

Care 2 Care Training Services Limited

Care2Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Care2Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of this inspection the service was supporting three people with personal care.

People's experience of using this service:

People told us they felt safe receiving care from Care2Care. People were supported to raise any concerns about their care and they told us the service responded promptly to resolve any issues.

Medicines were mostly managed safely. Staff were trained to support people with their medicines and their competency to provide this support was checked. We identified improvements could be made to audits completed by the provider, to ensure any medication errors would be quickly identified.

Staff were deployed effectively. The service provided care visits of a minimum of one hour per visit. Staff said this enabled them to care for people in an unrushed manner.

People told us they received care from a small number of regular care workers. People knew which care workers would be visiting them and they told us their care workers knew them well. People told us they received care in accordance with their preferences.

People were involved in developing and reviewing their care plans. They told us they felt in control of the care and support they received. 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 received a range of training and regular supervision. This supported them to deliver effective care. People told us they thought staff were well trained and they said all staff were kind and caring.

People said the service was flexible and responsive to their needs. They said the managers responded promptly if they raised any issues with them. People gave us examples of how the service had provided them with additional support at times of crisis. They said they could rely on the service to be flexible and supportive at these times.

People and their relatives knew how to complain but they all told us they had not needed to.

Staff told us they enjoyed their jobs. Staff and people using the service all told us they would have no hesitation recommending the service to their own friends and family members.

People using the service, their relatives and staff all told us they thought the service was well managed. Staff

said the managers were supportive. Without exception, people and their relatives told us they were happy with the care they received from Care2Care.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 31 October 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

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 remained good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our well-led findings below.

Good ●

Care2Care

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:

This inspection was completed by one inspector.

Service and service type:

Care2Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Not everyone using a domiciliary care agency receives support that is regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people do receive a regulated activity we also take into account any wider social care provided.

The service is required to have a manager registered with CQC. At the time of this inspection the manager was not registered with CQC, however they were taking steps to address this. Once registered, the manager and provider are both 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 this inspection as the service is very small and we needed to be sure the managers would be available during the office visit.

Inspection activity started on 29 April 2019 and ended on 1 May 2019. We visited the service's office on 1 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before this inspection we reviewed the information we had received about the service since the last inspection. The manager had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted social care commissioners who help arrange and monitor social care services. We also contacted Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to plan our inspection.

On 29 April 2019 we visited two people and their relatives at home, to obtain their feedback about the service they received. We also spoke with another person's relative over the telephone and three care workers. On 1 May 2019 we visited the service's office and spoke with two managers. We checked three people's care records, three staff files and viewed a range of other records relating to the management of the service.

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:

- People told us they felt safe when receiving care from Care2Care. One person commented, "Yes, I feel safe. I have no worries about any of the staff who visit" and a relative commented, "I have no worries about [my family member's] safety. I trust [name of care worker] implicitly."
- The provider had appropriate systems in place to safeguard people from abuse.
- All staff were trained in their responsibilities to safeguard people from abuse. Staff told us they were confident senior staff would act upon any concerns they raised.
- Senior staff were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Staff assessed the risks involved in the delivery of care to people when they started using the service. People's care records contained an environmental risk assessment detailing any risks posed to people and staff by their home environment, such as trip hazards or fire hazards.
- Risks were reviewed at appropriate intervals. The manager told us if care workers noticed any increase in risk or felt a person's needs had changed, they would inform the office. This would prompt a review of the person's risk assessments and care plan to check the service remained safe.

Staffing and recruitment:

- Staff were deployed effectively to meet people's needs and keep people safe.
- People told us they were consistently supported by regular care workers. People were allocated a small number of care workers and this meant they knew who would be visiting to provide care each week.
- People told us staff turned up on time and provided all the support they were expected to during each visit. Care2Care offered a minimum one-hour care visit. Staff told us this meant they had time to deliver the required support without feeling rushed, as well as having time to talk to people.
- We checked the provider's recruitment system and found staff were subject to a range of checks before they were employed at the service. This supported the provider to make safer recruitment decisions.

Using medicines safely:

- We found medicines were mostly managed safely. We identified improvements could be made to the provider's audit system, to ensure any potential medicines errors would be quickly identified and any lessons learned to reduce the risk of reoccurrence. During the inspection the manager told us they would introduce a more regular audit of all medicine administration records.
- The provider had a policy which provided staff with guidance about how to safely support people with their medicines. If staff supported people with their medicines, they were trained in medicines administration and their competency to support people with their medicines was checked by senior staff.

- Staff recorded any support they provided with people's medicines on a medicine administration record.
- People were happy with the support they received with their medicines.

Preventing and controlling infection:

- The provider had a policy which staff were required to follow to promote effective infection prevention and control practices.
- All care workers received training in infection control. Care workers told us they had access to personal protective equipment, such as gloves and aprons. People using the service told us staff always used this appropriately when delivering care.

Learning lessons when things go wrong:

- The provider had procedures in place to support staff to deal with any incidents or accidents. The manager told us there had not been any incidents or accidents since the last inspection.
- In the event of an incident or accident, the manager told us they would establish what had caused it and whether any lessons could be learned as a result. They told us they would share any learning with staff via supervision meetings and discussions with staff.
- The manager had a process in place to monitor incidents and accidents each month, which would help to identify any themes or trends.

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:

- People's needs were assessed before they started using the service and a care plan was agreed with them which staff were required to follow.
- By talking to people using the service and staff, it was clear staff were aware of the support people needed and this was delivered in accordance with their preferences. People were happy with the care they received.

Staff support: induction, training, skills and experience:

- Staff received a range of training to support them to develop the skills they needed to undertake their roles competently. New care workers completed an induction and all staff completed regular training in important areas.
- Staff were happy with the training they received and people who used Care2Care told us they thought staff appeared to be well trained and knew what they were doing.
- Staff received regular supervision meetings with their line manager which gave them the opportunity to discuss their work role, any issues and their professional development.
- Staff competency was checked through direct observations of the care they provided by their line manager.
- All staff told us they felt well supported by their managers and the staff based in the office. They all felt able to seek support and advice when necessary.

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

- People were supported with dietary needs and nutritional intake when required.
- Staff were trained in safe food hygiene practice and people told us they were happy with the support they received with meals and drinks.
- People were asked about any special dietary requirements they had when they started using the service, so staff could cater for their needs. If people required a special diet for medical or cultural reasons, this was recorded in their care plan so staff knew which food should be avoided.

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

- Where people needed support to maintain their health, this was clearly recorded in their care plan. If people received care from other health professionals, their details were recorded so staff knew who to contact in the event they needed any advice.
- Managers confirmed they would refer people to community health services if they identified people would benefit from their support.
- A relative told us staff had encouraged them to contact the GP when staff had noticed a deterioration in a person's health. They said staff were good at communicating with them if they noticed any health concerns

when delivering care.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- People told us staff obtained their permission before providing them with care and support.
- The managers and staff were aware of their responsibilities in respect of consent and involving people when making decisions. All staff had received training in understanding the MCA.
- We were satisfied the service was working within the principles of the MCA. They had policies in place to support this practice.

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 told us staff were kind and caring. They said they were well-treated and well-supported by staff. Comments included, "[Name of care worker] is wonderful" and "You can have a laugh with them [staff], but when it comes down to anything serious, they know what to do and you can trust them."
- People told us staff had got to know their routines and how they wished to be cared for. People who had used the service for a long time told us they had built positive relationships with their care workers. One person commented, "I have a good rapport with both of my care workers." The manager told us that wherever possible they would allocate care staff to best meet each person's preferences and cultural needs.
- Without exception, people using the service, their relatives and staff told us they would recommend the service to their family and friends. We saw a relative had recently sent the service a thank you card which read, 'Thank you all so much for your caring, understanding and support, both myself and [name of person using the service] really do appreciate it'.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in developing their care plans. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted.
- People were visited in their home at least every six months by senior staff, so they could check people were happy with the care they were receiving or whether they wanted to make any changes to the support they received.
- The manager was aware of the need to consider arranging the support of an advocate if a person using the service did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff treated them with respect and listened to any requests they made.
- People's care plans recorded what people could do for themselves and this helped to promote their independence.
- The provider had a policy and procedure in place which staff were required to follow to promote people's privacy and dignity. People told us staff always promoted their dignity when providing them with personal care.

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 told us their care workers knew them well and they provided care in accordance with their preferences. People told us they felt in control of their care and support and had developed good relationships with the staff at Care2Care.
- Before the provider started providing a service to people, they assessed and recorded the outcomes each person wanted to achieve with the support of Care2Care. This supported staff to deliver personalised care to each person, which achieved the outcomes they had identified at the start of the service. People's care plans and their desired outcomes were reviewed every six months, or sooner if a person's needs changed, to ensure the service continued to meet their needs.
- Care workers told us the communication between the staff team was very good. They explained that when they started caring for people using the service, they were given clear information about the person and were introduced to them by a manager or their regular care worker. This enabled staff to get to know people well and to provide person-centred care.
- People's communication needs were assessed. Where people needed support with communication, this was recorded in their care plan so care workers knew how to communicate effectively with them.
- People told us the service was flexible and responsive to their needs. People gave us examples of occasions where staff had provided extra support when they or their relative were not feeling well. People also told us about occasions where the provider had arranged and provided additional support for people in times of crisis. People and their relatives explained this had a positive impact on them. They said they felt they could rely on the provider to respond well if their needs changed or if they needed additional support.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint if they had any concerns about the care and support they received. People and their relatives commented, "If I had any concerns I would ring [the manager]" and "If there's any problems, we just ring the office and they're sorted straight away."
- People told us that when they had previously raised any concerns with the service, they had been dealt with straight away. People were pleased with the action taken by the service to resolve any issues they raised.
- The provider had a complaints policy which described how people could complain and how their complaint would be dealt with.
- The provider had not received any formal complaints since the last inspection. People we spoke with and their relatives all told us they had not needed to make a formal complaint. The managers told us if they received any complaints in the future, they would use them to make any necessary improvements to the service.

End of life care and support:

- The service was not providing end of life care to anyone at the time of this inspection. However, staff had completed training in the provision of end of life care. The manager told us staff would work closely with community health professionals when caring for a person at the end of their life, to ensure they had access to any specialist support and medicines they needed to remain comfortable and pain-free.

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:

- The provider and managers were all keen to provide a high-quality service which supported people to achieve outcomes that were important to them.
- Staff spoke highly of the managers and the way the service was run. Staff told us they felt well supported by the managers.
- People using the service also told us they felt the service was well-managed. Comments included, "They're brilliant", "They're one of the best services in Sheffield, in my opinion" and "I cannot rate them highly enough."

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

- The service is required to have a manager registered with CQC. The manager of the service had inadvertently cancelled their registration as manager shortly before this inspection, due to an administrative error. However, they continued to manage the service during this time and were taking steps to rectify this issue.
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team. The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of people using the service well. The continuity of staff had led to people developing meaningful relationships with staff.
- Some improvements were needed to the provider's quality assurance system to ensure medication administration records were regularly audited so any errors could be quickly addressed. The managers agreed to address this during the inspection.
- The managers and senior staff assessed and monitored the quality of the service provided via various methods. For example, they completed checks on the records made by staff to ensure they were good quality, they observed staff delivering care to people, they obtained feedback from people using the service and their relatives and they monitored the call visit times each week to ensure staff turned up on time and stayed with people for the correct length of time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- The managers made themselves easily available to people using the service, their relatives and the staff, so they could share any concerns or feedback about the service.
- When senior staff visited people to review their care, they also encouraged people to complete a quality

assurance questionnaire. We saw copies of completed questionnaires where people had given positive feedback about the quality of the service. Within the questionnaire, people were asked if they had any concerns or complaints and we saw none were raised. The manager told us they reviewed every questionnaire to assess whether people were happy with the service or whether they felt the service needed to improve in any way.

- Staff were encouraged to share feedback about the service during supervision meetings. The manager told us they had an 'open-door' policy and staff could come to speak with them about any ideas or concerns whenever they wanted to.

Working in partnership with others:

- The provider had links with commissioners of the service, the local safeguarding team and local community health services and this supported them to deliver safe and effective care to people.