

Calida Care Ltd

# Calida Care Ltd

## 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 ●

# Summary of findings

## Overall summary

### About the service

Calida Care Ltd is a domiciliary care provider. At the time of this inspection 30 people received personal care support from the service. The service supported older people, some of whom were living with dementia, within their own homes.

Not everyone who used the service received personal care. 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.

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

People felt safe and there were systems in place to protect them from abuse. The service had enough staff to ensure people received a reliable and consistent service that met their needs. Staff had been safely recruited.

There were plans in place for foreseeable emergencies. Risks concerned with people's health, care and the environment were assessed and reduced as far as was practicable. People were supported to take their medicines safely. Staff were provided with training and checked to ensure they were following correct procedures. The service managed incidents affecting people's safety well.

People's nutritional needs were met, and staff worked collaboratively with health and social care professionals to support people with their healthcare needs. Staff were aware of people's likes and dislikes. There was a system in place to allow people to express any concerns or complaints they may have.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times. Care plans had been reviewed with people to ensure they were delivering person centred care.

Care planning was focused on people's individual needs and preferences and provided information about the tasks staff needed to perform at each visit and how the person liked these to be completed. This helped ensure people received personalised care in a way that met their individual needs.

Staff felt supported by the provider and management and could visit the office to discuss any concerns. Staff were enthusiastic about their jobs and showed care and understanding for the people they supported.

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. Policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20 August 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not previously been inspected.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Calida Care Ltd

## 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 completed by 1 operations manager and 1 inspector. An Expert by Experience contacted people and relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' 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 05 July 2023 and ended on 17 July 2023. We visited the location's office on 05 July 2023.

### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 4 people and 4 relatives by telephone about their experience of the care provided. We spoke with the nominated individual and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care and medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and quality assurance records were also reviewed.

Following the visit to the provider's office we continued to seek clarification to validate evidence found. We looked at records relating to the management of the service, including policies and procedures. We received feedback from 11 care staff and 1 health professional.

# 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 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 and their relatives told us the service provided safe care.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedures. For example, 1 staff member told us, "Fully aware of the term whistleblowing. I would not hesitate to speak with management regarding a colleague as we are all in the mind set to care and protect our clients."

Staffing and recruitment

- People generally had the same staff visiting them, which they told us provided continuity of care. One person said, "There's enough staff. She [registered managers name] has the ability to pick the most lovely people to do the work." A relative commented, "Our carers are regulars. We get four groups of carers a day. New carers have to be trained but always have an experienced one with them. All of them have good skills."
- Travelling time was factored in between care calls, which meant the staff did not need to cut calls short to get to the next person. One person told us, staff did not rush them, adding, "The carers are on time within agreed time frames. If I need an early visit the office is very obliging. There has never been a missed call."
- People were kept informed if staff were delayed. One relative told us, "Carers are as near on time as possible unless they get held up. I have a weekly schedule given to me. It's pretty good (visit timing). I'm phoned if there is a delay of more than half an hour. In two years I've only had 3-4 delays. No missed calls." Another relative said, "They (carers) are always on time. The maximum delay can be 20 minutes and they will phone us. But delays have been very very few and far between."
- The provider carried out background checks to make sure staff were safe to work at the service, including DBS (Disclosure and Barring Service) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and to the care staff who supported them.
- Areas covered by these assessments included risks associated with the environment, personal care, communication, medicines, nutrition, health conditions and moving and handling.
- Staff had a good understanding of people's risks. Risk assessments set out how risks were minimised or prevented. The provider was reviewing people's air mattress risk assessments to ensure staff had

comprehensive guidance to keep people safe.

- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather or not being able to gain access to people's homes.

#### Using medicines safely

- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- People and their relatives were happy with the medicines support. One relative told us, "The carers give medication from the blister packs except for paracetamol and creams. The carer checks the dosage. The carer then records the medicines given. The manager checks up rigorously. There are no problems with medicines." Another relative said, "They (carers) give him medication. It's all very organised. They make sure he doesn't take extra medicine and his medication is kept secure."
- Staff received training, had their competency checked and were confident to administer medicines. One staff member told us, "Medication has a three way check, we check MAR chart against the blister pack list / medication box, the blister pack against the physical tablet description and we cannot check out of medication if we have not signed it off, any change in medication we are notified in writing, as well as a call and it is changed on the care plan. Full training given."

#### Preventing and controlling infection

- Staff were trained and had their competency checked in effective infection prevention control practices. This included specific processes for the use of Personal Protective Equipment (PPE).

#### Learning lessons when things go wrong

- A system was in place to record and review incidents and accidents. The nominated individual was able to explain the actions they had taken to reduce the risk of re-occurrence, in the future, for a person who had fallen repeatedly.



# 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 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, and their families, where appropriate, were involved in assessing, planning and agreeing the care and support provided. One relative told us, "The carers are very careful with her. Her capabilities were assessed, and the carers encourage her do as much as she can for herself." Another relative said, "We (family) have POA (power of attorney). When Calida first came the care needs were discussed and there was a lot of documentation. I had to sign it. I have a master copy of the agreed care plan."

Staff support: induction, training, skills and experience

- People, and their relatives, told us staff had the skills to carry out their roles effectively. One relative told us, "The carers absolutely have skills to work with his dementia and needs. They have a good understanding of his needs."
- The provider ensured staff had the skills and knowledge to meet people's varying needs by providing thorough training and support to staff. One staff member told us, "Training is given as and when regulations change, or if we are dealing with a new situation for a client, or if refreshers are needed. If the company did not do this, we would not be able to do our jobs as professionally and confidently as we do."
- Staff received an induction which included shadowing more experienced staff, regular supervisions, and observations. One staff member told us, "First we have shadowing with colleagues to observe how the roles works and get to know each client, then we have training together in the office."
- Senior staff checked the learning of new staff had been translated effectively into day to day working practice. We heard examples of how the management team were supportive and constructive when providing feedback to develop staff's practice. One staff member told us, "We receive emails with updates and reminders, we have a social media app group where all supervisors and employees have mutual support. We also receive face to face support, both in training sessions in the office and in visits with clients to review if we are proceeding in the right way."

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

- People were happy with the support provided at mealtimes. One relative told us, "The carers make our meals. In the morning they make sure I have a drink."

Another relative said, "They take him to the shop to choose the meals he wants. He always has a choice."

- Where needed, carers either cooked meals, heated up frozen meals, or made sandwiches. Hot or cold drinks were given to people and left within reach at the end of visits.
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs. One staff member told us, "I read the care plan to check for allergies and we ask people, we support, what they would like to eat during a particular care call. Some

clients like us to read out for them options of the meals there are available. We always offer a client a drink and ask which drink they would like."

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals. One person told us, "I see the nurse for my leg oedema once a week. I see the Dr if the carers think I need any creams or medicines." Another person said, "The carers will tell me who I need to contact if I need any medical help. I do most of it myself". A relative told us, "The carers will inform us if a doctor is needed."

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.

- People, and their relatives, told us staff asked for consent before providing care. One person told us, "Oh yes, they [care staff] ask me what I want first. They respect my wishes. When they leave they ask- are you sure if there is anything else you need." A relative said, "She can show when she doesn't want something. The carers respect her wishes."
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.

# 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 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

- All the people, and relatives, we spoke with felt staff were caring. One person told us, "They (care staff) are thorough and lovely. They keep me happy. We laugh. They ask about me and how I am. We have a chat." Another person said, "I would say that every staff member has been absolutely wonderful." Other comments included, "The carers are outstanding. Absolutely outstanding", "They [carers] are all perfect. They couldn't improve." A relative told us, "I think the carers all go the extra mile to do a good job. I've never had any issues with them."
- Staff spoke in a kind and respectful manner with people and their relatives. One person told us, "It's my house and they (care staff) respect all my wishes." Another person said, "They greet me, are interested in me and make me feel they are there for me and me alone."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. One staff member told us, "I feel that I have good relationships with my clients, I take time to get to know them and their likes and dislikes, including things like how they take their tea. I talk to them throughout my visits, I also make sure that I talk to any relatives in the house." Another staff member said, "I personally love finding out about their lives, listening to their stories, and having a bond that enables me to give the best care possible."

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

- Feedback indicated there was a strong focus on people being empowered to make decisions about how they wanted their care and support to be provided. This ensured they retained choice and control over their care. One person told us, "I think the carers have got to know me and we talk about our families. They know what matters to me. I can ask what I want (care tasks) or don't want to them." A relative said, "Mum likes a chat. She has dementia and anxiety. They [care staff] chat with her and know her past interests. They understand her dementia and how to communicate with her."
- The provider carried out reviews with people to ensure they were happy with the care provided. A recent review for 1 person stated, 'We went over his care plans together and ensured they are accurate. [person's name] mobility and needs remain consistent and it is not felt more time is needed.'

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that people's privacy when getting personal and intimate care was protected. One person told us, "I am cleaned in the washroom. All the doors are shut. I dress in a private area. The carers ask me what I want. Like what soap I'd like and if I'm ready."
- Staff promoted independence. One person told us, "They do (keep me independent). In the morning I get washed. I do my front and the carers do my back. They help me get dressed." Another person said, "Staff are

not pushy. If I want to do something then they will watch me and are at my elbow, so that I'm safe." A staff member told us, "I also encourage my clients to be as independent as possible by gentle encouragement."

# 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 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; End of life care and support

- People received individualised care which met their needs and staff were passionate about the people they cared for and understood how to provide person centred care.
- People felt the service was responsive. Many people mentioned they had been able to change the time of visits if they had an appointment or were away for a while. The office staff also helped with getting an early visit done if someone was going to a hospital appointment or to a day centre.
- Care plans provided information about how people wished to receive care and support. One person told us, "I have a care plan. Every so often she (manager) comes to do a review with me about it. They couldn't deliver the care plan any better if they tried. I'm never left in the dark." A staff member told us, "In any moments of uncertainty I can turn to the care plans to provide answers. Also tells us the best way to help our client and what their needs are."
- When we visited the service, nobody was receiving end of life care, but staff had been trained to provide this should this be needed.

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.

- As part of the assessment the provider ensured Information was accessible for all people using the service. For example, by providing information in larger print font if required due to sensory loss and ensuring good communication techniques when speaking to people with a hearing loss.

Improving care quality in response to complaints or concerns

- Concerns were taken seriously and used to improve the service. People, and their relatives, told us they knew how to raise concerns should they need to and said they felt confident these would be resolved quickly. One person told us, "I have no complaints or concerns. I don't think they could improve." A relative told us, "We have been very happy with the service. Everything is dealt with to our satisfaction. Things are discussed and get done. I can't think of anything to improve."
- The service's process for handling any concerns was clear; we looked at the records of complaints and found issues raised had been investigated and responded to in a timely manner.

# 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 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

- People received individualised care which met their needs and helped to promote their quality of life and to achieve good outcomes. One staff member told us, "I would be very happy for a family member to be cared for by Calida. All my colleagues are smart, professional, caring and give amazing care. Nothing is too much for them and most will go above and beyond for our clients."
- Everyone wished to recommend Calida care to others. One person told us, "I would recommend them to others for their gentleness and caring ways. They treat you with respect." Another person said, "I have recommended them recently. They are very good and brilliant." A relative told us, "I would recommend them. We are very satisfied and happy to recommend. The carers service is at the same level throughout. They are extremely reliable." Another relative said, "It's a five star service."
- Staff we spoke with were passionate about the people they cared for. One staff member told us, "This is probably the best job I have ever had. I love my clients; I enjoy going to work and chatting to them throughout their visit. I have a good knowledge of their likes and dislikes, cheering them up on bad days and laughing with them on good days." Another staff member said, "Staff morale is the best I've ever known, and I've always worked in care. I know all of our wonderful carers, and everyone is always happy and positive. And that energy transfers to our clients, which is great."

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

- People praised the management. One person told us, "I think the service is excellently managed. The manager has insight and chooses excellent carers. She listens and gets things done. She's wonderful." Another person said, "The manager calls me to see to see how I am and sometimes comes to cover my care. It's like family to me. Yes, it is well managed. It's well done to be honest. I've never been niggled or upset by the service." A relative said, "The manager is marvellous, and it's very much well run."
- The registered manager and nominated individual had a clear vision for the direction of the service and a desire for people to have good quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- Staff praised the management. One staff member said, "I love my job, I'm proud to say I work for Calida care. [Management names] are both very respectful of the staff and genuinely care about us. There is never a day where I dread going into work and equally, I never go home thinking that I've had a rubbish day. Staff morale is good, we all communicate well with each other." Another staff member said, "For me, most important is the fact that I feel the appreciation from the managers. I try hard to be a good employee and it

reflects in feedback which I receive."

- The registered manager and senior staff used a series of audits to monitor the service. These included audits of medicines, and daily records. However, there was not always records on how they audited over areas of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people using the service. Regular reviews took place to ensure people were happy with the care. One person told us, "The manager comes once a year to do a review and discuss everything about my care." A relative told us, "They always ask my views about the service, and I've had a questionnaire. The manager asks questions on the phone or by personal visit. She is very approachable."
- The registered manager ensured staff felt valued and offered staff flexibility with their individual work life balance. For example, adjusting staff rotas to accommodate childcare responsibilities. One staff member told us, "What I like most is the flexibility of schedules, for me especially as I have children. I really like the way [nominated individual name] leads the team. She is very understanding, always tries to help, understands our needs."
- Staff felt very supported. One staff member told us, "[Registered manager and nominated individual names] have supported me a lot in my job and they are always there for help and advice any time of the day or night. I have worked in care for many years, but I have learnt a lot since working for Calida. We do talk a lot about my work, and I receive regular feedback about it, which usually is very positive."
- The leadership team and staff worked effectively with health and social care professionals to meet people's needs. A health professional told us, "I have always found my interaction with [Registered managers name] to be positive and she really seems to care about her clients and know them well."

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 provider was aware to notify CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had a policy on Duty of Candour to ensure they acted in an open and transparent way in relation to care and treatment if people came to harm.