out to try and keep the continuity. They always arrive on time."

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to express their views and be involved in making decisions about the care and support they received. The registered manager had collected feedback from people to make sure the care and support they received was continuing to meet their needs.
- The registered manager delivered care to people and was in frequent contact with people's relatives. This gave people and their relatives an opportunity to raise issues or concerns should they have any.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff promoted people's privacy, dignity and independence.
- Staff encouraged people to maintain their independence by doing as much as they could for themselves. People's care plans described how staff should support them to maintain their independence and achieve positive outcomes.
- Staff told us they would ensure people's privacy and dignity was maintained at all times. One staff told us they would always knock on the front door and announce themselves before they enter people's homes, and they would ensure that curtains and doors were shut during support with personal care.
- The registered manager told us their recruitment, training and support for staff was underpinned by the provider's key values in order for people to live fulfilled, safe, healthy and happy lives.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care to meet their individual needs and preferences.
- People's records contained information about their hobbies and interests to help staff get to know people and meet these needs. Staff told us they found people's care plans person centred and they felt there were enough information to guide them on how to support people safely.
- Staff supported people to maintain contact with their friends and families.
- Due to the low number of people using the service, the registered manager had a comprehensive understanding of people's needs which enabled them to respond to any additional requests of support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with formal complaints if these arose. People had been provided information about what to do if they wanted to make a complaint and how this would be dealt with by the provider.
- A relative told us they were very happy and satisfied with the services they received. Relatives told us they knew how to complain should they need to.

End of life care and support

- At the time of our inspection the service was not delivering any compassionate or end of life care to people. The registered manager told us that if end of life care and support was required, they would ensure appropriate plans were in place and would ensure staff had received appropriate training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had clear expectations about the quality of care and support people should receive from the service. The registered manager had made sure these were communicated to people when they first started using the service. People and their relatives were provided with a 'welcome booklet' which explained the provider's core values and gave people additional information such as links to advocacy services.
- We received a positive feedback from a relative about the management of the service. They told us, "I can't express enough how pleased my [person] is with them [provider]; they gelled with [person] very well."
- Staff told us they offered choices to people in all areas of their support. One staff member told us, "I will ask [person's name] what they would like to wear for the day or what they would like to eat. I will always let them make the decisions themselves."
- Staff we spoke told us they felt well supported by the registered manager. Staff told us communication was good across the service and the registered manager always kept them informed of any changes in people's support requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had introduced a variety of monitoring systems to help manage the overall quality of service provided. Areas monitored included feedback from people, spot checks of staff, care plans and environmental risks assessments.
- The registered manager told us they were actively recruiting for new staff so they can offer their service to more people.
- The registered manager was able to monitor people's quality of care and staff practices as they frequently delivered care to people.

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

- The registered manager had a clear understanding about the duty of candour and told us they encouraged staff to be open and honest in their feedback.

Working in partnership with others

- Staff worked in conjunction with people's relatives and key health and social care services to ensure people achieved good outcomes and to enable them to remain in their home.