Caring for You Limited

Caring for You Limited - Portsmouth

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 23 April 2015. We gave notice of our intention to visit Caring for You Limited – Portsmouth's office to make sure people we needed to speak to were available. After our visit to the office we contacted people who used the service and members of staff by telephone.

Caring for You Limited – Portsmouth provides personal care services to people in their own homes. At the time of our inspection there were 90 people receiving care and support from the service. They were supported by 27 care workers.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At our previous inspection in July 2014 we found the service was not meeting minimum standards in three areas. The registered manager sent us an action plan describing how they planned to meet the standards. The plan's completion date was in February 2015. We found improvements had been made. The service was now meeting the minimum standards set in the regulations but we found improvements were still needed in the key area of Responsiveness.

Care was planned and delivered according to assessments which met people's needs and reflected their preferences. However people told us improvements were needed to reduce the number of late and short calls, and to provide better continuity of care workers. People wanted more proactive communication from the office. We have made a recommendation about the timing of calls.

The provider had systems and processes in place to protect people from the risk of abuse and avoidable harm. Staff were aware of their responsibilities to report any concerns. Risk assessments were in place with action plans to protect people's safety and wellbeing.

There were enough staff to meet people's needs. The provider had robust recruitment processes to check that staff were suitable to work in a care setting. Staff were supported by effective training, supervision and appraisal to maintain their skills and knowledge and to deliver care and support to the required standard. Medicines were handled safely.

Care and support were delivered with people's consent. People were involved in their care planning and assessments. Staff were aware of their responsibilities if people were assessed as not having capacity to make certain decisions.

Where appropriate people were supported to eat and drink healthily and to access healthcare services including GPs and paramedics.

There were caring relationships between people and their care workers. People were supported to be as independent as possible, and staff took care to respect people's dignity and privacy. People were encouraged to participate in decisions about their care.

There was a complaints process in place, but people had not used it. People found the office was responsive to requests and comments. The registered manager made sure compliments were passed on to the care worker if they were named by the person making the compliment.

The culture of the service was open and communicative. There was a spirit of team work and high morale amongst care workers. Management systems were effective. The registered manager monitored and assessed the quality of service provided and improvements were noted by people who used the service.

Summary of findings

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.

People were protected against risks to their safety and wellbeing, including the risk of avoidable harm and abuse.

The service employed enough staff to support people safely, and made sure they were suitable to work in a care setting in people's homes.

People's medicines were handled safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the skills and knowledge necessary to carry out their responsibilities. Staff sought consent for care, and were aware of their responsibilities if people lacked capacity to make decisions.

When necessary, people were assisted to maintain a healthy diet and to eat and drink enough. Staff engaged with other healthcare providers if required.

Good

Is the service caring?
The service was caring.

Care workers had caring relationships with the people they supported.

People were involved in decisions about their care and participated in support which helped them to maintain their independence.

People's privacy and dignity were respected in the way their support was provided.

Good

Is the service responsive?
The service was not always responsive.

People received care and support that met their needs and reflected their preferences but some had concerns about the timeliness of their calls, calls being too short, and not having regular care workers. People were not always informed when their care worker was running late.

Care plans were detailed and were written on an individual basis

There was a complaints procedure, but people did not currently need to use it. They found the office responsive to requests and comments.

Requires Improvement

Is the service well-led?
The service was well led.

There was an open, communicative culture in which staff felt respected.

Good

Summary of findings

There was an effective management system, and systems were in place to monitor and audit the quality of service provided.

Caring for You Limited - Portsmouth

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 23 April 2015. We gave the registered provider 48 hours' notice of our visit to make sure people we needed to speak with would be available. The inspection team comprised an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of care service.

Before the inspection we reviewed information we had about the service, including the previous inspection report and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed 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 contacted 15 people who used the service by telephone. We spoke with the registered manager and three care workers.

We looked at the care plans and associated records of six people. We reviewed other records relating to the management of the service, including quality survey questionnaire forms, training records, policies, procedures, the provider's employee handbook, and four staff records.

Good

Is the service safe?

Our findings

All the people we spoke with felt safe when care workers were supporting them in their homes. One person said, "I feel comfortable with my carers," and another said, "I am very safe, not at all worried. If there was any upset I would call the office." None of the people we spoke with had ever experienced a missed call, when their care worker failed to turn up to support them as planned.

At our previous inspection on 29 July 2014 we found people's care and support were not always planned and delivered so as to ensure their safety and welfare, which meant the provider was not compliant with the relevant regulation. We judged this had a moderate impact on people and required the provider to send us an action plan showing how they would meet minimum standards in this area. On this occasion we found improvements in this area had been made and sustained.

Staff were supported to protect people against avoidable harm and abuse. They were informed about the types of abuse and signs to look out for. They were aware of the provider's procedures for reporting concerns about people. Care workers told us they had not had cause to report any concerns, but were confident any concerns about abuse would be investigated and handled properly by their colleagues in the office. They knew there were other organisations they could go to if they considered the agency was not dealing with a concern about abuse in a timely, appropriate fashion. They had regular refresher training in safeguarding adults.

The provider's policies, procedures and employee handbook contained information about safeguarding and whistle blowing, the types of abuse and signs to look out for. They clearly stated the employees' responsibilities and described how whistle blowers were protected by the law. Contact information for outside organisations such as the Care Quality Commission where staff could report concerns about safeguarding were included. The registered manager was confident staff would feel able to report concerns if they needed to do so.

The provider identified risks to people's safety and wellbeing. Risks were assessed and action plans to reduce or respond to them were documented. These included individual risks, for instance those associated with people's mobility, moving and handling, medicines or falls. There were also general risk assessments covering the environment in which people were supported. Examples of these included the neighbourhood in which people lived, parking, street lighting and access to their homes. General risk assessments also included risks arising from equipment and electrical appliances, and any pets in the person's home. Where risks were identified, instructions for care workers on what they should do were included. Care workers we spoke with were satisfied risks associated with the people they supported were identified and assessed with actions to take to prevent them or manage them. They said they had contacted paramedics for people in an emergency. The provider informed the local fire and rescue service and council if they identified concerns about environmental or fire risks.

The service learned from incidents and accidents to improve people's safety. Records of an incident involving a person falling were followed up by new risk assessments and changes to the person's care plan.

There were sufficient staff employed to support people safely. At the time of our visit the service had 90 people supported by 27 care workers. The registered manager told us there were no records of missed calls, and they always managed to provide staff to support people. This was confirmed by people and staff. Staff said their own workload was manageable and they were rarely asked to cover a colleague's call urgently. The manager said they would decline an opportunity to provide care for a person if they did not have capacity to take it on. Care records showed that in the case of "double-ups" when two care workers were required to support a person safely, both care workers were named in the daily logs.

Staff records showed the provider carried out the necessary checks, including those for criminal records and suitability to work in a care setting in people's homes, before staff started work. Proof of identity was included in the records. The provider's recruitment process included an application form and interview after which references were followed up to show evidence of good conduct in previous employment.

Suitable procedures and processes were in place if people needed support with medicines in their home. A variety of arrangements was in place and documented in people's care plans. These ranged from people who took responsibility for their own medicines, those who were prompted or reminded by their care workers to take their

Good

Is the service safe?

medicines, to those where care workers administered tablets from blister packs or had detailed instructions about particular medicines, such as prescribed creams. Specific instructions were in place, for instance if the person had to let their tablet dissolve on their tongue. Care workers described to us how they administered and recorded medicines safely.

Staff received training in medicines and their competency was tested before they supported people with their medicines. Medicine records were checked and initialled by the staff member. The registered manager told us most of the errors discovered were gaps in the records. We found gaps in one person's records, but reference to the daily written records of care provided showed they were in hospital on the days when their medicine records were incomplete.

Instructions were in place for "as required" medicines, for instance for pain relief. Records showed one person's dosage had been increased by their GP when their care workers observed they appeared to be in pain. A care worker had checked with the office that a hand-written addition to a person's medicine records (for a prescribed antibiotic) was valid.

Good

Is the service effective?

Our findings

People were satisfied their care workers were properly trained and able to provide care and support to the required standard. One person said, "They are good at helping me move around the flat. They know how to help me move." Another person said, "They are well trained, they make sure I am moving easily." Other comments included: "They are good generally. They know what they are doing," and "They are mostly well trained and considerate."

Care workers felt they were supported to have the necessary skills and knowledge to carry out their responsibilities. New starters received an effective induction and spent a period working alongside experienced colleagues before they worked alone. Skills were kept up to date by regular refresher training. One care worker said, "There are lots of training packs." The registered manager told us most of their staff had a level two diploma in a relevant subject and some were working towards their level three. Certificates for these qualifications were kept in the staff files. Other training records showed courses completed and refresher training that was due for topics such as health and safety, moving and handling, and safeguarding.

Care workers also told us they had regular supervision meetings and spot checks. They said supervisions were an opportunity for two way communication with supervisors where they were able to raise training requests and other concerns. The registered manager told us supervisions were delegated to team leaders and the registered manager carried out the annual appraisals. Appraisals and supervisions were recorded and up to date.

Training included a package on the Mental Capacity Act 2005. The Act provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions themselves. The registered manager and care workers were aware of their responsibilities under the Act. They told us most of the people they supported were able to communicate their wishes, and those that could not had family members living with them who were able to understand them better and interpret their moods and wishes. Care workers said they always assumed people had capacity to make decisions about their care. If there was doubt about this they would check in the care plan. The manager said if they had to assess a person's capacity they would involve their social worker and mental health nurse, if they had one. Care records showed that people living with dementia and short term memory loss were assisted to make their own decisions.

All the people we spoke with were satisfied they were consulted on their care and support and their decisions to consult or decline care were respected. They said their care workers sought consent and explained what they were doing as they supported them. Care workers explained how they used body language and people's facial expressions to check they agreed if they were not able to communicate verbally. If a person declined planned care, they encouraged them, but respected their decision. If they were concerned about the consequences of the person's decision they reported it to the office.

Where people needed support to eat their meals, care workers described how they did this in a way that respected people's choices and gave them as much independence as possible. None of the people we spoke with needed assistance to eat, but those that had assistance with cooking and preparing their meals were satisfied with how this was done. They told us that their meals were served hot. Nobody had been assessed to be at risk of not eating or drinking enough, but where there were concerns about a person's intake, care workers recorded what they ate and drank and kept the records with the daily logs. One person was living with diabetes and their care plan contained guidance about their food which enabled care workers to support them to manage their diabetes through their diet.

Care workers engaged appropriate healthcare professionals when necessary, for instance GPs, paramedics and district nurses. These contacts were recorded in the daily logs of support provided. Care workers said they either contacted services directly or through the office. One person's records contained an incident form because of a nose bleed. The form showed the person's GP had been informed and contacted for advice.

Good

Is the service caring?

Our findings

People said they had good relationships with their care workers. Comments included:

"They are very gentle with me."

"They are very kind and treat me well."

"I trust them. They are all very good."

"The carers are very kind. They are always laughing and joking and they cheer me up."

"They are good generally, they know what they are doing and they respect me and talk to me nicely."

Care workers said they were able to establish relationships with people even in short visits. They tried to find time for conversation that was not related to the support they were giving. Spot checks included an assessment of how care workers interacted with the person being supported, and care plans contained information about the person that could be used to start a conversation. The registered manager said they used both formal and informal methods of feedback to make sure care workers engaged with people on a personal level.

Care workers described how they involved people in their care and support by describing what they were about to do. They listened if people requested a change to the way their care or support was delivered. The registered manager said people could be involved informally in decisions about their support with their care workers. There were also more formal methods available, such as care plan reviews and spot checks which gave people the chance to discuss their care with more senior staff. If the registered manager received a compliment or positive feedback about a care worker, they passed it on.

People told us they felt included and could participate in their care. One said, "Yes they are lovely, they talk to me when they are helping me and we do some things together. It is good." Another person said, "They always talk nicely to me, like I am a human being."

Care plans contained guidance for care workers on how to help people be as independent as possible. People confirmed these instructions were followed. One person said, "My carers make it possible for me to live at home." Another said, "I couldn't live here you know, if it wasn't for them."

People's privacy and dignity were respected. Care workers described how they made sure people were protected from indignity while they supported them with their care by using towels to cover people and making sure doors were closed if other people were nearby. People felt respected. One person said, "I am on my own in the house, and [my care worker] is very respectful to me." Other people confirmed that their care worker made sure doors and curtains were closed to preserve their privacy.

Staff were aware of the need to respect people's diversity and treat them equally. There was information about this subject available in the office. None of the people currently supported had particular needs arising from their religious or cultural background.

Requires Improvement

Is the service responsive?

Our findings

People told us their care and support was delivered in a way that met their needs and mostly reflected their preferences. One person said, "I can't fault the care," and another said, "The care is good." However, some people had concerns about the timeliness of calls and the lack of continuity when they did not always have the same care worker.

Although they had never experienced a missed call, most of the people we spoke with had received late calls when the delay had been between 30 minutes and one hour. People were concerned they were not warned if their care worker was running late. One said, "Sometimes they are late, but they never phone me. I always have to phone them." Another person said, "I phoned one day when they were an hour late. They apologised, but what can you do?" The registered manager said it was normal procedure for the office to phone people if they knew their care worker was running late.

People were satisfied the care and support they received met their needs, but four people told us their calls were often cut short. They said, "They are often in a hurry," and "Sometimes they cut my visit short if they are done." One person said, "They cut short visits, sometimes just a quarter of an hour when it should be 30 minutes. Very nice girls, but just in and out." Another person told us, "I asked one lady to do something else. It wasn't in the book but she said she hadn't got time, even though my time wasn't up". Care workers told us other people were quite happy for them to leave as soon as they had completed the activities in their care plan. The registered manager said they were reviewing call times to make sure they were the right length to meet people's needs. Some people needed longer calls, others could have shorter calls. There were "lots of" 15 minute calls due to financial limits where services were commissioned by Social Services.

Several people told us they did not know who was coming and that the agency did not send out a rota in advance or inform them of any changes to their care workers. One person had requested this and they now received advance notice of who was assigned to their calls each week. People said they would like more consistency so they could get to know their care workers better. One person said, "The agency change them around. They never warn us, not really regular carers." Other comments included: "Regular staff? No, you never know who is turning up," and "All different girls, I don't know them all." However, one person said, "I have two regulars and they are really nice, I really like them."

One older person felt there was not enough done to match care workers with people: "Some of them are so young. They are all right, but I can't talk to them. I would like someone more mature sometimes."

At our previous inspection on 29 July 2014 we found people's care plans were not written in a way that focused on them as individuals and did not contain accurate information about the care and support people needed, which meant the provider was not compliant with the relevant regulation. We judged this had a minor impact on people and required the provider to send us an action plan showing how they would meet minimum standards in this area.

On this occasion we found improvements in this area had been made. All care plans had been reviewed and rewritten.

Plans were detailed and contained information about people's preferences and how they liked to be supported. They contained instructions for care workers to know when they should ask people about their choices on a day to day basis, descriptions of what the person could do for themselves and when they needed support. They were written from the person's point of view and included sections about "What I want to achieve" and information about the person's background and family.

The care plans included signed forms showing the person's consent to their care and treatment. In one plan, the consent form had been signed by the person's spouse who had lasting power of attorney with respect to their care and welfare. People had also signed declarations that they had participated in the assessment and care planning process, that they had been made aware of how they could complain about the service they received, and that they had been told about other community services available to them. These other services included day centres, "befriending services", meals on wheels and occupational therapy.

The plans took into account people's individual circumstances. One contained information about how the person's spouse helped with their personal care, and another for a person who was hard of hearing stated the

Requires Improvement

Is the service responsive?

care worker should shout "hello" loudly when they arrived. A third contained instructions for care workers to report any changes to their skin condition. For a person who could not move without assistance, there were instructions about which items should be left within their reach at the end of the call.

People's care needs were assessed in a number of areas, including their primary care needs, medical history, communication, nutrition and hydration, medication and daily living tasks. If there were risk assessments, for instance for moving and handling or falls, care plans were in place to address the risks. If people's needs or conditions changed, their plans were amended in line with the changes. As an example of this, an additional call had been arranged for a person who was described as "unsteady" following a fall.

The registered manager told us care plans were reviewed after six weeks to check whether people's plans and preferences were still valid. This was followed by a review involving the person's social worker after six months to a year.

Care workers recorded care and support delivered in daily logs kept in the person's home. These were collected every month, reviewed and initialled to check people received care in line with their plans.

The service had a complaints procedure which was included in each person's welcome pack when they started to use the service. The registered manager said there had been no formal complaints logged recently. People we spoke with confirmed they had not needed to make a complaint. They found the office responsive when they called with a request or suggestion. One person said, "I can phone the office and they are good, but I don't speak to them often, hardly ever." Others said, "No I don't have any complaints," and "There is no reason to complain. They are very good."

One person was not aware who they could complain to and another person did not know they could request changes to their care plan. Other people told us examples of how the service had responded to requests made to the office, for instance about changing the times of calls.

We recommend that the service take action to address people's dissatisfaction with the duration of calls and continuity of care staff when their review of call times is finished.

Good

Is the service well-led?

Our findings

People we spoke with were not always aware of the organisation of the office and who the manager was. They confirmed they had contact telephone numbers but had not used them often. They felt there could be more contact initiated by the office and some could not recall being asked their opinion of the quality of service provided.

We found there was a positive attitude amongst staff about the service. They felt valued and respected by the service. There were open communications between care workers, their supervisors, office staff and the registered manager. The manager considered they had a "good team" and loyal staff. They had taken on an additional member of staff in the office since our last inspection. The intention of this was to improve communications by having more staff to respond. They had an "open door" policy, and believed staff found them "approachable". They wrote a monthly newsletter which encouraged feedback and invited people to phone the office so they could be asked about the service provided. Arrangements were in place to monitor the length of time care workers spent on their calls and to reduce the risks of lone working. The registered manager was reviewing the timing of calls to make sure they met people's needs.

Information was available on posters in the office about care topics such as dementia care and kitchen hygiene. Posters were also used to communicate values, such as "what being a care worker means". This included meeting people, choices, rights and values, challenges and hard work. Staff described the service as "friendly, efficient and reliable". The manager and staff all regretted the number of 15 minute calls which they found were not always beneficial to high quality care.

The registered manager's system of management was appreciated by staff who found it effective. It included regular spot checks, supervisions and team meetings. Supervisions and care planning were delegated to team leaders who all had a level three diploma in social care. Staff felt the service was well led. They received compliments, but the manager was also "on their case" if necessary.

At our previous inspection on 29 July 2014 we found processes to monitor and improve the quality of service provided were not always effective, which meant the provider was not compliant with the relevant regulation. We judged this had a minor impact on people and required the provider to send us an action plan showing how they would meet minimum standards in this area.

On this occasion we found improvements in this area had been made. In addition to spot checks and supervisions, the registered manager used care plan reviews, a monthly quality assurance audit and quality survey questionnaires to monitor the quality of service provided. The most recent survey was from October 2014. The survey results were analysed and the outcome communicated to people. The most recent survey had favourable results and had covered satisfaction with the service, preferences, completion of tasks, punctuality, respect, and knowledge of the complaints procedure. It had been completed by just under half the people using the service at the time of our visit. Comments made included:

"Very satisfied with service. Mum always finds carers very pleasant to her.""We are treated with respect and as an individual. Not just a number and we appreciate that."

"All the staff that come in my Dad's home are very nice."

A recent introduction into the quality assurance system was a formal review of people's care plans six weeks after they joined the service. Records showed these included friendliness, concern for the person's wellbeing, consent, care provided properly according to preferences, safety, privacy and dignity, and adherence to the care plan. People were also asked about the responsiveness of the office staff.