

Caring For You Home Services Ltd

Caring For You Home Services Ltd

Inspection report

Bull Lane
Acton
Sudbury
Suffolk
CO10 0FD

Date of inspection visit:
03 June 2016

Date of publication:
08 July 2016

Tel: 01787372131

Website: www.caringforyouhomeservices.net

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

The inspection took place on 03 June 2016 and was announced. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal support to people by arrangement in their home in the local area.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of abuse as staff had attended training to ensure they had a good understanding of their roles and responsibilities. Staff knew how to report matters to the appropriate authorities if they suspected abuse was happening. The manager knew how to share information with the local authority when needed.

People were supported by a sufficient number of suitably qualified staff. The manager had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place so that staff were trained to administer medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training in mental capacity assessments, best interest and were competent to work with relevant professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The staff responded to people's needs in a compassionate and caring manner. Positive and supportive relationships had been built up between the staff, people using the service and relatives. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People and family members were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. The

service had worked with GP's and Occupational Therapist to arrange appointments with these professionals and carry out support as instructed. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

The management was of a supportive culture and staff were supported to provide care that was centred on the individual. The manager and senior staff were approachable to people using the service and staff and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff had received training regarding recognising and reporting safeguards and systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

All the people we spoke with felt safe when staff were in their home.

Risk assessments and resulting support plans were in place for people who used the service.

Medicines were administered safely to people by staff.

Is the service effective?

Good ●

The service was effective.

There were systems in place to provide staff support. This included on-going training, staff supervision, appraisals and staff meetings.

The service worked in accordance with the Mental Capacity Act 2005.

Service staff monitored and supported people as required regarding their nutrition and fluid needs.

The service communicated effectively and worked with other professionals for the benefit of people using the service

Is the service caring?

Good ●

The service was caring.

The manager was motivated to provide a service which took into account people's individual needs and their wishes.

People told us they were treated with kindness and respect.

The service provided a small consistent team of staff to support people to meet their assessed care needs.

Is the service responsive?

The service was responsive.

People's care needs were assessed and the support provided by the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

Good ●

Is the service well-led?

The service was well-led.

The service had a statement of purpose and had been developed in line with the needs of the people using the service.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place monitor the service. This included audits of people's care and people told us they received regular 'spot checks' from the management staff that carried out quality checks.

Good ●

Caring For You Home Services Ltd

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.

The inspection took place on 03 June 2016 and was announced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who used the service, their relatives, speaking with staff and professionals.

We spoke with four people who used the service and four relatives. We also spoke with the registered manager, clinical director and four care staff members. We also spoke with two professionals who supported people using the service.

We looked at four people's care records and medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

Each person and their relatives we spoke with told us they felt safe when the staff provided support to them in their home. One person told us. "No problems the staff are well trained, I know that from speaking with them." A relative told us. "The staff are attentive, they listen and check the care plan when they arrive to see if there have been any changes."

The manager explained how the staffing rota was compiled. The aim of the service was to provide each person using the service with a small number of regular staff, in order that they could build up a rapport. We saw from the rota, records and the care plans in people's homes that they were usually supported by the same staff which contributed to support being consistent. Staff we spoke with told us the small staff teams worked well and this view was supported by the people and their relatives we spoke with. We saw in the risk assessments in people's support plans that, clearly documented the person needs, which had been regularly reviewed.

We looked at how risks were assessed for people who used the service. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support needs. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us how they would report on risk and the actions they would take if faced with an emergency situation. We saw a member of the management team had carried out the risk assessment and it was in place prior to the service providing support.

The manager informed us they currently had sufficient numbers of staff to provide the support to people in their own home. They explained that they were careful to ensure that there were enough staff employed to provide care before new people were assessed. They explained this was a constant challenge and did result in the disappointment that the service was not always able to respond quickly to a person enquiring for support. The view of the management staff was that they wanted to ensure they had enough staff in place for existing people at all times. We saw effective arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained.

The manager informed us they had not had any missed calls to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member would contact the office staff and in turn a telephone call would be made by the office staff to advise the person of the delay. This was confirmed by the people that we spoke with and that it rarely happened. The manager and other management staff would cover an arranged visit to provide support if the usual member of staff was unable to fulfil the visit. The service also focussed upon providing support to people within a local geographical region which also helped to maintain arriving on time, as travelling distances were kept to a minimum. One person told us. "The staff are on time and they have never left me before the time they are set to leave me is up."

There were systems in place to minimise the risk of abuse and the manager was aware of their

responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received was good. We spoke with a new member of staff and they informed us. Although they were knowledgeable in this area. The manager had given them time to read the policy and procedure and checked with them they were content and confident from the safeguarding training provided to fulfil their duty in this area.

We spoke with the manager about staff recruitment and saw the procedure that was used. This showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. The manager also explained how they had compiled interview questions for the work required of successful applicants to provide care in people's homes. Staff often worked alone and were encouraged to visit the service office regularly.

We saw that the service supported people with their medicines and when administered a record was made in the person's support plan appropriately. People we spoke with told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. A relative told us. "It is a great comfort knowing that [my relative's] medicine is being given, as they had become forgetful." Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure for the safe administration of medicines. Part of the care review carried out by the service was to check upon the medicines administration. Staff had worked with relatives to request a review of medicines by the GP for various reasons.

Each person and their relatives we spoke with told us they felt safe when the staff provided support to them in their home. One person told us. "No problems the staff are well trained, I know that from speaking with them." A relative told us. "The staff are attentive, they listen and check the care plan when they arrive to see if there have been any changes."

We looked at how risks were assessed for people who used the service. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support needs. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us how they would report on risk and the actions they would take if faced with an emergency situation. We saw a member of the management team had carried out the risk assessment and it was in place prior to the service providing support.

The manager informed us they currently had sufficient numbers of staff to provide the support to people in their own home. They explained that they were careful to ensure that there were enough staff employed to provide care before new people were assessed. They explained this was a constant challenge and did result in the disappointment that the service was not always able to respond quickly to a person enquiring for support. The view of the management staff was that they wanted to ensure they had enough staff in place for existing people at all times. We saw effective arrangements were in place to cover potential sickness and holidays so that staffing levels were maintained.

The manager informed us they had not had any missed calls to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member would contact the office

staff and in turn a telephone call would be made by the office staff to advise the person of the delay. This was confirmed by the people that we spoke with and that it rarely happened. The manager and other management staff would cover an arranged visit to provide support if the usual member of staff was unable to fulfil the visit. The service also focussed upon providing support to people within a local geographical region which also helped to maintain arriving on time, as travelling distances were kept to a minimum. One person told us, "The staff are on time and they have never left me before the time they are set to leave me is up."

There were systems in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff thought the training they had received was good. We spoke with a new member of staff and they informed us. Although they were knowledgeable in this area. The manager had given them time to read the policy and procedure and checked with them they were content and confident from the safeguarding training provided to fulfil their duty in this area.

We spoke with the manager about staff recruitment and saw the procedure that was used. This showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. New staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. The manager also explained how they had compiled interview questions for the work required of successful applicants to provide care in people's homes. Staff often worked alone and were encouraged to visit the service office regularly.

We saw that the service supported people with their medicines and when administered a record was made in the person's support plan appropriately. People we spoke with told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. A relative told us, "It is a great comfort knowing that [my relative's] medicine is being given, as they had become forgetful." Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure for the safe administration of medicines. Part of the care review carried out by the service was to check upon the medicines administration. Staff had worked with relatives to request a review of medicines by the GP for various reasons.

Is the service effective?

Our findings

People told us they were pleased with the support received from the staff. One person told us "They help me with meals, always offer a choice before starting to prepare." A relative told us. "The staff have supervision from one of the management staff, I think that is very good and inspires confidence."

The clinical director explained the induction program to us for new staff, which was confirmed by the staff we spoke with. We saw there was an induction checklist and staff worked through the subjects covered during their probation period and each was signed off by the staff and a manager when it was agreed they were confident in that area. New staff received an induction which included office based training and also a period of time working in the community alongside an experienced member of staff. A member of staff explained to us this time is referred to as 'shadowing' and would be continued until the staff member felt confident to work independently. Another member of staff told us. "The induction when you first start is really good; the content of the training is just what you need." We saw the induction covered dealing with emergency situations to help prepare staff when working alone. We also saw that the service had provided training in conditions such as dementia, in order that staff had received training in this condition so that they were knowledgeable about the care required. A member of staff told us that they enjoyed the variety of the role. They considered they had received good training which meant that they could support the people as they chose.

We looked at the training and support programme for the staff and saw this included subjects such as, moving and handling, infection control and food hygiene. Staff told us they were also provided with additional training as required to support people with specific needs, such as challenging behaviour. A staff member said. "There was a lot of training to do when I joined and it is on-going, but well worthwhile and enjoyable."

The management team supervised the staff. A member of staff informed us they were impressed with the regular supervision provided. Supervision consisted of one to one sessions, plus staff appreciated being able to speak with a member of the management team at any time for support. All staff we spoke with told us they were very well supported by their supervisor. Staff also confirmed that the service carried out spot checks. This was when a member of staff came to see them working in someone's home and they would give them feedback as a result of this observation. All staff had an annual appraisal which was organised well in advance of the appraisal meeting.

The staff had received training regarding The Mental Capacity Act (2005). This act provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The clinical director spoke to us about the service had worked with people and their relatives with regard to best interest meetings and involving advocates.

People we spoke with told us they were fully involved in the assessment process to identify how the service could support them in their own home. One person told us. I did not expect to be asked to sign, so many pieces of paper giving my consent, but I understand and did not mind."

One person told us. "My support is around ensuring I have enough to eat and they are very good, I never go hungry." We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. Staff told us how they encouraged and supported people with their meals. Any concerns identified would be discussed with the person and also brought to the attention of the manager to determine if additional support was required from another team such as dieticians. We saw that information was carefully recorded.

We saw that at the assessment stage information had been collected about other professionals involved in the person's care. We saw that a professional had worked with a person requiring support and also had fully explained in the notes with diagrams of support the staff could help the person with regarding their mobility. We also saw where staff had requested visits from GP's and information had been recorded. One person was visited by a professional and they spoke highly of the support provided to the person and how easy it was to work with the staff who were knowledgeable about the person's needs.

People's care was subject to regular review with them, relatives and external health professionals as appropriate. A relative told us about a meeting with a number of health professional and the resulting actions taken by the staff including the service which had supported the person's choice to remain in their own home. The relative was very pleased with the way various services were working together to provide the support required.

Is the service caring?

Our findings

People were consistently positive about the care they received, which was empathic and understanding and praised the staff that supported them. People told us that they were treated well and that staff were kind and caring. One person told us. "I am happy with all of the staff, very nice people." A relative said. "They looked after of [my relative], they have a laugh and a joke and [my relative] looks forward to their visit."

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights and people told us that staff put this training into practice.

All of the people using the service that we spoke with told us that they felt comfortable and were happy to have staff in their homes. People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences. A person told us. "I would say the staff are very dignified."

The Manager told us that the service tried to provide continuity of care which helped staff to develop relationships with the people that they supported. They said the benefit of this was that it enabled staff to respond to changes in people's needs and to act upon them. This was confirmed by the people that we spoke with who told us that they had a regular team of staff who were able to meet their needs. One person told us. "It is really nice to have the same people coming who you know and trust." They also told us that when a new person was introduced to provide care to them which was unusual. One of the management team informed them and visited them to introduce the new member of staff. They also confirmed that new staff did not work with them on their own until they had spent time with an experienced regular member of staff.

The support plans showed that people had been involved in making decisions about the support that they received. Family members informed us that, they had opportunities to express their views about the care and support that their relatives received. This was at reviews of the support provided and also they could arrange with their relative to bring a review forward if anything was of concern to them. A relative told us. "This demonstrates that the service respects our wishes."

The support was delivered in a way that took account of people's individual needs and maximised their independence. Staff told us that they did not have to rush or shorten visits; they felt that they were given appropriate time to provide the care that people needed. A member of staff told us. "I like working for the service because we were trained in person-centred care. That includes having time to read the support plan and I do not feel I am ever pushed for time."

People and their relatives said that staff promoted independence and choice and encouraged them to improve and to be as independent as possible. One person told us. The staff are good there are things I like done such as empty bins in the dustbin before they become full and they do this the way I like."

People and their relatives said that they were provided with information about the service to help them

understand what support they could expect from the service before staff came to begin supporting them. We saw that a contract of support had been drawn up for each person which was individualised with the support required.

Is the service responsive?

Our findings

All of the people we spoke with told us that an assessment of their needs was carried out by a member of the management staff before a service was offered to them. One person told us. "This took quite some time but as it was not rushed it did inspire confidence that everything was covered. The clinical director informed us at this point the number of visits per day and preferred times were discussed and agreed. A relative told us. "I was pleased that this new situation of [my relative needing care and staff coming into our home was fully explained, no stone unturned."

All the people we spoke with told us they had a support file. We looked at support files in the office and also at people's homes and saw that they matched. The manager explained to us the system they used to ensure that the support files were accurate copies of each other. The file included an assessment to identify people's support needs, risk assessments and care plans outlined how these were going to be met. The management team carried visits to people, following the commencement of a care package to determine that everything was alright.

The support files were clearly organised and included a section for staff to record information about each visit regard the support provided. The individual plan also contained details about the person, their needs, goals, risk assessments, emergency contacts and medicines, plus a relevant history and personal preferences. We saw how the plan related to the daily records which had been completed for each visit made by the care staff.

Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices, preferences and decisions about their support needs. We heard staff offering a person a choice regarding which drink they wanted at that time. The member of staff said. "Tea is the usual choice at this time but sometimes the person prefers coffee, so that is why I always ask."

The aims and objectives of the service were person centred, defined and known by the staff. These were around supporting people in their own home to improve or maintained their independence. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions. A staff member told us. "This is all about quality of life, the person has lived here for a long time and they wish to continue to do so. It is rewarding to know that, with the family, we are helping that to happen."

People were actively encouraged to give their views and raise concerns or complaints about the service. People were given a service user book when they started using the service and we saw this provided information on how to raise a complaint. A staff member told us. "If a person made a complaint to me, I could try probably to sort things out. I would record it and pass the information to the office." The manager informed us that the service did not have any written complaints. They considered this was because the service was run to support people well and the staff and management team worked hard to resolve any matters at the time. They informed us this was all about communication and constantly checking that

people were satisfied that everything had been done that was required after each visit.

People we spoke with said they would talk to the staff or ring the office if they had a problem. A relative told us. "I know the owner, manager and director and I know I could just go in anytime or ring them if I had any problems and they would help us."

All the staff we spoke with said they would make people aware that they could make a written or verbal complaint and would support them if they needed assistance. We saw there was a clear complaints policy and procedure and we were aware of a number of compliments that had been made about the service. These had been kept together in a book. A relative had written to the service staff to compliment them upon the support they provided to their relative. They described the service as amazing in the way in which it had provided support in a sensitive and caring manner.

Is the service well-led?

Our findings

The service had a statement of purpose and there was a manager in post. The manager was supported by the provider and the clinical director. The owner, clinical director and financial director had been instrumental in forming the service and were available to support the manager.

We received positive feedback about the manager's leadership. Staff told us the manager was approachable, had an 'open door' policy and was very supportive. In fact they informed us this was the case for all the management staff. We saw there were clear lines of accountability within the management team for listening to the staff and information regarding who reported to whom. A member of staff said. "It is a very nice place to work, I get on well with the customers and relatives and I feel supported and we can call into the office at any time." The manager told us that they took time to delegate staff to people using the service in an attempt to find people that will naturally get along together.

One member of staff told us. "There are regular 'spot checks' from the managers and this is helpful." A spot check is when a senior person visits unannounced to the staff while gaining the person's permission for them to check the staff arrive on time and carry out the designated support as per the support plan. The staff member saw this as an opportunity to be supported by an experienced colleague. We saw records of spot checks or unannounced observations as they were also referred to. For each question, such as was the person wearing an ID badge, as well as yes or no, there was also space to document the conversation between the staff member and manager. The management team saw this as a learning opportunity for all and comments made would be checked during the next spot check to see what progress had been made.

The manager considered that as well as the above, spot checks supported staff and were an important aspect of staff support. The purpose of this was to monitor staff practice and provide support to them with any difficulties they encountered. This was also an opportunity to check whether staff arrived on time, carried out the care in accordance with the support plan and that daily records were accurate, as well as to see how the person was and if they were content with their care

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. All of the staff informed us they received support through training, supervision and annual appraisals. Staff told us they thought communication was very good and one staff member reported. "I think it is good that there is always a manager to talk with by phone." The manager explained to us that the senior staff took it in turns to provide a 24 hour on-call support service which staff could use at any time.

There were systems and processes in place to monitor the service, identify and drive improvements forward. The management team held meeting to plan, operate and monitor the service regularly and in turn information was given to the staff at team meetings which were approximately every quarter. The management also arranged regular audits to consult with the people using the service, their relatives and also members of staff.

Staff told us that they felt included in the running of the service and that it was a good team with clear communication. Members of staff told us that they liked the keyworker or key team system that was in place. They explained that this meant that for the vast amount of their working time they were with a small number of people who used the service and hence they got to know each other well. They were content to support other people but this very rarely happened, as staff were rarely if ever sick and the managers worked with staff to arrange holidays so that there were enough of the regular staff to provide support to each person.

There were on-going reviews, of the support provided by the service to make sure the support was to people's satisfaction. People using the service said these 'face to face' checks and reviews were undertaken and they felt fully involved. A relative told us. "[My relative] was unwell and the service suggested we reviewed to check the support was still satisfactory and if there should be any changes. This was done with the minimum of fuss and was well organised."

The clinical director and the manager considered this face to face contact a strength of the service that enabled them to respond quickly to any change of circumstance. After the review of the support required the service worked quickly to implement the agreed changes. During our inspection, the service was working with the hospital to arrange for a person to return home and to ensure the service could meet their changed support needs.