

Care Assured Limited

# Care Assured 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 ●

# Summary of findings

## Overall summary

### About the service

Care Assured Limited is a domiciliary care service that provides support and personal care to older people in 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. At the time of our inspection 55 people were receiving support with personal care.

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

People told us they felt they received care from staff that made them feel safe and were confident they were well looked after. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. Risks to people had been assessed and those identified were managed safely by competent staff. Where people required support with medication this was managed safely; people and family members confirmed that medication was received at the right times. Where required, people had access to appropriate equipment and were supported to ensure their homes remained safe.

Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's individual needs. Staff had received a range of training appropriate and support to enable them to carry out their role safely and effectively. People told us they received the right care and support from consistent staff who were well trained and knew them well. People also told us staff never missed a call and always arrived on time.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People received support to maintain good food and drink intake and their healthcare needs were understood and met. Care was delivered in a personalised way and in line with information recorded in people's care plans.

Staff were motivated to deliver care in a person-centred way based on people's preferences and likes. People and family members told us staff were kind and caring and always treated them with respect. People felt listened to and told us staff always had time to sit and chat with them. Family members told us staff were keen to offer them additional support where needed. People were supported to maintain relationships with family members and to access community activities to reduce social isolation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members spoke positively about the management of the service and felt well supported. They knew how to make a complaint and felt confident any would be dealt with appropriately. Staff felt supported in their role and keen to implement the person-centred culture and approach encouraged by the registered manager and provider. Effective quality assurance systems were in place to monitor key aspects

of the service.

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 and update: The last rating for this service was requires improvement (published 30 July 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

# Care Assured Limited

## 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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and one Expert by Experience. 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

The inspection activity started on 23 July 2019 and ended on 4 August 2019. We visited the office location on 23 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and six family members about their experience of the care provided. We spoke with six members of staff including the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to accurately record risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Individual risks to people and the environment had been assessed and were managed appropriately.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.

At our last inspection we recommended the provider seek guidance on the correct recording of medicine administration and update their practice. The provider had made improvements.

- The provider had worked with other health and social care professionals to update their medicine administration records (MARs) to accurately reflect all medication being administered to people.
- MARs checked had been completed accurately by staff administering medication.
- Medicines were managed safely by suitably trained staff. Additionally, more detailed training had been provided for staff to ensure correct guidance was being followed when administering people's medicines.
- Those who required support with their medication told us they received it at the right times.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Comments included "I am totally safe," "Yes absolutely I feel safe" and "I haven't had any accidents so far."
- Family members told us they were confident their loved ones were safe. One family member told us "[Relative] is very safe. No issues at all."
- Staff received training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident reporting safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further occurrences.

Staffing and recruitment

- Safe recruitment processes continued to be followed.
- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs. People told us staff visited at the times agreed within their care plans and had never experienced occasions where staff missed a call.
- People told us they were supported by regular staff which made them feel safe. Comments included "I do have a regular carer, when she is off I usually get others who I know. Any new carers are introduced by my usual carer," "We have a good mix at present" and "In the morning I always get the same carer."

#### Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information. They used personal protective equipment (PPE) and good hand washing techniques to minimise the spread of infection.

#### Learning lessons when things go wrong

- The service kept a record of any 'significant events' including accidents that occurred within people's homes. Incidents were reviewed regularly by the registered manager to look at patterns and trends. Action was taken to prevent incidents occurring in the future.
- The service had learnt from a significant incident that had occurred since the previous inspection and had worked closely with other professionals to make improvements to certain practices to ensure future incidents did not occur.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process. Comments included "Yes I was involved [manager] say with me and we talked about what I needed help with" and "Yes, we all sat together and discussed [relative's] needs and agreed what staff would help them with."
- Assessments were completed in good detail and outlined people's desired outcomes.
- People told us staff knew them well and how best to meet their needs. Comments included "Yes they [staff] do, and they always ask if they can do anything else for me," "They [staff] understand exactly" and "Very much so."

Staff support: induction, training, skills and experience

- People and family members told us they felt staff had the skills and knowledge to provide the right support. Comments included "Oh yes, I know they [staff] have plenty of training as they have told me," "They [staff] know exactly what to do. They talk to him all the time" and "They [staff] are exceptionally well trained. I have no issues. They all work to the same method and ethos".
- Staff were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited staff had completed a comprehensive induction and shadowing period.
  - Staff continued to receive training throughout their employment in order to maintain up-to-date skills and knowledge; training received was appropriate to people's needs and the requirements of their role.
  - Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss their work concerns or learning and development when needed.

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

- Care records documented when people needed support with preparing food and drink.
- People told us staff helped with their meals where required and always made sure they had access to drinks and snacks before leaving. One person told us "They [staff] do my breakfast and prepare a sandwich for lunch. They make whatever I want."
- People were protected from risks associated with poor nutrition; where required, staff completed records to monitor people's food and drink intake.

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

- Where people received additional support from health and social care professionals this was written in their care records.
- The registered manager and staff were aware of the process they should follow if a person required support from any healthcare professionals.
- People told us if they had concerns about their health staff would talk to them about it and support them access health services if required. Comments included "In the past [staff name] has been amazing. She has called a doctor and sorted out my medication for me" and "There have been a few occasions when they [staff] have had to call a doctor. They have been very good." One family member told us "Yes they [staff] do, particularly around sores. They will always let me know when I need to call a doctor."

#### 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 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.

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 (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice and control over the care they received.
- Records to evidence consent for care had been signed by the right person.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People and family members spoke positively about the caring nature of the staff and the support they provided. Comments included "They [staff] are brilliant, always kind towards me," "Their [staff] attitude is very good, always have a smile on their face" and "They [staff] are extremely kind, caring and considerate. I like them all."
- People and family members told us staff spent time chatting with them. Comments included "They [staff] will have a natter about all sorts. We really put the world to rights. I feel like they are my friends" and "They [staff] do actually! They have chats about this, that and the other. Knowing my [relative] it would be about bingo – she loves bingo."
- Family members told us staff were not only supportive of their relative but them also. One family member told us "Staff will ask if I need help anything, especially if they see that I am struggling."
- Equality and diversity support needs were considered as part of the assessment process; the registered manager had a good understanding of their role and responsibility to ensure appropriate support measures were in place.

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

- People and family members told us they were given the opportunity to share their views about the care they received.
- Regular review meetings were held with people and family members to discuss care and obtain people's views. One family member told us "We have meetings with office staff to discuss [relative's] care. They always listen to us."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with dignity and respect and provided care and support in a way that made them feel comfortable. They felt staff were always patient and listened to them. Comments included "They [staff] are very patient," "They [staff] don't rush me, they will stay until everything is done no matter how long it takes" and "[Staff name] is very gentle and talks to [relative] throughout her time with him."
- Staff supported people to remain as independent as possible. One person told us "They [staff] don't mollycoddle me. They always ask if I can manage and let me get on with what I can do."
- People's care plans documented their desired outcomes which was to remain in their own home and feel safe. People told us staff continuously supported them to achieve this.
- Staff understood the importance of maintaining people's confidentiality and gave examples of how they

did this.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to 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

At our last inspection we recommended the provider reviewed their processes for gathering information in order to ensure that people's care records were person centred. The provider had made improvements.

- People's care plans now included information regarding their social history, likes and dislikes and cultural and religious beliefs to allow staff to get to know people before providing support.
- People's individual care needs had been identified and care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate.
- Electronic devices were used by staff to access relevant information regarding people's call times and tasks to be completed at each call. Staff used the electronic devices to log in and out of each call which meant office staff could monitor call times to ensure people were receiving support at the times allocated within their plans.
- Daily records were completed regarding the care and support provided to ensure staff had access to the most relevant and up-to-date information about people's care and support needs.
- The electronic devices allowed for both office staff and care staff to send immediate messages about changes in people's needs to ensure that records were updated where required.
- People told us, and family members agreed, staff were responsive to their needs and were often available to support them outside of their allocated hours.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to access community groups to help with social engagement and encourage people to access the community.
- Staff supported people to visit family members who were living in care homes to ensure they maintained relationships with them.
- Where family members lived abroad, staff supported people to maintain contact through computers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.
- The registered manager was aware of the need to ensure that information was made available to people in a way they would understand, such as large print for those with sight impairment, should they require it.

#### Improving care quality in response to complaints or concerns

- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. Comments included "I would just ring up. I know them all in the office" and "I do yes and their names are in the back of my book."
- Each person's care plan contained information about who to contact should they wish to make a complaint.
- The service maintained a record of complaints to show how complaints had been dealt with; those recorded had been dealt with appropriately.

#### End of life care and support

- The service was not currently supporting anyone with end of life care however they had done previously. The registered manager told us they work closely with health care professionals and follow guidance provided to ensure people receive the right support.
- Positive feedback had been received from a family member regarding the care and support recently given by staff to a person at the end of their life.
- The service worked closely with a local hospice to provide training for staff in end-of-life care; training given was in line with a nationally recognised model of good practice of care for people nearing the end of their lives.

## 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

#### Continuous learning and improving care

At our last inspection the provider had failed to maintain quality assurance systems to ensure the service remained safe and effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Effective quality assurance systems were now in place to monitor key aspects of the service; checks and audits were completed regularly by the registered manager and office staff.
- 'Spot checks' were completed on staff by the registered manager to observe their practice whilst providing support to people. Any issues identified would be addressed through supervision and additional learning and support given if required.
- Following a significant incident, the registered manager had worked with social care providers and trainers to address issues identified in the recording and checking of records in relation to medication and improve systems they had in place.
- Surveys were sent out to people and family members as a way to gather people's views about the service; information gathered was used to make improvements to the service provided. The most recent surveys submitted had produced a 98 percent satisfaction rating.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a culture of person-centred care which was evidenced by the positive comments received by people using the service.
- People were encouraged to share their views about the service and told us they felt listened to. One person told us "
- People and family members told us they were happy with the service they received. Comments included "Yes I would recommend them [care assured] totally. They [the service] do care for their clients," "Definitely yes, I am really delighted with [care assured]" and "I don't know what I would do without [care assured], my life would be a lot harder."

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff understood their roles and responsibilities; staff told us there was good communication between the registered manager and themselves about the any changes to the service or people being supported.
- People, family members and staff were confident in the registered manager's ability to run the service. Comments included "Yes I do [manager] seems on the ball," "I do yes" and "I think [manager] does a good job, she is a nice person."
- The provider ensured policies and procedures were reviewed regularly and accessible to staff when needed.
- The registered manager ensured we were notified of events as required by regulation
- The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service.
- Regular meetings were held with staff to provide important information about the service and offer them the opportunity to share their views about any improvements they could make.
- The registered manager and staff worked closely with other health and social care professionals to ensure good outcomes for people.
- Links had been developed with community groups and befriending services to help engage people and support with social interaction.