Certain Care Ltd

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Inspection report

7 Goldstone Road
Hove
East Sussex
BN3 3RN

Tel: 01273276537
Website: www.certaincare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 22 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Certain Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses in the community and provides a service to adults. On the day of the inspection the service was supporting 25 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Certain Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This service was registered by CQC on 2 June 2017, due to a change in the legal entity, however the management and staff remain the same as the previous registration. Certain Care Ltd has not been previously inspected under their current registration.

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

Sufficient staff were available to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place. This ensured prospective new staff had the right skills and were suitable to work with people living in the home.

Staff had a good understanding of systems in place to manage medicines. People were supported to receive their medicines safely.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and had developed good relationships with people. People told us they were comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people well. People were provided with the care, support and equipment they needed to stay independent in their homes.

People were provided with information and guidance to access other services which were relevant to them for any on-going support.

People's individual needs were assessed and detailed care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met.

Staff received regular training and updates to be able to have the right skills and knowledge to meet people's assessed needs. Staff had regular spot checks, supervisions and appraisals to help them to understand their roles and responsibilities.

Quality assurance and information governance systems were in place to monitor the quality and safety of the service. People and relatives all told us that they were happy with the service provided and the way it was managed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe receiving care in their home. Detailed risk assessments were in place to ensure people were safe when they received care and support.

There were sufficient numbers of staff to provide safe care. Robust recruitment processes made sure only suitable staff with the right skills and knowledge were employed.

The provider had policies and procedures in place to make sure people were protected from abuse and harm.

Is the service effective?

Good

The service was effective.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their care plan.

Staff understood people's health needs and acted quickly when those needs changed.

Is the service caring?

Good

The service was caring.

Staff demonstrated a good awareness of how they should promote people's independence and ensure their privacy and dignity was maintained.

Staff had a good understanding of providing people with choice and control over their care. People told us staff respected their opinion and delivered care in an inclusive, caring manner.

People were pleased with the care and support they received. They felt their individual needs were met and understood by

staff.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs and preferences.

People and their relatives were consulted about their care and involved in developing their care plans. Detailed care plans outlined people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide personalised care.

People told us that they knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good

The service was well led.

People spoke highly of management. Systems were in place to obtain the views of people and continually improve the quality of care, which empowered people to feel part of the organisation and involved in the running of the service.

The ethos, values and vision of the organisation were embedded into practice. Staff were happy in their roles and felt well supported.

The provider had systems in place to monitor the quality of the service, drive improvement and ensure that they were aware of and up to date with legislation and developments within the sector.

Certain Care Ltd

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 22 May 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with six people, four relatives and two care staff over the telephone. We met with the registered manager in the office, and observed him working in the office, dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, five staff employment records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe using the service. One relative told us, "Yes [my relative] does feel safe, I know someone's there with him". Another relative said, "Yes [my relative's] safe, there's always a friendly atmosphere and the carer's very patient, with plenty of support".

Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. Staff received their rotas and any changes securely by phone which enabled them to have up to information on people and their call times. One relative told us, "The carers are regular and meet [my relative's] needs". A member of staff said, "There are always staff available, there is no trouble with that".

Staff were recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults. The provider had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. This meant the provider could be sure that staff employed were suitable to work with people and of good character and not put people at risk of harm.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and updates. Staff could identify various types of abuse and knew what to do if they witnessed any concerns or incidents. There were safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff meetings. The registered manager analysed this information for any trends.

People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

People were supported to receive their medicines safely. One person told us, "She puts my medicines out for me morning and night". A relative said, "Yes, they prompt [my relative] when he needs to take his medication". We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. Detailed risk medicine risk assessments were completed to assess the level of support people required. Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Detailed risk assessments had identified hazards and how to reduce or eliminate the risk and keep people

and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity. Positive risk taking was encouraged and we saw risk assessments for people to access the community and go swimming.

Good

Is the service effective?

Our findings

People and relatives were confident in the skills of the staff and felt they were trained well and also felt staff had been well matched. One person told us "Yes, we're very well matched". A relative said, "They're very good at what they do". We spoke to the registered manager about care matching, who gave us examples of people being matched with care staff who spoke the same language and who were similar in age, so that they enjoyed the same interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA . Staff had good knowledge and an understanding of the MCA because they had received training in this area. People were given choices in the way they wanted to be cared for, where possible. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

When new staff started working they had an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff continued to receive regular training in a variety of subjects including medicines, safeguarding, infection control, food hygiene, first aid and health and safety. Other specialised training included understanding of epilepsy, autism and challenging behaviour. Staff received regular supervision and an annual appraisal. These took place in one to one meetings and staff meetings. This gave an opportunity to discuss further learning needs and gave feedback on their work performance.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensured that policies and procedures were read and understood. The Equality Act 2010 covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "My carer cooks and brings me drinks". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently. For example, some people had a food and fluid chart in place for staff to document and monitor their intake. Staff were able to describe how they supported the person and steps they took to encourage them.

People were supported to access and attend routine health care appointments such as visits to the GP. One relative told us, "They helped last April because [my relative] had a urinary infection". Staff monitored people's health and wellbeing and supported them to access or request referrals to health care services when required. The registered manager gave examples on how good professional relationships had been built up with regular contact with other GPs and health professionals.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. One person told us, "I've had this girl [care worker] for four years. She's very kind and does everything for me, she's wonderful" Another person said, "They're very kind". A relative added, "Yes, they are very kind to [my relative]".

Staff demonstrated a strong commitment to providing compassionate care. People told us that staff knew them well and had a good understanding of how best to support them. A member of staff told us, "I like to look after people in a way that they need. I enjoy looking after them, like family". We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked and the best way to communicate with them. One member of staff told us about a person they care for regularly, they said, "I really know what they need. Rather than understanding words, you assess the situation and extract the meaning from looks and gestures. You develop a deep relationship with them". Most staff also knew about peoples' families and some of their interests. They gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. For example, diversity was respected with regard to peoples' religion and care plans detailed this. The registered manager told us how people and care staff who shared the same religion were matched together, so they could attend church.

Staff told us how they promoted people's independence. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate, staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us, "We promote independence, we are in people's homes and we help to adapt to them, so they can do things for themselves.

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected. One person told us, "Yes, I'm given privacy and dignity".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

People and relatives told us they could express their views and were involved in making decisions about their care and treatment for their relative receiving care and support from the service. One person told us, "Yes, I make the decisions". Another person said, "Me and my carer make decisions". A member of staff added, "I always give choice to people, some people have limited choices, but you must still offer them".

People had been supported to maintain links with their family and friends. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy

service was available. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

People and relatives told us they received personalised care that was responsive to their needs. One person told us, "Yes, they meet my needs". A relative told us, "There's always someone at the office to listen to you".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. We found details recorded were consistent. One person told us, "Me and my carer were involved in the planning of my care". Care plans were detailed enough for staff to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible. Staff told us they found the care plans to be detailed and informative to provide care and support to people and their needs. One member of staff told us, "The care plans are detailed. If I have any problems, I know what I have to do". Another said, "I can contact the manager any time, but everything is detailed in the care plans".

We were told how care staff did their best to support people with activities and to enjoy their interests. The registered manager gave us examples of care staff spending time with people doing things they enjoyed, such as playing board games and supporting people to access the local community. We saw that the service also organised transport for people to access day centres and visit friends.

Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs if required. They told us, "Problems get resolved quickly, we're very responsive. We're filling in the gaps, to help people stay at home". We spoke with the registered manager about how they ensured that people got their care visits when it suited them. The registered manager told us about the mobile telephone system they used to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people. The registered manager also told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. They told us, "We look at different ways of travelling to ensure staff are where they need to be".

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care

available to them.

Where appropriate and required, people's end of life requirements and wishes were discussed with people, relatives and professionals. These had been documented in people's care plans to ensure staff were aware of their needs and wishes for the future.

People told us they were encouraged to give their views and raise concerns or complaints. One person told us, "Yes, I have complained and I was happy". A relative added, "I complained in the beginning, as we had a carer that was not suitable and it was sorted out straight away". The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to.

Good

Is the service well-led?

Our findings

People, relatives and care staff told us that they were happy with the way the service was managed and stated that the registered manager was approachable and professional. One person told us, "I think it is managed very good" A relative said, "On the whole were happy with the service". A member of staff added, "This is the happiest time at work I've ever had. The registered manager is great, he is helpful and professional. I am happy to work here".

The registered manager promoted a positive and inclusive culture within the service. The registered manager told us, "We understand people's needs and get to know them on a one to one basis, we react to their changing needs". The registered manager monitored the day to day culture of the service through, amongst other things, open communication with people, their relatives, community professionals and staff. They made regular visits to people's homes to obtain their feedback, to provide direct care and support and to ensure the care was of a good standard. A member of staff told us, "We get spot checks to make sure we are doing things properly". Staff spoke about their work with clear enthusiasm, they felt supported, valued and fairly treated. One member of staff told us, "We give good care and we protect people's rights". Another member of staff said, "To do this job you need to like people and care for people and we really do care". Staff were clear what was expected of them at work, and felt able to request any additional support or advice needed from the registered manager at any time. One member of staff said, "The registered manager is my dream manager. He listens and is always there for me". Another member of staff said, "If we phone the office, someone always answers". The registered manager added, "Staff can contact me at all times". Staff meetings were also held to consult with staff as a group. Staff felt a sense of shared purpose with the provider, and experienced successful teamwork with colleagues.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Staff had a good understanding of equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice. We met with the registered manager who was responsible for the day to day management of the service. The registered manager had a clear understanding of the duties and responsibilities associated with his role. He recognised the importance of treating staff in a fair and equal manner, and the need to promptly address any staff conduct issues. They also understood the need to submit statutory notifications to CQC in line with their registration with us.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included health and safety, and care planning. The results of these audits were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive

up the quality of the care delivered.

The registered manager continually looked to improve and had liaised regularly with the relevant Local Authorities and Clinical Commissioning Groups (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. The provider received regular updates form organisations such as Skills for Care and the UK Home Care Association (UKHCA). The registered manager told us that he also attended forums and care showcases to increase knowledge and learning in relation to the sector.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.