

Care With Pride Ltd

Care with Pride Luton

Inspection report

Suite 8B1, Britannia House
Leagrave Road
Luton
Bedfordshire
LU3 1RJ

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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

Care with Pride - Luton is a domiciliary care service, providing care to people living in their own homes.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. There was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure that people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed regularly and they had care plans in place that took account of their individual needs, preferences, and choices. Staff had regular supervisions and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when families were unable to provide support.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided and were guided through regular input by the person receiving care to ensure the care provided continued to meet their individual needs, in a person centred way.

The provider had an effective system to handle complaints and concerns. Where people were able to remain in their own homes, staff ensured that they remained comfortable, dignified and pain-free at the end of their lives.

The service was well managed and the provider's quality monitoring processes had been used effectively to drive continuous improvements. The registered manager provided stable leadership and effective support to the staff. They worked well with staff to promote a caring and inclusive culture within the service. Collaborative working with people, their relatives and other professionals resulted in positive care outcomes for people using the service.

Further information is in the detailed findings below.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Care with Pride Luton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a comprehensive inspection. It took place on 15 November 2017 and was announced.

We gave the service three weeks' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that the registered manager was available in the offices for us to carry out the inspection and that they had sufficient time to inform people using the service of our upcoming inspection.

The inspection team consisted of one inspector from the Care Quality Commission and an 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. Our expert by experience had experience in the support of people living with dementia.

Before the inspection, we used information the provider sent us in the Provider Information Return. 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with 10 people who used the service. We spoke with the registered manager, the administrator and three care staff. We looked at the care records of six people using the service and the recruitment and training records for four staff employed by the service. We also contacted external agencies to gain further feedback and we received feedback from one agency. We reviewed information on how the provider managed complaints, and assessed the quality of the service.

Is the service safe?

Our findings

People felt safe. One person said, "Yes I feel safe. I know the carers." Another person said, "Yes I think so. I know them." A relative we spoke with also said, " [Relative] knows them and feels safe with them all."

Documents reviewed showed that the provider had supported staff to gain the appropriate training and guidance to support people safely and we spoke with staff who showed good knowledge of local reporting procedures and the providers safeguarding policy. The registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

Staff and the provider worked with people and their families to identify potential risks to people's health and wellbeing and created personalised risk assessments. These assessments gave guidance to people and staff on how risks could be minimised. Records showed that there was a system in place to review risk assessments regularly.

There were safe staff recruitment procedures in place, and there was sufficient numbers of staff to support people safely and at their agreed times. One person said, "The timekeeping's usually ok. Sometimes they will ring if they are going to be late, but I understand it can be difficult if they are stuck in traffic, for example." None of the people we spoke with could remember any occasions when staff had missed a visit and all confirmed that staff stayed for the allocated times. One member of staff said, "I am very proud of myself, I will always arrive before time and make sure I stay for the allocated time or longer if they need me to."

People's medicines were managed safely in order for them to receive effective treatment, and people we spoke with were happy with how staff supported them with their medicines. We saw that regular medicines audits were undertaken and staff competency was also assessed. Staff also confirmed that they had received training and were regularly assessed on their competency to administer the medicines safely.

People were supported in a way that ensured they were protected from risks of acquired infections. One person said, "[Staff] wear gloves and ensure their hands are clean when preparing food." Other people told us how staff would wear protective clothing when supporting them with personal care and support. One person said, "They wear gloves, aprons and make sure things are clean."

The registered manager showed us how they learnt from incidents and put effective systems in place to reduce the risk of them happening again. For example, we saw that the provider had put in a new electronic care planning system and the manager was in the process of adding medicines records to the electronic systems. They told us that this would reduce the risk of errors as staff would record information in real-time on the systems. They also told us how they were arranging for a large monitor to be set up in the office which would track daily care visits and flag up any late visits or when staff had not recorded a visit.

Is the service effective?

Our findings

People felt that they were supported by staff who were well trained and supported them in accordance with their assessed needs. One person said, "They seem to know what they are doing." While a second person said, "Yes it would seem so." A relative also agreed that staff were well trained. The provider had a training programme in place which staff told us was effective in preparing them for their roles. Staff told us that they received on-going support through regular supervision and appraisals. One member of staff said, "Yes, I get observed." A second member of staff said, "Yes I have had training, they are very good with this."

People told us that where it was required staff would support them with meals. They told us that staff always checked whether they had access to fluids. One person said, "Yes I am. It works well." While a second person said, "Yes. I've had no issues with this at all." While a relative said, "They don't need to, but they always check with her." One member of staff said, "Where it's required I will heat up the meal and give it to them. I make sure they have a drink and I have enough time to wait until they have finished so I can make sure they have eaten well."

Everyone we spoke with told us that the provider had carried out an assessment of their needs prior to their care being provided and that they had felt involved. One person said, "Yes. I have felt involved at all times. A second person said, "Yes. Things have been discussed." While a relative said, "Yes. We have been involved throughout." Staff worked closely with people, their relatives and professionals to ensure the care provided to people was appropriate and continued to meet their needs. Reviews happened more often when people's needs changed. People indicated that they or their relatives were provided with appropriate choices on how they wanted their care to be provided. One person said, "I feel in control of how it works." A second person said, "Yes. They do what I ask of them."

Where required, people were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. People we spoke with told us that they or their relatives managed their health appointments.

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.

Staff had been trained on the MCA and they showed good knowledge of the processes they needed to take to ensure that people's rights and choices were protected. Consent to care was sought in line with legislation and guidance. We saw that most people were able to give verbal consent to their care and support, and staff told us that they always asked for people's consent before care was provided. They also said that they ensured that people had a say in what support they needed during each visit and they respected this.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "Yes, I do [think they are caring]. We have a laugh and a joke." Another person said, "Yes I think so, by their general attitude." A relative also agreed that the staff were caring. They said, "They are very pleasant."

The service and staff listened to people and provided people with support in a way that made them and their families feel that they mattered. People told us that staff would listen to them and talk to them in a way that they could understand. For example where a person did not have English as a first language, then the provider would ensure that staff supporting them were able to fully communicate with them and understood their cultural and religious needs.

Staff told us that people were always supported to make decisions and choices about their care. They further told us that they respected people's choices and their preferences and only acted in accordance with their wishes. People confirmed this and they told us that staff always respected their decisions. A member of staff said, "If a client wants a change [in their daily care] then we will inform the office and we will do it. We want to keep them happy."

People told us that staff promoted their privacy and dignity, particularly when providing personal care. One person said, "Yes I do [believe they respect me]." A relative also felt that staff were respectful to their relative, "By the way they are with her." A member of staff also said, "I have respect for them and will cover them up with a towel when I am giving them a shower." People also told us that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. One person said, "They help me with the things I need help with." While a second person said, "Yes I do. They help with what's needed, not what I can do myself."

Is the service responsive?

Our findings

We were told that the registered manager worked with people and their families and was responsive to changes in their support and care needs. Staff appeared to know the people they supported well. Staff were able to demonstrate they had clear knowledge of the people they were caring for. People we spoke with also confirmed this. One person said, "Yes they do [know me well]. I have three regular carers who provide my care." While a second person said, "Yes I think so." A relative also said, "We've got good carers." A member of staff also said, "Sometimes I might support different people, but generally I have regular people I support. We support according to the care plans but we also ask them what they like."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. People we spoke with also confirmed this. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings. We noted that care plans and assessments changed regularly and the provider kept staff up to date with all changes to people's care plans through regular updates.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. This ensured people's concerns and complaints were listened to and responded to, and feedback received was used to improve the quality of care and support people received. People felt comfortable in raising complaints with staff or the provider. One person told us that they had raised a concern about a [member of staff] and that they had been removed from their rota immediately without question. The person said, "I am happy with how the matter was resolved and always feel I can contact them if I have any concerns."

Although the provider was not supporting people at their end of life, they had trained staff to gain understanding of how to support people when the time should come. DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) records were completed and reviewed by the person and their doctor, and were made available within people's care documents so that staff were aware of this information.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

From discussions with the registered manager we found that they had a clear vision, which was to support people to receive high quality care and support. We saw that the culture of the service promoted person centred care which was open, inclusive and empowering for the people using the service. People we spoke with indicated that they had had appropriate opportunities to provide feedback to the service and had recently received a survey form. One person said, "Yes I do [think it's a good service]. It makes me feel cared for." While a second person said, "Yes it is [a good service]."

The manager had understood their responsibility to report to us any issues they were required to report to us. These are part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

People who used the service were involved in the improvements made within the service. We saw that the registered manager carried out regular visits to people to gain feedback. The registered manager said, "I maintain contact with everyone, we make calls and visit. I also do care calls at the weekends and will cover staff sickness." People told us that they were encouraged to provide feedback on the service and felt that they were listened to. One person said, "Yes I am. They provide a flexible service that can respond to my particular circumstances."

The registered manager was supported by the provider to make improvements to the service. We saw that a new electronic care planning system had been acquired and the manager was in the process of inputting people's care information onto the system. The manager told us that the system would be fully functioning by January 2018 and would allow for real time information to be made available to staff supporting people and in the office.

The service worked in partnership with other agencies such as the local authority, and local hospitals and GPs to ensure that people's care was effective, responsive and met the expectations of people and their families. People we spoke with did not have any concerns and felt that the staff provided them with adequate support when it was required to contact other agencies.

Staff felt valued and enabled to contribute to the development of the service through monthly team meetings. Minutes of these meetings showed that various issues relevant to staff's roles were discussed. One member of staff said, "The manager is very supportive, she is nice and we can talk to her. She is very good."

The provider had effective systems to assess and monitor the quality of the service. The registered manager and the administrator completed regular audits and took appropriate action to rectify any shortfalls in a

timely way.