

Care Givers Limited

Care Givers Limited

Inspection report

Colchester Business Centre
1 George William Way
Colchester
Essex
CO1 2JS

Tel: 01206890904

Website: www.caregiversdirect.co.uk

Date of inspection visit:

07 March 2019

11 March 2019

Date of publication:

25 March 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 Givers Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Currently there were three people using the service.

People's experience of using this service:

- This service has remained small and has not developed as yet. Some aspects of personal care were not provided to people as this was currently not required.
 - People overall were satisfied with the service provided and said that the service was reliable and at a time of their choosing. People did have their needs assessed, risk assessments were in place with suitable care plans clearly documenting people's care requirements. Care was reviewed and people were asked for their feedback.
 - People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
 - Staff were appropriately recruited and given a suitable induction. Staff were trained to do the role they currently did. Staff felt they were well supported by the registered manager and office staff.
 - The registered manager had some systems in place to manage and monitor the service on offer, but these were limited to the current size of the service and would need further development should the service grow.
- Rating at last inspection: This is the first ratings inspection since the service registered on 26 February 2018.

Why we inspected: We inspected this service because it was the annual anniversary since registration and required a rating to be published.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

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

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 Givers 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Consisted of one inspector.

Service and service type: Care Givers Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of inspection three people were in receipt of a service.

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

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 7 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We then telephoned and spoke with people that used the service and staff that worked at the service on 11 March 2019 once they had been given notice.

What we did:

We used information the provider sent us in the Provider Information Return. (PIR) 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. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We telephoned and spoke with four people/relatives to seek their views of the service. We spoke to two staff during our visit as well as the registered manager of the service. We telephoned two care staff and sought

their views.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- People and their relatives said they trusted staff from the agency. One relative said. "Yes I trust them. They do a good job."

Assessing risk, safety monitoring and management

- Risks to people were assessed and were safely managed. People's needs and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as mobility, falls and continence were clearly documented and known by staff.
- Risk assessments relating to the environment were in place.

Staffing and recruitment

- Fit and proper persons were employed. There was a policy and procedure in place for staff recruitment. One error not in line with regulation relating to disclose and barring checks (DBS) was brought to the registered persons attention. They agreed to immediately rectify this oversight and revise the procedure in place to ensure it did not happen again.
- Peoples feedback was that staff were reliable and came at the time they requested to enable them to continue with their preferred life routines.
- A suitable record of staff supplied was in place, but this would require development should the agency expand as this related to such few people and staff.

Using medicines safely

- The service did not currently support anyone at any level with their medicines.
- There was a policy in procedure in place should this occur.
- There was training available for staff and a small number of staff were trained in safe medicines management.

Preventing and controlling infection

- Staff received training on how to prevent the spread of infection and food hygiene training.
- Staff were supplied with gloves and aprons to guard people and themselves from potential infection.

Learning lessons when things go wrong

- □ A process for learning when things go wrong is for future development as the agency grows. The registered manager had difficulty in identifying examples of learning from events and when things did not go to plan.
- □ The registered manager was keen to do the right thing by people and we could see from complaints management this was the case and from responses related to our feedback.

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

Good: 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 comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Staff applied their learning in line with best practice, which led to positive outcomes for people and supported them to live a life of their choosing.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their current roles effectively. Staff were supported through induction that included shadow shifts with the registered manager.
- Staff told us that they were appropriately supported by the registered manager and that they were available at any time should they need guidance or support.

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

- Appropriate assessments were in place to identify if people had a need for support with eating and drinking.
- Currently few people had support in this area, but for those people that were supported this was done effectively and well. One person told us that they were left with sufficient drinks and snacks to retain their independence.

Supporting people to live healthier lives

- People chose not to be in receipt of health care services from this agency, but we can assess that this agency's intervention enabled people to remain independent and therefore live a life as they chose.

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.
- We checked whether the service was working within the principles of the MCA and found that they had policies and procedures in place to guide them. Staff had training and understood about the MCA. People currently using the service had capacity to make their own decisions.

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

Good: □ 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 were treated well and appropriately supported.
- □ Feedback from people and their families said that their regular staff were kind and caring towards them.

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

- □ People were regularly asked for their views on their care and their plans. We saw evidence of regular four weekly reviews and feedback forms from people in care files.
- □ Daily notes demonstrated that people were asked at each visit how they wanted their care and support to go on that occasion. A relative said they did not read the care file in their home, but another younger relative did and they were assured by this that things were going to plan.

Respecting and promoting people's privacy, dignity and independence

- □ People were supported to maintain their privacy and dignity. A relative told us that staff always shut the bathroom door and then their relative emerged looking and feeling better.
- □ One relative told us, "We have never had people in our house before, but it is ok. They treat my relative well."
- □ People were supported to remain independent with their daily living skills. One person told us how staff left them with equipment set to enable them to make a drink later in the day.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live independent lives. Each person's plan was regularly reviewed and updated to reflect their changing needs. Records confirmed that people were involved with the review of their care plans.
- Staff confirmed that care plans in place reflected people's current needs. People had given consent to the care that had been arranged.

End of life care and support

- The service had not supported anyone with end of life care at this time.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. One person told us of their experience of changes made from feedback they had given in the form of a complaint. A different person told us that they would not say anything as they felt they would be treated differently.
- We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions with records were in place.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- This service was not running at capacity and therefore proved difficult to evaluate. Planning was in place to develop a quality service that was based upon sound policies and procedures. The service was set to be rolled out but as yet had not fully developed.
- There were structures and good intent to develop a service in line with openness and duty of candour.
- The registered manager was open and facilitated the inspection.

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

- People were clear about their roles within the organisation and there was an appropriate structure for the size of agency.
- There were systems in place to monitor the service provided. This included spot checks of staff. Records showed that the service was evaluated and if it fell short then staff received appropriate feedback to improve their service provided. For example, to have identity card with them and to wear the set uniform given.
- The registered manager also completed spot audits of service delivery. They visited people to seek the service user's perspective and to check records were correctly completed and up to date.

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

- Care plans in people's homes contained service user and relative satisfaction surveys that could be completed and returned at any time. Those returned recently were positive about the service provided. This along with regular review of care packages showed people were regularly consulted about the service.
- Staff confirmed they were well supported and involved. One staff member said, "They are an amazing company. I'm given training I need. They are very supportive and are there on the end of the phone if needed."

Continuous learning and improving care; Working in partnership with others

- The registered manager and one carer were attending a series of training sessions developed by the local authority. They were to attend the next day for training on 'virtual dementia' to add to their existing dementia training.
- The registered manager told us about the positive relationships they maintained with other professionals. This included the local authority, CQC and other care services with whom they worked.

