

Care Guaranteed Ltd

Care Guaranteed

Inspection report

56 St. Julians Lane
Shoreham-by-sea
West Sussex
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18 March 2020

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Care Guaranteed is a domiciliary care agency that provides personal care and support to older people. They provide live in care workers for people in their own homes. Staff are companions for people and are available for support and care as required over 24 hours a day. At the time of this inspection seven people were receiving a service from Care Guaranteed. The registered manager co-ordinated the service from a home office location.

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

The quality monitoring systems did not support safe and best practice in all areas. For example, contact with relatives and legal representatives were not recorded and the purchased policies and procedures had not all been adapted to support the practice of the service.

There were enough staff, who had been safely recruited, available and working to provide live in care and support and to cover staff holidays. Staff suitable to become live in companions were recruited and matched to people. This companionship was to provide emotional support and to ensure people were safe to continue living at home. Staff understood how to protect people from abuse or discrimination and what actions to take if they were concerned. Any risks to people and staff were assessed and medicines were handled safely.

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. Staff were trained to support people effectively and the registered manager provided regular support and guidance to staff. The registered manager worked with health and social care professionals along with family and legal representatives to understand people's needs, health and well-being needs and to ensure these were met. Staff supported people to eat regularly, cooking and preparing meals when required.

Staff were caring and had developed friendly relationships with people and their families. They treated people with respect and ensured their privacy and rights were protected. Staff knew people well and understood the importance of supporting their independence and maintaining their everyday routines. Care plans reflected people's support needs and how they wanted to spend their time. The emphasis for staff was to support people to live their lives as close as they would if they were living alone. A staff member told us, "My main role is to assist and enable them to do as much as they can for themselves." A complaints procedure was available people, their relatives and legal representatives were listened to with any concern or complaint taken seriously and resolved.

The registered manager was keeping the service small to ensure they maintained a full management overview of all the services provided. In this way they knew people, their relatives and legal representatives well along with the staff provided. Feedback about the registered manager was positive from all contacts

and they were held in high regard for their approach. They maintained an inclusive and open culture where people and staff were listened to and valued. The registered manager was approachable and easily accessible. Regular spot checks and reviews were completed by the registered manager and in this way, they received regular feedback from everyone involved in the service provided.

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

Rating at last inspection

The service was registered with the Care Quality Commission in March 2019 and this was their first inspection.

Why we inspected

This was a planned comprehensive inspection,

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Care Guaranteed

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

The inspection was completed by one inspector.

Service and service type

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

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 registered manager is often out of the office. We needed to be sure that they would be available. We visited the office location on 6 March 2020 and spoke to people, staff, relatives and professionals on 18 March 2020.

What we did before the inspection

We reviewed information we had received about the service since they were registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People who used the service could not verbally share their views of the service. We spoke with two relatives,

a person's legal representative, and a visiting professional for their experience of the care provided. During the inspection we spoke with the registered manager and two staff members. We reviewed a range of records. This included two people's care records and two people's medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence we found. We looked at training and quality assurance records. We spoke with two relatives and four professionals who provided feedback on the service provided.

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 for this newly 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

- Staff received safeguarding training and understood the importance of raising any concerns if they believed someone was at risk of harm, abuse or discrimination.
- Staff knew how to report any suspicion of abuse to the registered manager who would follow up any concern directly with the family or local authority as necessary. One staff member said, "I would always speak to the manager about any concern around safeguarding or any worry about abuse."
- The registered manager had access to relevant contact details for each local authority where people lived.
- The registered manager worked with staff to ensure any form of discrimination against people or staff was not accepted. For example, the staff handbook gave advice on what to do in the event of racial harassment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People and possible risks were assessed and managed safely. Risk assessments provided staff with information and actions to reduce the risk that covered the individual and the environment. For example, when equipment was used to move people, including wheelchairs this was assessed.
- People's homes were assessed for any risks. This was to ensure staff safety and improve the safety of people living at home. For example, risks associated with fire were assessed and suitable fire detection systems were installed before a care worker was supplied.
- Accidents and incidents were recorded, and actions were taken to reduce any risks and to learn from things when they went wrong. For example, one person had fallen and was at risk of falling down the stairs. An occupational therapist had been used to assess the risk and safety hand rails had been supplied.

Staffing and recruitment

- There were enough staff to meet people's needs, and arrangements were in place to cover staff breaks and holidays. Relatives were confident staff were suitable and people were safe living with them. One relative said, "It has been a nightmare in the past, I now have peace of mind and know that he is safe."
- Staff were matched to people and the registered manager ensured people and staff were comfortable with each other. They told us "The relationship between them is so important, they have to gel."
- The registered manager remained on call at all times for advice and guidance. Staff and relatives told us the registered manager was always available and answered the telephone whenever they called. One staff member said, "The manager can be called at any time, she is always there."
- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely

- Medicines were managed safely. Staff had received training on the safe handling of medicines and felt they had the skills to support people to take their medicines safely. One staff member told us, "I have completed training on medicines and the manager has come and checked on my practice."
- Records supported staff to handle medicines safely. For example, each person had a medicine profile to confirm what medicines they were prescribed and how they were to be given.
- Each person who was supported with their medicines had a medicine administration record, (MAR) chart which recorded what and when medicines were given. These records were checked by the registered manager in order to monitor staff practice.

Preventing and controlling infection

- People were supported to live in a clean and hygienic environment with the risk of cross infection minimised. One relative told us, "The house is spotless we are very pleased with the way they keep things clean and tidy."
- Staff received training on infection control and food hygiene and followed best practice when providing personal care. For example, staff used gloves and aprons when providing personal care. These were supplied from the registered manager and were found to be available in the office location.
- The registered manager had contacted staff and updated guidance in response to a recent increase in the risk of infection. One relative told us, "The manager has ensured hands are kept clean and provided more wipes to ensure this. A staff member told us, "I have been provided with a computer link for further infection control training specifically on the coronavirus."

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 newly 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's needs were assessed in their own home before the provision of a service was considered. The registered manager completed all assessments meeting with the person along with their family or legal representative.
- The assessments were person centred and took account of people's physical and emotional needs along with people's choices. This gave staff a good understanding of people, what was important to them, and how they as a live-in carer could support them effectively. One relative told us, "The manager met with us and wanted to know all about him. They spent time with them to get to know him as a person well."
- The registered manager took account of relevant guidelines and legislation and assessed specific needs accordingly. For example, they took account of staff skills and abilities including those relating to medicines ensuring national guidelines were followed and understood by staff when supporting people.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide the individualised care and support people needed. Relatives, representatives and professionals were complimentary about the skills and knowledge of staff. One relative said, "Staff are really good, I don't have to worry about anything. The staff are well trained, they know all their medicines and which ones they have to chew. They know it better than I do."
- As a new service, staff had all been recruited over the past year. The registered manager's recruitment process ensured staff had a range of past relevant experience and skills. All staff completed an induction programme based on competencies recognised nationally as good practice.
- The registered manager told us they worked closely with 'skills for care' and used their resources. Skills for care is a charity that works strategically to develop the work force in adult social care to provide a skilled and competent work force. They also used a computer training resource which all staff could access and complete relevant training on line. In this way they monitored staff completion of essential training identified.
- The registered manager was committed to supporting staff and monitoring their level of well-being. They were in regular contact with them individually and spent time with them alone when completing service reviews and spot checks, which were completed as a quality checks on the service. One staff member told us, "I am very well supported I can always speak to the manager. When she comes, they are never rushed they have time to talk to me and are genuinely interested in how I am feeling."

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

- Staff worked with people, their relatives or legal representatives to ensure people had food and drink that

met their choices, preferences and needs.

- Staff knew people well and what foods they liked and disliked, and responded to individual daily decisions about what people wanted to eat and drink. One staff member told us, "He likes his food, he likes to have toast and oats in the morning, and he likes regular cups of tea."
- Staff were aware of people's health and dietary needs and how these needed to be responded to. For example, one staff member told us one person needed to have fluids encouraged to avoid kidney problems.

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 and encouraged to maintain and improve their health. This was achieved by working with people, their relatives and legal representatives to access health and social care support as required. For example, the registered manager met with an allocated social worker when they completed a review. The social professional told us, "The arrangements are working, my client looks better than they have for months."
- Staff were knowledgeable about people and any health conditions they were living with. For example, one person had a specific health condition the staff member had attended a health appointment with the person and their relative to understand the condition more clearly. They knew the signs and symptoms to look out for and told us, "I would recognise early signs of deterioration and contact the relative and GP immediately."
- People were supported to access healthcare services, as necessary. Staff supported people to attend health care appointments and to use local options for health promotion. For example, people were supported to attend dental appointments.

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 for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Although some people had dementia, they had capacity to make decisions about their support and care on a daily basis. Staff encouraged them to do so and listened and responded to these decisions. For example, one person liked country music and a relative told us this was played for them to listen to.
- The registered manager told us there was no restrictions to people's liberty and they were able to go where they wanted to. One relative told us, "They used to go off wandering, now he has someone living with them they are not doing this anymore." A legal representative said, "They go out whenever they want, they always make their way home."
- Staff had completed training on the Mental Capacity Act 2005 (MCA) and on the Deprivation of Liberty Safeguards (DoLS). Staff had an awareness of what capacity was and the importance of people making their own decisions.
- If there were concerns about people's ability to make decisions the registered manager told us they would

involve the local authority, families and legal representatives to ensure people's safety.

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 newly 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

- People were supported by staff who were kind, caring and committed to providing the care and support people wanted and enabled them to stay living at home. One professional said, "The staff member definitely cares about my client you can see that." A relative said, "The carer is a lovely person, we find them together and she makes him laugh."
- Staff knew people well and formed positive friendly relationships. One staff member told us, "The person I look after doesn't like being alone. I love my work and treat the people I support as a family member." A relative told us, "My relative and carer get on really well together."
- Staff demonstrated that they genuinely cared about people and their relatives. One relative told us, "The carer does not have to spend all their time with him, but we always find them spending time together often watching the TV or listening to music together." Another relative described how staff had ensured when they were on their day off, their relative was not alone and had plenty to do in their absence."
- Staff promoted equality and diversity and treated people equally irrespective of age, belief, disability, sex or race. For example, one staff member ensured when out with the person they supported, people spoke to them directly rather than directing their conversation to them. This ensured they were treated equally.
- Staff had an understanding any cultural and religious backgrounds that needed to be considered. For example, one carer escorted a person to church each Sunday to ensure they were involved as they wanted to be.

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

- Staff supported people to share their views and have control over their lives, support and care provided. Staff listened to people, shared their lives and promoted their individual wishes and decisions on a daily basis.
- Care plans were written with people, their relatives and legal representatives. These were reviewed regularly to ensure people's wishes continued to be respected and responded to. The care plans included people's life histories and people's views and decisions on how they wanted their care delivered. For example, people chose what time they got up and went to bed.
- The registered manager maintained regular contact with people and their relatives. They contacted them by telephone and carried out monitoring visits. In this way care and support was tailored around the views and wishes of people. A legal representative told us, "We had a long conversation with the manager last week."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, maintained their dignity and promoted their independence. Staff respected the way people wanted their homes to look and supported them to maintain healthy and safe environments. For example, staff spent time ensuring the standard of cleanliness throughout people's homes was maintained to a high standard. This included ensuring food storage was safe and appropriate.
- Staff recognised the importance of how people's appearance impacted on their wellbeing. Staff ensured people were dressed according to their individual preferences and knew what their preferences were. For example, one person liked to dress very smartly and had their shirts laundered.
- Staff supported people to maintain their own personal hygiene, provided support when needed but encouraged their independence and promoted their privacy and dignity. For example, one person was able to change themselves if they had appropriate facilities. Staff ensured when visiting the swimming pool, the changing rooms accommodated their needs.
- Private information was kept confidential. Office records were held securely within locked cabinets and a locked room. The registered manager told us staff were aware of their responsibilities regarding maintaining confidentiality.

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 newly 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

- People received individual support tailored around their assessed preferences and routines. People needs were assessed by the registered manager and support plans were developed to guide staff. Daily routines were discussed and documented ensuring people lived in the way they wanted. For example, meal times and night routines were recorded.
- The registered manager and staff worked with people, their families and legal representatives to know people and what was important to them. People's life histories were shared with staff to help them know and understand the people they supported. For example, one person liked to walk, they had always enjoyed this activity and staff supported them to continue this safely.
- The staff handbook given to all staff confirmed staff needed to take account of people's choices, "Remember your own personal view should not influence an individual's choice."

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 registered manager and staff worked closely with people, their families and legal representatives to support people to communicate, and to be understood. People's communication needs were assessed, shared with staff and recorded within the care plan.
- Staff knew people well and developed skills to understand them. Staff showed a commitment and patience in order to support people with their communication. For example, one person's verbal communication was difficult to understand. Staff understood their frustration and took the time required to communicate effectively. A staff member said, "It takes time, we have to slow things down, and we get there in the end."

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

- The registered manager ensured staff and people were well matched and gelled with a level of friendship. In this way staff provided people with companionship for their safety and emotional well-being and prevented social isolation. A staff member told us about one person, "They hate being on their own, we

spend all our time together as I like being indoors with him."

- People were happy to spend time with staff and to complete social activities together. In some cases, staff supported them to attend social activities and family events. For example, one person had a very active social life meeting friends and family regularly. Staff helped them organise their busy social calendar, provided transport and attended along with them if wanted. This promoted active and fulfilling lives, with people spending time doing things that they enjoyed.
- Staff joined in activities within the home with people, this included playing cards or bingo. They promoted a home like environment where people continued to feel comfortable. Families and friends visited regularly, and staff had good relationships with them. A relative said, "We are very happy with the carer, I know he is comfortable with her and so am I."

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was available to people, their relatives and legal representatives. This confirmed the systems to record and investigate any complaint received.
- Any complaint received was taken seriously and responded to. Records confirmed how complaints were investigated and acted to. For example, concerns raised about a staff members approach were addressed and followed up with appropriate follow up training and supervision with the staff member concerned.
- The registered manager understood the importance of responding to any concern quickly and showing that they had been listened to. One relative told us, "One carer did not have a good relationship with her. We raised this with the manager, and this was sorted straight away."

End of life care and support

- At the time of inspection, no one was receiving end of life care. The registered manager advised when people needed end of life care, they would work with the person, their families and health professionals to support them. For example, one person had a care plan agreed with health care professionals confirming care and support needed for the future. This confirmed this person was not to be admitted to hospital.
- Where people had discussed their choices and decisions around resuscitation these were recorded. The corresponding forms were stored safely, and staff knew to make these available to health care professionals as agreed to inform people's medical care.

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 newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- As a new service, it was developing and growing under the close management of the registered manager who was committed to providing a tailored and individual service. In order to ensure quality, the registered manager had decided to stop any service expansion at this time to consolidate the current provision.
- Although quality monitoring and governance systems were in place, records did not support and evidence safe and best practice clearly. For example, the regular contact with relatives and legal representatives were not recorded and the purchased policies and procedures had not all been adapted to support the practice of the service. The recruitment procedure did not ensure a clear audit process for all required records. This meant quality performance measures had not been fully established.

This was identified to the registered manager as an area for improvement.

- The registered manager was aware of their legal responsibilities and was quick to respond to any areas that needed to be improved that were identified during the inspection process. For example, they ensured records relating to medicines were improved to ensure these included those medicines given very occasionally.
- The registered manager demonstrated strong leadership with a clear vision. They were well respected by relatives, legal representatives and staff. One relative said, "The manager is brilliant she is someone who really cares." Another relative told us how the manager had supported them in a funding meeting with social services. "She was so helpful."

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

- The registered manager promoted a positive culture where people their relatives and legal representative along with staff were listened to and empowered. The registered manager was availed and approachable. One staff member told us, "All you have to do is ring or text her and she gets straight back to you."
- Staff told us they felt valued and appreciated. Staff were praised and thanked for their work. A staff member told us, "The manager is always there for you, and always interested in what you have to say."
- People, their relatives and legal representatives knew the registered manager well and were positive about their management abilities and style. They told us the focus was on getting the required support and care for the person. However, felt she also took account of families and friends. A legal representative told us,

"The boss is always available, she shows a concern for all of us. She wants to get it right for all of us including us as their representative."

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, Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour. They knew when to submit a statutory notification to the CQC and had information on all required notifications displayed in their office.
- The registered manager acted in an open, honest and transparent way. Any concerns and experiences were reflected on, to identify what went well, and what could be changed and improved. For example, feedback from people, relatives and their legal representatives on how staff interacted with people was given a high priority. Feedback positive and negative was discussed and acted on. Leading to a change in staff member on some occasions. This ensured the correct pairing was always made.
- The registered manager was committed to improving practice including her knowledge and skills. For example, she is a member of a West Sussex County Council Support Network and a national support organisation. She is also completing a management diploma and intends to complete further training on dementia with an emphasis on the use of technology in this area of care to support people and her staff.

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

- The registered manager understood the importance of receiving regular feedback and working in partnership with people, relatives, legal representatives, staff and visiting professionals.
- Regular contact was maintained with everyone involved with the persons care and support. This included regular telephone contact and spot checks to review the practice of staff and to assess the care provided. Any information was used to improve the service provided.
- Face to face contact with people and their relatives and legal representatives was also maintained and ensured people who had difficulties in communication were given appropriate time and support to share their views. For example, people with dementia expressed their views in actions and the registered manager took time to understand these with relatives and legal representatives. One relative said, "If they are not happy, they do not relax, we can tell when things are not right for them."