Careaid Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection since the provider registered with the Care Quality Commission in July 2015.

Careaid Limited is a domiciliary care agency providing personal care to adults within their own homes. At the time of the inspection, one person had been receiving personal care since July 2016. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a period of time to give a rating to each of the five questions and an overall rating for the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to people's health and wellbeing were managed and care plans contained appropriate risk assessments which were reviewed regularly and updated when people's needs changed. The provider had a robust staff recruitment process and staff had the necessary pre-employment checks to ensure they were suitable to work with people using the service.

Staff had received training in administering medicines and procedures were in place to record and monitor medicines, however people were not currently being supported in this area.

Staff were confident that any concerns would be investigated and dealt with. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns.

Care workers received an induction training programme to support them in meeting people's needs effectively and shadowed regular staff before they started to deliver personal care independently. Care workers received regular supervision from management. They told us they felt supported and were happy with the supervision they received.

Staff had received training around the Mental Capacity Act (2005) and there was evidence people had consented to their care. The registered manager was aware of what requirements were needed where people lacked capacity.

Staff had completed training in food hygiene and people's specific dietary needs and preferences were recorded in care plans.

Staff sought the advice of relatives and health and social care professionals when people's needs changed. Staff understood how to respond to any medical emergencies or significant changes in a person's well-being.

We saw that activities and tasks were agreed with people in line with their needs and wishes on a regular basis. Care plans considered people's views on promoting independence and respecting their privacy and dignity.

People told us care workers were kind and caring and knew how to provide the care and support they required. Staff we spoke with knew about people's interests, likes and dislikes, as well as their day to day lives at home.

People were involved in planning how they were cared for and supported. The registered manager visited people in their own homes or in hospital to carry out an initial needs assessment, from which care plans and risk assessments were developed.

Care was personalised to meet people's individual needs and was reviewed if there were any significant changes. We saw evidence that people's views were sought on their care and people were encouraged to think about what they would like to achieve.

People were provided with information on how to make a complaint and were able to share their views and opinions about the service they received.

The service promoted an open and honest culture. We received positive feedback about the registered manager and staff felt well supported and were confident they could raise any concerns or issues, knowing they would be listened to and acted upon.

There were arrangements in place to assess and monitor the quality and effectiveness of the service and use these findings to make ongoing improvements. As the service had not been providing care and support for a substantial period of time, some of these policies had not yet been enacted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

We did not have sufficient information to rate the service's safety.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm. Staff were confident any concerns brought up would be acted upon straight away.

There was a suitable medicines policy in place and staff had completed training in administering medicines, however people were not currently being supported in this area.

Is the service effective?

Inspected but not rated

We did not have sufficient information to rate the service's effectiveness.

Care workers received the training and supervision they needed to meet people's needs and felt supported in their role.

Staff were aware of people's health and well-being and responded if their needs changed.

Care plans covered people's healthcare and nutritional needs although people were not being fully supported in this area.

Is the service caring?

Inspected but not rated

We did not have adequate information to rate whether the service was caring.

People were happy with the care and support they received. Care workers knew the people they worked with and they were treated with respect and kindness.

We saw that assessments and care records encouraged people

to express their views on the care and support they received. We saw that issues of privacy and dignity were discussed as part of this process.

Is the service responsive?

Inspected but not rated

We did not have adequate information to rate the responsiveness of the service.

Care records were discussed and designed to meet people's individual needs and staff knew how people liked to be supported. They were updated and reviewed on a regular basis.

There was an appropriate complaints procedure in place and staff knew how to respond to complaints people had raised.

Is the service well-led?

Inspected but not rated

We did not have adequate information to rate the leadership of the service.

Procedures were in place to audit standards of care and the satisfaction of people who used the service, although some of these had not yet been implemented.

People told us that the service was well managed and spoke highly of the registered manager. Staff spoke positively of them and felt they were well supported to carry out their responsibilities.

The registered manager was in regular contact with people using the service, sought their views as to the quality of care and support provided and involved them in all aspects of their care.

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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 took place on the 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included notifications of significant incidents reported to the CQC and we asked the provider to complete a Provider Information Return (PIR). This 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 spoke with one person who used the service and four staff members including the registered manager, the operations manager and two care workers. We looked at one person's care plan, four staff recruitment files, staff training files, staff supervision records and records related to the management of the service.

Following the inspection we contacted two health and social care professionals who had worked with the person using the service for their feedback and heard back from one of them.

Inspected but not rated

Is the service safe?

Our findings

We received positive comments about the service and were told that staff knew how to keep people safe. One person said, "I feel comfortable with them and they support me. I'm not at risk and feel safe with them."

The four staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. Before people were invited for an interview, they went through an initial telephone assessment to see if they met specific criteria. We saw evidence of criminal records checks and photographic proof of identity. The provider asked for two references and people could not start work until they had been verified. The operations manager called referees for confirmation and placed the record in staff files. Referees were able to comment on areas such as honesty, competence, reliability and attitude and we saw positive feedback in all the references we viewed. Staff had had pre-employment checks with the Disclosure and Barring Service (DBS). The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. The registered manager showed us their Disclosure and Barring Service (DBS) matrix and was aware when these checks needed to be reviewed in line with the provider's policy. We also saw evidence that showed they were aware when a care worker's visa was due to expire and had placed a record on their file to ensure that this was renewed to enable the staff member to continue working.

There were sufficient care workers employed to meet the people's needs. At the time of our inspection there were six care workers employed in the service. The registered manager told us that they also had some care workers on standby to cover calls if necessary. One person said, "They are always on time, but if they are late because of traffic, they do call me." The two members of the management team were responsible for covering the out of hours service and were available 24 hours a day, seven days a week.

Staff had received appropriate training in safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. This topic was covered during the induction programme and then refreshed on a yearly basis with training. We saw records that showed safeguarding issues were discussed at team meetings, highlighting the importance of reporting and recording any concerns.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service a full care needs assessment was carried out by the registered manager. This identified any potential risks associated with providing their care and support. Some of the risk factors that were assessed related to people's mobility, support required with transfers, nutrition and hydration and personal care. They also assessed levels of risk in relation to the person's home environment, including details of emergency key holders.

Once completed, this information was then used to produce a detailed personalised care plan and risk assessment around the person's health needs. The risk assessment contained information about any health conditions the person had and the level of support that was required. They included practical guidance for care workers about how to manage risks to people, along with information about health care professionals

involved in people's care and what support they provided. It also included a manual handling risk assessment with guidance for care workers on their own safety. It highlighted to care workers that they should speak with the registered manager if there was anything that they were unsure about. Care workers we spoke with knew about individual risks to people's health and wellbeing and how these were to be managed. Risk assessments were updated within the first six weeks of service and we saw records that showed new mobility equipment that had been authorised by an occupational therapist and added to the assessment during this time.

The provider had an appropriate medicines policy in place. At the time of the inspection, nobody was being supported with their medicines. We saw records within care plans which highlighted who supported people with their medicines and if they required support from the provider, a relevant medicines risk assessment would be carried out. Care workers had received training in the safe administration of medicines during their induction and records confirmed this. We did see records in daily logs that showed care workers were responsible for applying two different types of cream for a person, however the information was not recorded in their care plan. We spoke to the registered manager about this who updated the care records during the inspection.

Inspected but not rated

Is the service effective?

Our findings

We received positive comments about the service that confirmed that staff understood people's needs and how to support them. One person said, "They are fantastic, I wouldn't be here if it wasn't for them. They really look after me."

One care worker told us that they were given a verbal briefing by the registered manager and were able to read through people's care plans before providing a service. Therefore staff had a good level of information about people's health and social care needs and some understanding of the support they required, from their very first point of contact.

Staff were well-trained and able to deliver a good standard of care. Staff had to complete an induction training programme when they first started employment with the service. This programme covered a range of policies and procedures to highlight the role of the care worker, including subject areas such as safeguarding adults, medicines, health and safety and equality and diversity. Staff were given mandatory training covering 15 topic areas, including person centred care, safeguarding, moving and handling, dementia awareness and health and safety. All of the staff files we looked at had certificates that confirmed the training and induction process had been completed. One care worker said, "The trainer would always talk us through it so we understood, and would always email us over further information. It's really helpful."

Care workers had to carry out a minimum of two days shadowing before working independently with people, even if they were experienced care workers, and records in staff files confirmed this. They would then have supervision and spot checks every month. We saw copies of documents related to supervision records showing that care workers were given the opportunity to discuss the people using the service, if they had any concerns and any training needs. The registered manager visited staff in people's homes to monitor progress and review people's daily notes. One care worker said, "He visits us all the time, checking we are on time and if we are doing our job properly. He gives us positive feedback and what we can improve on. I find them beneficial."
The registered manager told us that he had planned to give staff annual appraisals but at the time of inspection none had been carried out as staff had not yet worked at the service for a year.

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.

The registered manager and staff had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment and staff understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves. Where people had capacity to make their own decisions, care plans had been signed by the person who used the service to show their agreement with the information recorded. We were unable to see

any cases where people lacked the capacity to make decisions about their own care, but the provider had an appropriate consent to care policy that highlighted plans were to be developed in people's best interests and where appropriate signed by family members.

Staff had received training in food hygiene and infection control but at the time of the inspection they were not supporting people with their main meals. Information was recorded in care plans if people had any specific dietary needs and who would be responsible for them. Staff were responsible for providing soft food snack options during visits and we saw preferences that had been highlighted in the care plan recorded in the daily logs.

Care workers said they helped people manage their health and wellbeing and would always contact the office if they had any concerns about the person's healthcare needs during a visit. We saw records and correspondence that when care workers had reported a concern, the provider had made contact with the relevant health and social care professional highlighting the concern and asking for advice, and following it up if need be. One care worker said, "If I feel that there is something wrong with the service user I will contact my manager straight away and tell them what is going on. I will also contact the nurses, doctors and family members if the manager asks me to."

Inspected but not rated

Is the service caring?

Our findings

We saw records that showed people using the service were involved in making decisions about their care and their relatives were present during assessments and reviews where appropriate. The registered manager told us they carried out initial assessments in people's homes or hospitals and always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during the assessment. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be carried out. Care records showed that people were asked what they would like to achieve and were encouraged to think about personal outcomes, including improving their health and wellbeing, quality of life, increased choice and privacy and dignity.

One person said, "They respect my privacy and dignity 100 percent." Care workers had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker said, "I always communicate with them during personal care and have a chat. It's about treating people as a human being." Another care worker said, "As a care worker I respect the individual and always start by asking permission before starting work. Whenever I'm about to carry out personal care I always make sure the curtains are closed and put a cover over the client's body." We saw records that showed privacy and dignity was covered during staff supervisions and discussed in team meetings so staff understood the importance of it. It was also covered in direct observations for staff and recorded if people's privacy and dignity had been respected during the visit.

People were assigned a designated care worker and the registered manager told us that one person had four regular care workers to ensure they received continuity of care. Care workers knew the person they were working with and understood the importance of developing positive caring relationships. One care worker said, "I developed a positive relationship with the service user by asking them how they are and how they have been doing." Another care worker said, "I have a common interest with them and we always talk about it and like to have a laugh. We have a good relationship." We saw comments from a direct observation form that highlighted a positive relationship had been observed and positive feedback had been given to the care worker.

Inspected but not rated

Is the service responsive?

Our findings

The registered manager told us they would schedule a home visit to discuss people's needs when they were contacted about new referrals. Once a full needs assessment had been carried out, they would discuss with the person and their family what care and support they would be able to provide. They would then discuss how they would like the support carried and start to set up their care folder, with a client profile, risk assessments and care plan being completed before delivering a service. A contract and service user guide was given to people to keep in their home which set out an overview of what people could expect and highlighted a range of policies and procedures.

When it had been agreed and people started using the service, the registered manager told us that people and, where appropriate, their next of kin were always kept involved in the development of their care plan. They followed this up during the first six weeks of service with telephone calls and home visits, depending on the needs of the person. At the time of the inspection, we could see that the service was being reviewed on a monthly basis and we saw records that showed when concerns had been highlighted, action had been taken.

Care records contained contact details for the person, their next of kin, their GP and other health and social care professionals who were involved in their welfare. They identified health conditions and gave an overview of the person for the care worker, including communication methods, likes and dislikes, and people's personal histories. It recorded whether they had somebody special in their life, work history and interests, but highlighted that people did not need to answer if they did not want to. It also included assessments from the local authority, correspondence with health and social care professionals and quality assurance monitoring forms.

Care workers spoke positively about the level of detail in care records. One care worker said, "The care plan is detailed and informative. We always get a verbal briefing before reading the care plan." Another care worker said, "I first and foremost read the care plan, this notifies me of the client. This helps me know what the client would like me to call them and their favourite hobbies and interests." We saw a sample of some daily log records as they were returned to the office on a monthly basis. The registered manager told us they would check the records during home visits to see if there had been any change in people's needs and to check the quality of the recording by the care workers, as it was important to be as detailed as possible. They had been completed with a summary of tasks undertaken including information regarding people's health and wellbeing and where appropriate, details relating to nutrition and hydration.

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them and care workers understood the importance of this. Care records highlighted personal preferences, including spiritual and religious needs. One care worker said, "I respect people's religion and culture by communicating with them in an appropriate and right way. I believe that the service user should not feel let down by the care worker."

We received positive comments about the service and how they listened to people. One person said, "They

always listen to me and always give me an answer." There was an accessible complaints procedure in place and a copy was given to people when they started using the service. There had been two complaints in the past 12 months, one which had been received just prior to the inspection and was currently being dealt with. The other one, which was less formal, had been resolved. We saw records that showed action had been taken and the person was happy with the outcome. The registered manager told us they were always available to speak with people and listen to their concerns, and would always ask when carrying out home visits.

Inspected but not rated

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed he had been formally registered with the Care Quality Commission (CQC) since September 2015. He was present when we visited the office and assisted with the inspection.

We received positive comments about how well managed the service was. One person said, "He is always here and visits me all the time, even on weekends. He always worries about me and has everything under control. He's a great man."

Care workers told us they felt well supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to the management team at any time of the day. The operations manager told us that if they received any information of concern, they would always pass it onto the registered manager. One care worker told us, "The reason why I like working with Careaid is because the mangers keep in contact daily by asking how I'm doing and also ask if there is anything they could improve. The management of the company are respectful and always willing to help." Another care worker said, "The one thing I love is that he is always willing to learn and wants to improve. We are always updated and the communication is excellent. Whenever we contact them there is always a solution." The operations manager said, "He's very dedicated, very concerned about people's needs and how he can support his staff. I really appreciate and admire how he works and I've learnt so much." Care workers felt that the service promoted a very open and honest culture and even though none of the care workers we spoke with had any concerns they were all confident that concerns would be dealt with immediately.

Staff were aware of the reporting process for any accidents or incidents that occurred. They told us they would record any incidents in people's daily log record and report the incident to the registered manager. One care worker said, "I am very confident they will follow up the incident immediately and fix the situation."

The provider had internal auditing and monitoring processes in place to assess and monitor the quality of service provided. The management team had monthly team meetings and care worker meetings were held at least every two months. Minutes from the management meetings focused on business expansion and recruitment while we saw topics such as person centred care, recording in daily logs, dignity and respect and the MCA discussed in care worker meetings.

The registered manager showed us their annual audit planner, with quality assurance templates for care plans, daily records, safeguarding, training, complaints, spot checks and policies and procedures. An annual satisfaction survey for people was also available. These systems were in place for when the service expanded but had not been used at the time of the inspection due to the number of people using the service.

The registered manager was aware of their registration requirements regarding statutory notifications and it had been highlighted in their disclosure of abuse policy.