

Care Force Limited

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Inspection report

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Date of inspection visit:
23 May 2019

Date of publication:
01 August 2019

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 Force is a domiciliary care agency supporting people in their own homes. The service currently supports approximately 100 people.

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 were positive about the care they received and about the staff supporting them.

People were supported by staff that understood how to keep them safe and understood the risks to their health. People were assured staff would arrive on time and who had been through recruitment processes that included background checks. People's care was monitored to that any improvements to their future care could be incorporated.

People's needs were assessed to ensure their needs could be met by the service. People were supported by staff that had training and supervisions. Staff understood how to share any concerns for a person's health with the appropriate people and seek help where appropriate.

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 felt staff were caring and understood their needs. People felt able to communicate day to day needs and were treated with dignity and kindness.

People's care was designed around their wishes, preferences and needs. People's care was modified to meet any changes in need. People understood how to complain but had not wished to because they were happy with their care. Staff had received training on End of Life Care and understood how to support people.

People were confident if they contacted the administrative office, someone would look into their query. People felt their care was well planned and reviewed regularly. Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People and staff were encouraged to share feedback. The registered manager was supported by a management team that shared a vision for how they expected people to receive care and who understood the roles and responsibilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

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 ●

Care Force 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

There was one Inspector in the inspection team.

Service and service type

Domiciliary care

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

Notice of inspection

We gave the service 48 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 20 May 2019 and ended on 13 June 2019. We visited the office location on 23 May 2019.

What we did before 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 of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with

three members of staff in addition to the provider, registered manager, care manager and care co-ordinator.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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 Good. At this inspection this key question has now remained the same Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in their home and supporting them. One person told us they felt, "safe every time they come."
- People told us they supported by the same staff and therefore there were familiar with them. This reassured them in terms of safety.
- Staff were confident about reporting any concerns they may have and the registered manager would take the necessary action. The registered manager understood their obligations to share any concerns both with the local authority and CQC.

Assessing risk, safety monitoring and management

- Risk assessments for people were completed and were within peoples care plans for staff to refer to. Risks had been listed and were updated as and when needed. Staff could explain some of the risks people lived with and the action to take to reduce harm to the person. For example, staff understood it was necessary to attend care calls for people living with diabetes on time so that if they required meals these were not late.

Staffing and recruitment

- People told us the correct number of staff attended calls that they expected. For example, where two staff were expected, two staff attended calls. A real time call system was in place that alerted the registered manager if care staff failed to turn up for a care call. It also recorded staff feedback after each call.
- The registered manager had a system in place for reviewing the background of potential staff. Background checks included a DBS (disclosure and barring service) check. Staff we spoke to had worked with the service for a number of years.

Using medicines safely

- Staff had been trained to support people to have their medicines. Systems were also in place to check that people had received the correct support.

Preventing and controlling infection

- People told us staff always had a protective clothing and when they provided care to them. We saw staff pop into the administrative office and collect plastic aprons and gloves to use when supporting people. People told us spot checks were undertaken by the management team to ensure they used the correct equipment in order to minimise the spread of infection.

Learning lessons when things go wrong

- The registered provider explained honestly about how they had learnt to improve people's care. For example, they had improved how they recorded people's medicines as a result of a number of errors in recording. Increased training and reviewing had led to a significant decrease in errors. The registered provider-maintained recording was now at a level they expected.

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 the same.

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 of people's needs were shaped following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Staff support: induction, training, skills and experience

- People told us they felt confident staff had had the training to support them and knew how to support them. One staff member told us, "Training – you can always ask for training. They always welcome new ideas." They told us they had suggested training in supporting people living with Parkinson's disease as they had an increasing number of people living with this and the registered manager had responded positively to this.
- The registered manager had systems in place to monitor staff training and ensure staff undertook training regularly.

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

- People told us staff always checked what they preferred before preparing a meal or drink for them. One person told us, "They always make sure I have a drink ready before they leave."
- Staff told us they always ensured people living with diabetes were left a snack before they left.

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

- One person told us staff had called their family and arranged a doctor's appointment when they arrived at the person's home and saw that they were unwell.
- People told us they felt assured that staff would access the necessary treatment for them were appropriate and if they were unwell.
- Systems were in place for staff to alert the administrative office if they became concerned for a person's health. For low level concerns, we saw care records which detailed where staff were concerned for a person, staff asked the next staff member to monitor the person and seek help if appropriate.

● 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- There were no people currently supported by the court of protection
- People understood they could decline care if they preferred and told us staff always checked with them before they began to help them. Staff understood the importance of ensuring people were happy with support before they provided care.

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 the same.

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

- One person told us staff were "Brilliant". Another person told us staff were "Really caring". A further person told us they had been unwell, and staff had stayed with them until the ambulance had arrived.
- Staff explained they understood that people could have differing needs and that all people deserved the same level of respect. Staff confirmed they had received equalities training and understood how prejudice might be reinforced and how they could prevent this from happening.
- Many of the staff had worked at the service for a number of years and had built a solid understanding of the needs of people they had care supported for some time. People told us they liked the fact they had regular staff who they knew well and who in turn knew their needs well.

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

- People told us they were involved in day to day decisions about their care. One person told us, they always had at the same breakfast that staff always asked what they wanted in case they had changed their mind.
- The people we spoke with told us staff always checked with them that they were happy with their care before they left. People felt able to speak with staff and tell them what they needed.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by care staff. One person told us staff allowed them to undertake their own personal care and that they had the reassurance that staff were there if they struggled and needed some support that day.
- People told us staff respected their homes and their belongings. For example, one person told us staff always returned items in their home to where they belonged.
- Staff gave practical examples of how they supported people to maintain their dignity. For example, ensuring people had privacy to get changed where this was appropriate.

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 Good. At this inspection this key question has now remained Good.

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

- People were encouraged to share their preferences for care. For example, the times and days they needed care. One person told us they had needed to suspend their care for a weekend because of a family commitment. They told us staff had been accommodating and changed their care calls.
- One person told us they had increased the number of calls they needed because they had required more support, and this had all been arranged.

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.

- Staff understood people may have needs in relation to their communication and amended their communication accordingly. For example, where people had difficulty hearing, one staff member told us they showed people the options they were offering for food.

Improving care quality in response to complaints or concerns

- People understood they could complain if they needed to and the process for doing so. People felt confident if they had a complaint their issue would be resolved. The registered provider had a complaints system in place and used the system to respond to complaints where appropriate.

End of life care and support

- Staff spoke passionately about how they supported people to live as long as possible within their own homes. One staff member told us how she wanted to demonstrate care for people in ways that she would expect her own family member to be supported during that time.
- Staff had received End of Life training and understood what this meant in practice for people.

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 Good. At this inspection this key question has remained the same Good.

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 we spoke with felt confident if they contacted the administrative office with a query, someone would respond with any issues they had. People found the registered manager easy to contact should they need to.
- The registered manager met with the management team on a daily basis to understand people's most up to date needs and any issues that had arisen. For example, over a weekend if a person had become unwell, staff understood to update care records and the management team if there were any other care needs.

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 provider was very honest in sharing learning. For example, they shared a development plan they were working to with the registered manager to monitor how they intended to develop the service.
- The registered manager and provider spoke confidently about their legal responsibilities and ensuring all information was appropriately shared with the CQC and other bodies. For example, if they had concerns about a person's safety.
- The provider had achieved an award in recognition of the positive feedback they had achieved.

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

- Staff felt empowered to raise concerns for people. One staff member explained that the management team were very open and respected staff. The staff member told us they understood what the management expected them to report and they did not hesitate in doing so.
- The management team had a very clear understanding of roles and responsibilities. Systems were in place to review and update people's care. Staff practice was also regularly reviewed through spot checks to ensure staff delivered care to the registered provider's expectations.
- Regular management meetings ensured staff performance and care standards were reviewed and monitored. The Board of Director also reviewed standards of care through monitoring key performance indicators.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were assured that their views were considered. One person told us, "they send around a questionnaire every few months." People also told us staff from the office undertook spot checks which enabled them to speak with staff if they needed.
- Questionnaires we reviewed showed people responded positively about the care they received.

Continuous learning and improving care

- The registered provider together with members of the management team had been involved with the service for a significant number of years. However, they were keen to illustrate how they kept abreast of developments in care. Training, receiving updates from organisations they were affiliated to as well as attending local authority events helped them to develop their understanding of changes in care.

Working in partnership with others

- The registered provider spoke passionately about how they worked with other stakeholders to improve people's experience of care. The registered manager described how they had worked with local police and local authority in order to promote people's safety and ensure they had access to care. They also worked with Careline to ensure people received the correct support.