

Caires Care Ltd

Caires Care

Inspection report

Balne Lane Community Centre
Balne Lane
Wakefield
West Yorkshire
WF2 0DP

Tel: 07986289441

Date of inspection visit:
04 July 2018
05 July 2018

Date of publication:
09 August 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Caires Care is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection there were five people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

There were sufficient, safely recruited and well-trained staff to ensure people received care and support when they had requested it. Calls were planned to take into account travelling time, which was reflected in the feedback we received that calls were rarely late. People were told if care staff were going to be late.

Risks associated with care and also people's homes were well assessed, with guidance in place to show how risks could be minimised. Systems were in place to safeguard people from abuse and medicines were well managed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service this practice. People gave consent for care and confirmed they were offered choice.

New staff had a comprehensive induction, and we saw evidence staff had the appropriate support to remain effective in their roles. People we spoke with said they received good support at mealtimes.

Caires Care is a domiciliary care agency which provides personal care to people in their own homes. It provides a service to older people and younger adults. At the time of our inspection there were five people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

There were sufficient, safely recruited and well-trained staff to ensure people received care and support when they had requested it. Calls were planned to take into account travelling time, which was reflected in the feedback we received that calls were rarely late. People were told if care staff were going to be late.

Risks associated with care and also people's homes were well assessed, with guidance in place to show how risks could be minimised. Systems were in place to safeguard people from abuse and medicines were well managed.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service this practice. People gave consent for care and confirmed they were offered choice.

New staff had a comprehensive induction, and we saw evidence staff had the appropriate support to remain effective in their roles. People we spoke with said they received good support at mealtimes.

The culture of the service was focused on people and we found it was extremely caring. People we spoke with valued the care and support they received and we saw the registered manager and staff had gone over and above to make a positive impact on people's lives. People received additional support to avoid social isolation and in making their homes accessible which had a positive impact on their lives. There was an exceptionally caring approach to supporting people to express their sexuality safely.

People were empowered in the writing of personalised care plans, which used their own language to describe needs and preferences and demonstrated a very good level of involvement. The culture of the organisation focused on respect and empathy for people as individuals, reflected in the quality and presentation of documentation, content of and approach to training and in the personalised support people received.

Needs and preferences were assessed and documented before people began to use the service. People were involved in reviewing their care plans and told us they had not had reason to make complaints about the service.

We received positive feedback about the registered manager, and found they had a very clear vision for the kind of care they wanted to provide. People and staff were asked for their opinions of the service in order to help the registered manager ensure quality of delivery and make any improvements identified.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service had improved to Outstanding

People were empowered in describing and planning the support they needed.

The service was true to its core vision of empathy and respect for people as individuals.

The provider went 'over and above' to ensure people received an exemplary level of support in all aspects of their lives.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Caires Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our comprehensive inspection was announced. We gave the provider 48 hours notice of our inspection as we needed to be sure someone would be in the office to speak with us. Inspection activity began on 4 July 2018 when we called people who used the service and staff by telephone. We attended the office on 5 July 2018. The inspection was carried out by one inspector and an assistant inspector.

Before the inspection we reviewed the information we held about the service, including past inspection reports and notifications about incidents which the provider is required to send us. We also contacted other bodies such as the local authority, safeguarding teams and Police to ask if they held any information about the service. We did not receive any information of concern.

We did not send a provider information return (PIR) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person, the relatives of three people by telephone, and one member of staff. We also spoke to a professional who advocated for someone who used the service. We visited the office and spoke with the registered manager. We looked at two people's care records including medicines administration records and daily notes, two recruitment files and other documentation relating to the running of the service.

Is the service safe?

Our findings

At our last inspection in October 2016 we rated this key question as 'requires improvement'. We found safe recruitment processes had not always been followed and identified a breach of regulations relating to staffing. We asked the provider to send an action plan to show how the required improvement would be made. At this inspection we reviewed recruitment processes and concluded the provider had acted to make improvements in this area and was no longer in breach of regulations. Background checks were thorough, including checking employment references, identity and contacting the Disclosure and Barring Service (DBS) before staff began working in the service. There were enough staff to meet people's needs safely.

Relatives and people we spoke with told us staff arrived on time, and that if there were any delays they were contacted and told about these. They said it was not often that calls were late, and referred to factors such as weather as causing any delays they had experienced. Staff told us they had time to travel between calls, and the registered manager explained to us how they planned calls to ensure the service remained safe for people and staff. Our review of records showed staff attended calls in correct numbers, for example two staff where this was required to provide safe support with moving and handling. Relatives told us calls were attended by regular staff, meaning people were familiar with staff who came to their home. Relatives told us this was a reason why they believed the service was safe. One relative said, "It tends to be the same people time after time."

We found the registered manager and staff understood how to safeguard people against abuse, and their responsibilities to report any concerns. Care plan review forms included questions which showed the registered manager ensured any safeguarding incidents which may not have been reported could be identified. For example, people were asked if staff had ever handled their money, whether staff had been offered or requested any gifts, and whether people had any concerns about staff or the service in general.

Care plans contained information about risks associated with people's care and support, and environmental risks. We saw staff continued to have access to clear guidance to show how these risks could be minimised safely. Our review of medicines administration records showed people who needed it continued to receive good support in this area from appropriately trained staff, with records showing medicines were not being missed. Relatives we spoke with confirmed this or told us they administered people's medicines with no support from staff.

Is the service effective?

Our findings

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.

We saw there was a good approach to the gaining and recording of consent, which made clear to people that they could amend or withhold their consent at any time. People signed their care plans and contracts of care to indicate their consent.

Everyone we spoke with said staff offered choices. One person's relative referred to meal times and said, "They ask [name of person] what they fancy. Sometimes cooked or just toast. Whatever they fancy." A person who used the service was asked if staff respected their right to make choices and said, "Oh yes."

We looked at records which showed staff were provided with relevant and up to date training to support them in their roles, including a comprehensive induction which included the Care Certificate. This is a national training standard for people working in care. Other training included equality and diversity, moving and handling, person-centred care and safe medicines handling.

We saw records of regular supervision of staff during their induction, which covered a 12 week period during which new staff shadowed more experienced colleagues. Staff continued to have supervision meetings during their employment, and records showed these were meaningful conversations covering areas such as concerns about people who used the service, challenges with the role and any additional training staff may wish to have. We saw any required actions were recorded and followed up at subsequent meetings. We asked people and relatives if staff had the right skills and knowledge to provide effective care and received only positive feedback. A relative told us, "Yes, they have. They do everything." We reviewed records of training provided and saw this was relevant, creatively structured and showed the provider was invested in equipping staff with the skills to provide care and support reflective of current good practice.

People we spoke with said staff provided good support with meals where this was required, including when relatives who normally made meals were not able to be present to do this. A relative said, "They give [name of person] whatever she needs. She has an option. They always ask her what she wants."

Is the service caring?

Our findings

We saw leaflets sent to people who used or were thinking of using the service stated, 'We recognise the meaning of care. It isn't just a name to us. Every individual has the right to choice, to feel a sense of belonging, to have a purpose, to feel safe, to have a voice and to be heard.' During our inspection we found the service was true to this vision. Respect for people and the provision of a very caring, highly personal and compassionate service was evident through all aspects of our inspection.

The registered manager's vision placed dignity, equality and a commitment to providing person-centred care at the core of their business. Induction and training focused on this vision to ensure new and existing staff were bought into this culture and delivered caring support to people that reflected and often exceeded current good practice. The registered manager told us, "I make clear what good care is, and what we don't want. Care is not a tick-box exercise." We saw staff induction and on-going training included sessions focused on these company values and embedding them in the service, and saw staff were not offered permanent positions with the service if they were not demonstrating the core values during their induction period.

People we spoke with were very clear about the positive benefits of receiving support from a small, uniquely caring service, and the registered manager described to us how they had resisted allowing the service to grow as this may have compromised their ability to provide truly bespoke services to people. One person's relative told us, "They have reached the stage where they know us quite well. They are becoming more like friends." Another relative said, "We are pretty lucky with our carers." A professional who advocated for one person who used the service said, "They are very good. They treat [name of person] how they should be treated." This person gave examples of how Caires Care had made a positive impact on the person's life above that expected from the care and support they were contracted to provide, including supporting them to get their home adapted to increase their independence. They told us, "[Name of registered manager] is very proactive. She is really proactive in thinking of activities for [name of person] and is instrumental in making sure there are staff there to let builders into the property."

The provider was proactive in making sure people and staff were well matched. For example, people's preferences for the gender of the staff who provided personal care were understood and respected, and we saw people were regularly asked whether they were happy with the staff that were allocated to their calls. This meant people received support from people with whom they had been able to build trusting and caring relationships. Ensuring consistency of staff who attended calls had also contributed to this very positive aspect of the provider's service.

Training for staff focused on empathy for people. For example, the registered manager showed us training they had devised and provided for staff to enable them to support people who may be living with dementia. This involved staff wearing adapted clothing and sensory equipment such as glasses in order to gain an understanding of the impact of the condition and why people may struggle with day to day tasks. The registered manager told us, "It is easy to forget the person when someone has a condition like dementia. The training I provide puts the person first, it's training that makes the light come on for the staff" We saw the service offered support and training to people who may be supporting someone living with dementia,

even though they may not be customers of Caires Care.

Care plans were written in ways which showed people had been consulted and empowered to be an equal partner in planning their care. and people we spoke with confirmed they were included and listened to. For example, documentation was written in the first person with statements such as 'My needs' and 'How I would like carers to communicate with me'. This meant the plans were personal and meaningful to the person. Where people's care and support needs were stated, this used their own language so that the descriptions were sensitive to their needs and reflected how they wished to talk about care and support. For example, we saw one person had a progressive lung disease which was described in the 'my condition and social care needs' section as 'a bad chest'. Although there was also more detailed documentation for staff to refer to, this meant people's rights to describe conditions in ways which they preferred had been respected. We saw people were asked if they were aware of and happy with the content of the care plan whenever this was reviewed. This meant open, honest and meaningful discussions took place to ensure the service understood what people wanted from their care and support, and the individual ways in which this should be provided. People we spoke with told us they felt changes could be made to care plans whenever they wished.

Before people began to use the service they discussed what was important to know about their lives to date, for example things which they enjoyed or did not enjoy, what was vital to know about how they communicated and how they spent or wished to spend their social time. This information was clearly presented in the care plan and formed a valuable resource to help staff understand and build empathy and trust with the person.

People and relatives we spoke with said staff were very respectful of people's privacy and dignity when providing care. One person told us staff were discreet and caring when assisting them to use the toilet, and always ensured they had privacy. A relative told us, "They are very mindful, they have a lot of patience. [Name of person] complains when being hoisted, but they are always talking her through it."

Daily notes and MAR charts which had been returned to the office showed respect for people's dignity extended to the written documentation left in their homes. Discreet and appropriate language was used when describing care and support which had been given and all entries were neat and well presented.

The registered manager was knowledgeable about the importance of understanding and respecting people's cultural, gender or spiritual identities, and how to ensure people received equality in care regardless of sexuality, ethnicity, disability, sensory impairment or other factors.

The service went over and above in order to support people who would otherwise experience social isolation, supporting them to attend cultural and sporting events out of hours and providing caring, discreet support in enabling one person to express their sexuality safely.

Is the service responsive?

Our findings

We saw care plans contained an assessment of their needs and whether these could be met, which was carried out before people began to use the service. This was kept under regular review, and we saw people were always involved in this process. People we spoke with said they thought care plans would be updated whenever they asked for this. A relative told us, "I am happy that changes would be made."

People had been supported to express how they wished their care to be provided, including answering questions about the gender of care workers who came to their home, their preferred name, and the kinds of support they needed. This included information about any equipment which would be needed in order to provide care. Whenever care plans were reviewed we saw people were asked if care needs had changes, whether their needs had been met and if their preferences had been respected.

The registered manager told us they had not received any complaints about the service. People and their relatives told us they had not had reason to complain, but said they would know how to if they did. Comments included, "No I haven't needed to complain. I would ring up the office if needed. I leave a note on the side if I am querying anything and they always answer," and "I'd complain to them if I needed to."

Is the service well-led?

Our findings

There was a registered manager in post when we inspected the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received good feedback about the registered manager from everyone we spoke with. Comments included, "She comes round from time to time, she will do the odd shift to keep in touch. She is always available when needed," "She is very approachable," and "She is there for me to speak to anytime I would need to."

We found the registered manager had a clear vision for the service, which included maintaining quality by limiting the size of the service. They told us this helped keep the care provision distinct and personal and said, "The whole aim of what we are trying to do is quality." People we spoke with were clear that they would recommend the service to others. One relative told us, "I think they like to keep it small. You get to know the carers." Another relative said they would recommend the service because, "They are hard working and conscientious. They have always taken good care of [name of person]."

The systems in place to monitor quality in the service were often informal, however these reflected the size of the service and the amount of contact the registered manager had with people who used the service and the staff that provided care and support. The registered manager often worked alongside staff to maintain this level of contact.

We found the registered manager was knowledgeable and confident about what worked in the service and why, and looked for opportunities to drive further improvement. They told us they had kept the service small to ensure its quality was not lost. They said, "When you have People's relatives said Caires Care provided a quality service which they would recommend. Comments included, "This is the best company [name of person] has ever had," and "I certainly would [recommend the service]." We saw evidence the service worked well in partnership with other agencies, for example in supporting people to avoid social exclusion.

People were asked about the quality of the service whenever care plans were reviewed, for example whether calls were always attended on time, whether staff stayed for the agreed time and whether people were comfortable with the staff who attended their calls. We did not see any adverse feedback from people. The quality of the service was also discussed during staff supervisions. We saw staff were asked, 'Can Caires Care do anything to improve?' The registered manager said they had made changes to tea time calls after getting feedback from staff that performance in this area had been affected by traffic levels. They said they had negotiated with people who used the service to help make the required improvements.