

Proud To Care Limited

# Proud to Care Limited

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Proud to Care Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported 21 people at the time of the inspection.

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

People and their relatives told us the service provided excellent care and staff went above and beyond their expectation. One relative commented, "The care, love and professionalism is second to none". The registered manager promoted a caring ethos at the service, which was supported by a passionate and dedicated workforce. The registered manager was truly proud of their staff team, and supported them to be empowered in their role, which in turn, motivated them to deliver consistently exceptional care. The service saw mental well-being as equal to physical well-being. As such, staff applied a holistic approach to care and went out their way to form strong relationships with people and their families, which promoted better outcomes for people.

People's care files showed that their care needs had been thoroughly assessed, and they received good quality care from staff who understood the type of support they needed. Care plans were highly personalised and gave clear information on how to support people beyond just their physical needs to ensure their entire person-hood was upheld. People's goals and aspirations were clearly identified in their care records and we saw many examples where the service had helped them to fulfil these. People were treated as individuals and support was delivered according to their specific needs and wishes.

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. Some people had been supported to live in their homes for many years. The service explored ways in which people with changing needs could continue to live at home, such as supporting applications for increased funding and care. People were given every opportunity to be valued and equal partners in decisions around their care and support. People participated in a range of activities. These included trips out in the local community, attending social groups and other events.

The provider utilised a values-based recruitment process, which encouraged a diverse workforce with varying skills and backgrounds, but underneath this, they possessed the same caring values. Staff were recruited safely and there were sufficient numbers of staff to meet the needs of people who used the service. Agency staff were not used.

People were safe due to the systems in place to safeguard people from potential abuse or exploitation. Measures were in place to minimise risks, both general and specific to individuals.

New staff completed a robust training program which aligned with the Care Certificate when they commenced employment. The Care Certificate is a set of standards that staff are expected to adhere to.

Staff commented the support they received from the management team was excellent.

People were encouraged to maintain good health and well-being, and the service supported people to access their GP and attend regular health checks.

We found a strong leadership framework in place. This meant there were clear lines of accountability within the organisation and systems which supported the running of the service were well-embedded. The service benefited from a highly experienced registered manager who understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 10 February 2017).

Why we inspected

This was a planned routine inspection based on the previous rating.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well led below.

Good ●

# Proud to Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 carried out by one inspector.

#### Service and service type

The service provides domiciliary care to people in their own homes.

The service had a manager registered with CQC. 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. This was because the service is community based and we needed to ensure staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from other external agencies such as local commissioning teams and no concerns were shared with us.

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

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and two senior carers. We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection the registered manager sent further supporting evidence to CQC to assist with the assessment and rating 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had appropriate safeguarding and whistle blowing policies in place. Staff were required to undertake safeguarding training on induction to the company. Staff we spoke with were aware of the whistle blowing policy. One staff member said, "Absolutely the service is safe, we are constantly communicating about potential safeguarding concerns."
- We saw evidence that safeguarding concerns were recorded and followed up appropriately.

Assessing risk, safety monitoring and management

- Risk to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. These were specific to individuals. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.
- Staff told us they felt people received safe care. One staff member said, "We are continually talking about the client's needs and safety."
- People and relatives we spoke with said Proud to Care Limited provided a safe service.

Staffing and recruitment

- Staff were safely recruited. The provider took recruitment and retention of staff very seriously, adopting a value-based recruitment approach. Value based recruitment assessed and matched potential candidates' personal values and attributes with the service's organisational values. The staff interviewed displayed these values.
- Sufficient numbers of staff were employed to safely meet people's needs. Records showed that people received continuity of care as they were supported by a regular team of care staff. Everyone told us that staff stayed the amount of time needed and if running late, they were informed. Where visits ran over or under, this was monitored and analysed to establish whether people needed more time to have their needs met. Comments included, "Very good communication with the office. They communicate important changes" and "Regular and reliable staff team. They always arrive on time for care calls".

Using medicines safely

- People received their medicines in a safe way, where this support was required.
- The medicines policy included all aspects of medicines management and guidance for staff, including contacting the on-call manager prior to administering 'as required' (PRN) medicines.
- Staff received medicines training and systems were in place to assess staff competencies.

### Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection.

### Learning lessons when things go wrong

- Systems were in place to monitor people's safety. The registered manager was very proactive in learning from incidents, accidents or issues of concern. These were discussed with staff and improvements made to the service as a result.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were at the heart of the service. People's needs were assessed based on their views, choice and individual requirements. Support plans were written in conjunction with the person receiving support, where possible, to help ensure these plans met their needs. The registered manager said, "The initial assessment is based on a nursing framework. It provides me with the details of people's needs and gets to the heart of their daily activities."
- The registered manager was proactive in using professional best practice guidance to make the care and support they provided effective in meeting people's needs.

Staff support: induction, training, skills and experience

- New staff completed a blended learning program of classroom-based training, e-learning and a period of shadowing with an experienced staff member before they began to work unsupervised. A comprehensive training package was provided, which aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers. One staff member said, "If there is any training we need, [registered manager] and [deputy manager] will provide it."
- Staff were well supported by the management team and their peers. They received regular supervision and appraisals from their line manager throughout their employment. Staff were also supported through group and clinical supervisions, which predominantly focussed discussion on how to support individuals more effectively. For example, we saw one group session focussed on a person who was being increasingly more abrupt to their care team during visits. When this was explored through discussion, staff had a deeper understanding of this person's underlying condition and how to effectively support them to feel safe and calm.
- One staff member said, "Peer support has been a real strength of the team."
- Staff inductions were person focussed and tailored to people's individual support needs. For people with specialist support needs, the service organised extra training for staff, so they consistently provided safe and effective care.

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

- People were supported to make healthy food choices. One relative told us, "My wife has dementia and sometimes it can be very hard to support her, particularly when she has a urinary tract infection. She doesn't always drink enough and being the husband she frequently rebuffs my support. Staff understand my wife is more likely to accept drinks from them than me. Staff bend over backwards to ensure her needs are met."
- People's care files showed that their needs had been assessed in relation to nutrition and hydration and took into consideration their preferences and dietary requirements. Plans for eating and drinking were

developed jointly with people and where appropriate, with other health professionals, such as dieticians, GPs and speech and language therapists.

#### 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions about their care were interwoven with their wishes, choices and preferences and recorded as part of the tasks to be undertaken.
- Staff understood the importance of gaining consent before providing support. Consent. The provider had a clear process for obtaining consent before care and treatment was provided.
- Staff had received relevant training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty and the best interest process.

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

- People were encouraged to maintain good health and well-being, and the service supported people to access their GP and attend regular health checks. The registered manager said, "We have a really good rapport with the GP as they know we don't contact them unduly. We work holistically with family and health professionals."

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team tested the values and ethos of prospective new staff at interview to ensure they embodied the person-centred culture of the service. Discussions with people and staff showed this culture was firmly embedded and the service was exceptionally caring, with the quality of support for staff equal to the care and support given to people using the service. One staff member said, "We as a workforce are all different, but underneath everything we have the same caring values."
- People benefitted from an empowered workforce where staff felt especially valued and respected by the management team. As staff were treated as equal contributors at the service they felt highly motivated to go the extra mile to support people to gain independence and a sense of worth. One staff member told us, "The [registered manager] empowers us, which we can pass on to the people we care for. [Registered manager] trusts us to make a judgement and he will support our decisions. I think this is what is lovely, we can do the job as a human-being and give that personal touch. We are a part of their lives (people who receive a service) and they ours. It is about making life as 'normal' as possible. That human element is important".
- There was a strong focus on building quality relationships with people and their families. This started with matching the right staff to people. One person said, "Before they come with anyone new they always come with another staff member so I can meet with them and have a chat, see if they meet my requirements. So far they have met every request". Other comments included, "Carers are like friends, they sit and have a gossip, which is what I need. They don't just do their work and go, they stay and chat. For example, both [carer's name] and I are trying to lose some weight so we compare weights each week to motivate each other" and "They know my mum well and always chat to her. It is as if me and my sister were going in, that is how caring they are. They are very personable with us too, but never unprofessional."
- The management team and care staff spoke very proudly and passionately about the service they provided. The registered manager told us, "The staff team are phenomenal. Just the other day a staff member was providing care to a person with Parkinson's disease and sometimes they experience hallucinations. The staff member saw a light was flickering in his room from time to time which was adding to this person's hallucinations, so they fixed it. The team not only follow people's care plans but they are very astute. I am really proud of what they do."
- We heard lots of examples of how staff saw people's mental and physical well-being as equal and went beyond a person's care plan to ensure all of their needs were met. For example, a person they supported who was living with dementia became increasingly anxious about a broken transformer in their house. Although the staff member knew the house was quite safe, they explored this concern with the person as though it was real. They checked the house together and found no issues, which immediately put the person at ease.

- In addition to the running of the service, the registered manager and deputy manager remained involved in the delivery of people's care. The registered manager was a part of everyone's care team so they knew everyone who used the service and possessed a strong oversight of people's care. This arrangement benefitted people and staff as they felt robustly supported by the registered manager and changes which required management approval, happened almost instantaneously. Everyone we spoke with knew the management team by name and commented they were extremely approachable and attentive to their needs.

- The service and staff were extremely committed to ensuring care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were fully respected. For example, in one person's care plan photographs of their cutlery were incorporated into their eating and drinking support plan. This guided staff on the correct cutlery to use when preparing food to ensure it aligned with the person's religious beliefs. Another example, due to a person's increasing preference to remain at home, staff spent time with this person to allow them to talk about their faith and different celebrations they would usually attend, so they still felt connected to their faith despite staying at home.

- Everyone told us staff were exceptionally caring, kind and supported them well. Comments included, "The care, love and professionalism is second to none", "Definitely a caring service, my mother knows all of them [staff] by name. It is a small core team who provide support. They know my mother well", "It has been amazing to see what a care agency should look like. They pay a lot of attention to the details" and "We have so much to thank [registered manager] and the team for. Dad so loved every member of the team and they so loved my dad. I would 100% recommend [registered manager]'s team to anyone as this is just a unique care company who always put the clients care first".

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

- The service was extremely committed to helping people remain independent living in their own homes. The service regularly worked across organisations, seeking their expertise to ensure people had access to the most up to date professional support. For example, the registered manager worked with people's social workers to increase their care provision so they could be better supported at home. Another example, we saw the service supported a person who had been deprived of their liberty in another care setting. The service supported them to return home where they have remained in their own unlocked home environment for over three years.

- People told us staff worked very hard to support them to retain their independence. One person said, "[Staff member's name] sent me a text. Doesn't sound like much but I am useless with technology. I sent a text back which was a momentous achievement. Staff encourage me to be independent. They've also showed me how to use a tablet, which I have just bought. [staff member's name] showed me how to use the microwave. They are not de-skilling me, they are helping me to be more skilled. Gradually with their help I have been able to be more self-sufficient. They have been a godsend." Another person said, "Not so long ago I was nervous going to the post office to deliver some important letters on my own, so I called the office. The manager himself offered to come over and take me to the post office. Both the manager and deputy manager go above and beyond."

- Staff were exceptionally skilled at promoting people's dignity whilst providing care. One person said, "Staff show a lot of respect, you don't feel as if you are a nuisance to them. I feel very comfortable around them. I have experienced poor care and Proud to Care are not like that at all, they are very good. They are very considerate." One staff member said, "Every client should be cared for with compassion and dignity while promoting their independence, I have cared for people till the end of their life and a couple clients till they have no longer needed us, everyone is an individual with different needs so a person-centred approach is needed for all clients."

- Staff benefitted from regular peer group meetings where they could discuss and share ideas about good practice. For example, staff noted a person they supported presented with increasingly more disinhibited

behaviours, which was due to the person's underlying health condition. Staff were able to discuss and agree a way forward on how best to support this person to maintain their dignity.

- Staff cared for people who were dying and their families with empathy and understanding.

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

- The staff and registered manager were exceedingly proactive in encouraging people to have a voice and acting on their wishes. Care plans identified the expressed views of the person with specific information for staff to follow on the person's care needs.
- People's choices in relation to their daily routines were listened to and respected by staff.
- The service valued involvement from people's families and encouraged them to be involved in their care as much or as little as they felt comfortable with. One relative said, "Staff monitor my wife's health. I keep my own records so I can see at a glance whether I need to administer a specific medication. Staff help me keep my own records up to date. We work together. I do the medicines, which I don't relent on. They do the personal care, and very well. They liaise on any issues and overall they are very good service, I am very happy".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were written in a person-centred way that gave staff clear guidance about how to support people. Care plans were developed with people and not for people. They incorporated people's likes and dislikes, preferences, physical, social and emotional needs, risks to their safety and wellbeing and risks of social isolation and loneliness.
- Care plans were reviewed regularly and when a person's needs changed. One relative said, "It is a very professional service. The [registered manager] gets fully involved. They let other staff know if there are any changes in my wife's care. I can ring [the registered manager] with the slightest issue and he is responsive. They are very good".
- People benefited from a service which was not only sensitive to their needs but also to the needs of their family. One staff member said, "It is about building trust as delivering care can feel intrusive to families as well".
- The service utilised a number of mechanisms to ensure staff were aware of people's changing needs, such as via email, team meetings and clinical supervisions. More recently the service had implemented an instant messaging platform for staff to communicate securely and quickly with each other via their mobile telephones. This enabled the management team to cascade important updates about people's care and see when staff had read these via an electronic notification. Staff we spoke with said staff at all levels communicated effectively.

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 service was highly effective in ensuring people's communication needs were met. This included communication via email and easy to read formats. Information within care plans was also produced in this way to ensure people could be fully involved in their support planning.
- Communication care plans were used within care files to guide staff how to read body language and gestures for individuals who could not communicate verbally.

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

- People we spoke with told us about their activities and social interactions with each other, with friends and within the wider community. People were supported to maintain their hobbies or interests and to attend social groups within the community. The service supported people to access local information on transport links and local activities.
- People were supported to maintain relationships with family members, if this was their choice. We saw occasions where the service was able to flexibly extend people's care packages to support families to take trips away or have a break from caring responsibilities.

#### Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and saw them as an opportunity to learn and continually improve the service. The registered manager said, "We have a culture of accountability not blame". We saw clear evidence of this in the provider's complaints process and where appropriate, complaints were discussed and explored as a team. This type of reflective practice proved highly effective in getting staff to be more empathetic when people or their families raised a concern, which in turn, motivated staff to quickly implement any lessons learned into practice.
- People who used the service were supported to raise a complaint if they needed assistance with this.

#### End of life care and support

- People were encouraged to share their wishes for when they were nearing the end of their lives.
- The service worked with other health professionals within the community, such as district nurses, to provide end of life support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-led and staff at all levels were clear on their roles and responsibilities to monitor quality and safety of care delivered. The registered manager had an excellent oversight and knowledge of the service and they were well supported by a dedicated and enthusiastic care team. Staff commented, "The service is well run. I wouldn't be here otherwise. I'm still here as it is how I expect my family to be treated if they needed care", "[Registered manager's name] ethos is what makes me want to stay. I really like the work we do, it can be really hard but it is very rewarding" and "It is obvious to me [registered manager's name] cares, which is why I am committed to the organisation."
- The service had a track record for high quality care. Since the last inspection the service had made further improvements to the systems and processes which monitored the quality and safety of services provided. This included bi-annual audits against the CQC's 5 key areas, which were then converted into action plans with objectives and timeframes for implementation. A competency framework was also implemented which enabled the registered manager to offer support to staff, such as additional training.

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's ethos, vision and values were very person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- The registered manager was highly visible in the service and was an excellent role model for staff, promoting a truly person-centred culture. They led by example to ensure staff shared the vision and values of the service which were taught during staff induction.
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.
- There was an open, honest, caring and positive culture across the service. This was clearly led from the top down. People told us the management team were supportive and approachable.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- Surveys were sent out annually to assess people's level of satisfaction with the service. People and their

relatives we spoke with were all very positive about the service.

- Regular staff meetings were organised to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality were discussed. For those staff who could not attend, the information was shared via email. This ensured all staff were kept well informed.
- Staff and the service worked in partnership with a range of health and social care professionals to ensure people's needs were met. The registered manager worked with commissioners of care, health and social care professionals and other stakeholders to ensure the quality of care was consistently good.