

Careful Care Limited

# Careful Care Limited

## 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 

### Overall summary

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.

This inspection took place on 1 October 2015 and was announced. Careful Care Limited provides domiciliary care services to people who live in their own home. At the

time of our inspection there were 24 people with a variety of care needs, including people with physical disabilities, Parkinson's and the early onset of dementia using the service.

The service had a 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 and associated Regulations about how the service is run.

# Summary of findings

Everyone we spoke with was complimentary about the service. People spoke highly about the care staff and valued having regular care staff which enabled them to build caring relationships. People and their relatives spoke positively about the registered manager.

There was a positive caring culture, promoted by the registered manager. Staff were passionate about providing high quality care and clearly enjoyed supporting people. Care staff felt supported by the registered manager, describing them as approachable and supportive both personally and professionally.

Staff were knowledgeable about the people they supported and had access to development opportunities to improve their skills. Staff received specific training where it was required to support individual needs.

People's needs were assessed and where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks. People's care was personalised to their needs.

The service was responsive to people's changing needs and made sure people had their visits when they needed. Staff ensured people's relatives were informed of any concerns. Staff were trained to identify when people's needs had changed.

There were systems in place to enable the service to gather feedback from people. Quality assurance systems were in place to enable the service to identify areas for improvement. People and their relatives were asked for their views.

# Summary of findings

## 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 safe. People felt safe and staff had a clear understanding of their responsibilities to report concerns both within and outside the service.

There were systems in place to ensure people received the visits they needed to maintain their wellbeing.

Risks to people were assessed and plans to manage risks were in place. People were supported with their medicines.

Good



### Is the service effective?

The service was effective. People were cared for by staff who were supported and had access to training and development opportunities to improve their skills and knowledge.

Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

People were supported with their dietary and healthcare needs.

Good



### Is the service caring?

The service was caring. People were complimentary about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

People felt involved in decisions about their care and told us they had the information they needed.

Good



### Is the service responsive?

The service was responsive. Care plans were personalised and included information about what was important to people.

Care staff responded when people's needs changed to ensure they received the care they needed.

People knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good



### Is the service well-led?

The service was well led. The registered manager was approachable and supportive.

People were at the heart of the service. Staff and management were passionate about providing a high quality service.

Systems to monitor the quality of the service were effective and led to improvements.

Good



# Careful Care Limited

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 1 October 2015 and it was announced. We gave the provider 48 hours' notice of our inspection. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of one inspector.

At the time of the inspection there were 24 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We also looked at the Provider Information Return for Careful Care Limited. 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.

We spoke with four people who were using the service and 10 people's relatives. We spoke with two care staff, a care manager, an accountant and the registered manager. We reviewed eight people's care files, four staff records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when care staff visited. Comments included: "I feel safe. Oh lord yes", "We're safe and happy with the care staff" and "No concerns". Relatives also told us people were safe. Comments included: "They keep them safe", "I'm sure [relative] is safe with them" and "definitely safe."

Staff had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager. One staff member said, "I would report any concerns to the manager, although I would go higher if things didn't change." Another staff member added that if they were unhappy with the manager's or provider's response they would speak to their recruitment agency, safeguarding or CQC. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

Contact details for the local authority safeguarding team were displayed throughout the office. Staff received clear guidance from the registered manager around safeguarding and how to identify possible abuse, including neglect. Signs included changes in people's behaviour and environment (like a cold house).

People and their relatives told us staff were punctual and always stayed for the required length of time. No one we spoke with had experienced missed visits. Comments included: "they've never not turned up", "the service is 100% reliable" and "staff come when they're supposed to and stay when things are done, spend time talking with us."

People told us that if staff were going to be late the office would contact them and let them know. However, people told us late visits were rare. One relative told us, "On one occasion there was an emergency. They let us know they were coming late. This was helpful".

There was a clear reporting system which ensured that late visits were identified and responded to, which prevented

any calls being missed. A member of staff monitored the electronic call monitoring system (a system which staff used to show when they arrived at and left a person's home). The member of staff was able to identify if calls were late or if staff had not used the system to sign in or out. Where staff were running late, the service used this information to inform people their call would be late.

People's care plans contained assessments of all aspects of their support needs. Assessments included environment, moving and handling, nutrition and hydration and medicines. Where assessments identified risks there were management plans in place. The management plans recognised people were living in their own home and that people had a right to take risks if they chose to. For example, one person's care plan identified they had a condition which affected their breathing. The registered manager ensured that no care staff who smoked attended this person, to reduce any potential risk or discomfort to the person.

Moving and handling risk assessments were detailed and gave care staff the information they needed to support people to mobilise. One person required the support of two care staff to assist them with their mobility. Clear and detailed risk assessments around moving and handling were in place regarding the equipment needed, such as a hoist and sling and how care staff should involve people. One relative told us staff were trained to use equipment, and raise concerns when equipment was no longer effective. They told us: "they know how to use the appropriate equipment. If they have any concerns or think we need other equipment, they let us know and support us."

People and their relatives told us staff assisted them with their prescribed medicines. Comments included: "they help remind them to take their medicines" and "the staff tell me when there is any problems with their medicines. They deal with medicines appropriately, fill everything properly." Staff told us they had the training they needed to provide people's medicines. One care worker told us, "I have had training I need to help people with their medicines."

# Is the service effective?

## Our findings

People and their relatives told us care staff were trained to meet their or their relative's needs. Comments included: "The staff know what needs to be done", "The staff are excellent" and "They appear very well trained." One relative told us, "the staff are very professional. I couldn't cope without them, they're brilliant."

New staff completed an induction programme before working on their own to support people. One new care worker told us, "I had support and training. I did e-learning and practice with the care manager. I also went out with the registered manager." The care worker felt confident to work alone once the induction programme was complete and was now working towards a diploma in health and social care.

Care staff felt well supported. Comments included: "There is always enough support. I can phone the registered manager day and night. It goes beyond the job, I am really happy working for this company"; "I feel supported. The manager is very good and very kind to us," and "very supported."

Care staff had received training which included; safeguarding adults and children, moving and handling, dementia, medicines and fire safety. Care staff we spoke with were working towards qualifications appropriate to their role. One member of staff said, "I have the training I need to meet people's needs."

Care staff received supervision (one to one meetings with their line manager). Care staff competence was assessed through regular 'spot checks'. Spot checks were carried out by senior staff and included obtaining feedback from people about the member of care staff supporting them.

Staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Only a couple of the people receiving a service were living with dementia and were unable to make

decisions. Care staff told us how they supported people and promoted choice for people with dementia around day to day decisions. Care staff said they ensured people had the information they needed to make decisions around food, drink and the decisions they could make. Care staff said: "We support people to be as involved and as independent as possible" and "Everything is decision specific. One person who doesn't have capacity, we assist with their medicine, however they always take it."

People's care plans contained limited information regarding the Mental Capacity Act 2005 and people's abilities to make decisions. Most people were able to consent to their care and treatment. We discussed this with the registered manager, who informed us they would seek guidance on further implementing the MCA 2005 code of practice.

People and their relatives told us care staff always asked for consent. Comments included: "They always ask if it is okay to do something for them" and "they are always explaining what they are doing and asking if we need anything."

People were able to choose what they wanted to eat and drink. People who were able to complete some food preparation were encouraged to do so by care staff. Care plans contained details of people's nutrition and hydration needs and the support they required. Care staff kept a detailed record of when they assisted people with their nutritional needs.

Staff had identified one person was at risk of dehydration. The person's care plan provided clear guidance to staff on how to support this person, including ensuring they have a drink with them at all times.

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by physiotherapists to ensure they had the equipment they required. Where care staff had concerns about people's healthcare needs, they could access support from people's GPs.

# Is the service caring?

## Our findings

People and their relatives were extremely positive about the care they received or their relatives received and the care staff supporting them. Comments included: "The staff who come are brilliant", "The staff always know what to do. They're respectful and polite", "The care is wonderful. The carers are first class", "They have taken a load off my shoulders. They have been absolutely marvellous" and "they are very reliable and the staff are friendly."

The registered manager promoted a caring culture and was enthusiastic about the caring nature of the staff team. The registered manager provided guidance to care staff around respecting people. For example, one person required two care staff to assist them with their mobility. The person's care plan detailed staff should not talk over the person and take time to engage with the person and involve them in conversation. This person's relative told us staff always respected their relative and involved them in discussions.

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "It's a really good job. I love caring for people" and "I love this job."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "They always explain what they're doing.", "They [relative] are always very comfortable in their company" and "they treat my parents with respect and dignity. They treat them in a humane and respectful way."

Care staff told us the importance of respecting people's dignity. One care worker told us, "I cover them up when I give personal care. I shut their curtains to make sure it's private. One time a person had come to assess them, they

asked to watch. However the person was uncomfortable, so we ensured the person was cared for in private." Another care worker said, "We care for a couple. We make sure they are both comfortable and cared for in privacy."

There was a strong culture around promoting people's independence. One care worker told us, "I try and encourage people to be involved as much as possible". People's quality of life had improved as a result of the care they had experienced. One person told us, "the carers are very good at encouraging. They take time to talk with us and assist with things we want."

People and their relatives told us they were involved in planning their care, and were given the information they needed. Comments included: "We talked through the support I needed", "I am always told which carers are coming. Any changes they let me know" and "The staff provide person centred care, the support they provide changes depending on my relative's daily needs."

One relative told us how their relative was supported by a consistent team of care workers. They said, "The carers are really good. They have a small team. Can't fault them, they're brilliant, small and perfectly formed." Another relative said, "they [relative] know all the carers, which puts them at ease. They love all of them and speak positively about them, "We spoke with a care worker who assisted this person with their care. They told us how they knew their preferences around what they liked to do, such as going out into the garden and having a chat and cup of coffee."

Care workers told us how they were given time to build relationships with people when starting their care. For example, one care worker told us they were given time to shadow other care workers providing one person's care. They said, "I went in with another carer. This meant I was introduced to the client, getting to know them and their preferences." People and their relatives told us care workers were introduced to them before providing their care. One person said, "someone new came in, we were asked if they could watch, which was fine."

# Is the service responsive?

## Our findings

People were involved in all decisions about their care. Thorough assessments were carried out with people when they started using the service. Assessments included; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance on how they should be supported with their medicines to ensure their health needs were maintained.

Assessments were used to develop detailed care plans that identified people's needs and the support required to ensure their needs were met. For example, one person required support to be involved in all aspects of their care, to avoid any form of distress. Staff were to encourage this person and take time to support them socially.

People's care plans contained information relating to specific conditions and support needed as a result of the condition. This included people living with dementia and people with Parkinson's disease. Care plans were personalised and included details of people's needs and what was important to them. For example, one person's care plan contained clear information about how their bed should be prepared for them to respect their dignity.

People told us the registered manager and care staff were responsive to any changes in people's needs. One relative told us the service were very responsive. They said, "they're incredibly flexible to move things around, they've always accommodated us and at short notice." Another relative told us, "they have gone out of their way to accommodate us, scheduling calls around hospital appointments. I have no difficulties in recommending them."

The registered manager and care staff were responsive to people's needs and looked at ways to improve people's lives. For example, one relative told us how care staff had

identified changes in their relative's needs. Care staff ensured the person's relative and GP were informed of these concerns. Changes were then made to ensure the person's care met their needs.

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information regarding complaints. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "I've never had to complain. I can't fault them", "I know how to complain and I have seen the complaints procedure, but I have never had to" and "I have no complaints at all. They have gone out of their way to accommodate us."

The registered manager had a log of compliments and concerns they had received throughout 2014 and 2015. The registered manager informed us they had not received any formal complaints. Where concerns had been raised, the registered manager had used this information to improve the service. For example, one concern was raised about people not always receiving notification of which care worker was visiting them. This concern had been acted on, and people received clear information about who was visiting them and when.

The registered manager used a range of systems to seek people and their relative's views on the service they received. Every six months a quality assurance survey was carried out. This asked people for their views. We saw surveys which had been sent back to the registered manager and these were all positive. One person stated, "yes, all very happy, nothing needs to improve." People also told us the registered manager or care manager would often call them to see if they were okay and ensure their views were listened to. One relative said, "they are always happy to involve us and discuss things."

# Is the service well-led?

## Our findings

Everyone we spoke with was complimentary about the management of the service. People told us communication was good and they had positive relationships with the management and office staff. Comments included: "The office and manager are very approachable", "they always respond really well and reply quickly" and "they are approachable, responsive and very professional. Communication is good."

People had regular contact with the registered manager and told us she was very approachable and friendly. Comments included: "I have a good relationship with the registered manager, I can pick up the phone and talk to her at any time", "I know the registered manager well, they're very approachable" and "They're great. We communicate through email, they update me if there is anything I need to know about."

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "I'm really happy I'm working at this company, the manager is great"; "The manager is very good. Very kind, thoughtful and knows her job" and "I love it. We have great support, we're given 15 minutes of travel time, which is plenty."

The registered manager had developed a training programme based on the Care Certificate. The Care Certificate sets out the skills, knowledge and behaviours to enable care workers to provide compassionate, safe and high quality care and support. All care staff were being supported to complete the care certificate as part of their continuing professional development. The registered manager was planning to meet with all staff at completion to assure that each staff member was competent. Staff were positive about the development opportunity.

The provider had implemented an electronic monitoring system that enabled the service to monitor whether visits were made on time and at the time requested by the person. The system was also used to schedule visits and

ensure all visits were completed. The service had only just started using this system and were in the process of identifying how best it would work for them. Staff kept in regular contact with the office and registered manager using free text messaging systems. The registered manager and office staff used text messaging to ensure all care staff were kept up to date with current information. All staff spoke positively about the information they received from the registered manager.

Staff received the information they needed through memo's and staff meetings. Staff meetings discussed topics such as safeguarding, care plans, medicines and respecting people's dignity. Staff told us they could always seek support and attend the office. The office contained a range of documents for staff to read which gave them guidance around their job. One member of staff told us that outside of team meetings, the registered manager had organised an informal get together which staff enjoyed.

Other staff gave their time to support new starters and help them orientate themselves at the company. All staff spoke highly of the support they received from each other. One member of staff said, "We all help each other out."

The registered manager ensured people and their relatives were informed of any changes at the service. A letter had gone to people regarding the new electronic monitoring system. This letter gave people clear information on what care staff were doing, and any possible impact it could have on them. People and their relatives spoke positively about the level of communication they received from the registered manager.

Regular audits were completed to monitor the quality of the service. Daily records and Medicines Administration Records were audited monthly. Audits identified issues and how they were addressed. For example, these audits enabled the registered manager to identify any concerns around the administration of medicine. Where concerns were identified, these were reported and action taken to ensure mistakes were not repeated. No medicine errors had occurred so far in 2015.