Cairbairz Limited

Leicester

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Leicester is a domiciliary care service providing personal care to people living in their own homes.
Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 11 people using the service.

People's experience of using this service and what we found
Systems and processes were in place to assess and monitor the quality of care provided. The registered manager was aware of their legal responsibilities and notified the Care Quality Commission as required. Improved communication and systems ensured the views of people, relatives and staff were sought. The management team shared information and learning with the staff team when things went wrong.

All staff completed an induction and training for their role. Staff received further training to increase their knowledge and awareness about specific health conditions which affect people. Staff followed procedures which included safeguarding adults, health and safety and infection control and prevention. Staff were supervised, and their practices were checked to ensure they provided care people needed.

People told us they felt safe. Risk to people had been assessed and reviewed. Care plans provided staff with guidance to meet their needs safely. People were supported to maintain good health, were supported with their medicines and had accessed health care services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

People were supported by regular reliable staff who knew them and their needs well, which promoted continuity of care. The staff recruitment process ensured staff were suitable and safe to work with vulnerable people. Staff knew how to report concerns when people's safety and wellbeing was at risk.

People made decisions about their care which were documented in their care plans and respected by staff. 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; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who they trusted and had built positive relationships with. People's privacy, dignity and independence was promoted. People were supported by staff who were committed to non-discriminatory practices. People's communication needs were met and understood by staff.

People received person centred care. The management team and staff had a good understanding of people's needs and their individual preferences. Care plans were personalised and took account of people's lifestyle interests and their cultural needs. Staff worked flexibly to enable people to maintain their

independence and contact with family and the wider community friends.

Everyone we spoke with felt the management team were approachable and responsive. People were confident complaints would be listened to and acted on. People's views about the service were sought individually and through surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (22nd June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Leicester

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
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency.

It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection started on 28th November 2019 and ended on 9th December 2019, after we visited the registered office.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included notifications. Notifications are changes, events or incidents that providers must tell us about. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. 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 three people who used the service and one relative about their experience of the care provided. We also spoke with five members of staff, which included the registered manager, regional manager, and three care staff. We also spoke with a professional that has worked with the service. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, and policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Good

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.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Risks associated with people's care needs such as their mobility, sensory impairments and medical conditions such as diabetes had been assessed by staff.
- Staff had assessed risks in people's homes, to ensure there were no hazards. Staff were kept up to date with changes in people's care during handovers and team meetings.
- To promote home safety and security, home safety risks were identified as part of the initial care assessment. Staff arranged for the local fire safety officer to undertake visits. For example, staff had reported a person was leaving their front door open, so arranged for the fire service to visit.
- The providers health and safety risk assessment, helped to support people to keep their home free from hazards and risks, which helped to reduce falls. Managers carried out risk assessments, for example staff checked that toasters, microwaves or steamers were in working order.
- Staff promoted independence and encouraged people to become more independent. One staff member told us, "When I first started working with [the service user], they previously had to go out with two people, but now they are more independent. [The service user] has freedom to order their own meals and do their own shopping, including operate their own bank account".
- The provider's learning of potential risks was based on analysis, investigation and then responsive action. For example, staff had recognised that one person was becoming more confused each day and the management team were worried about their safety as they had started wandering off in the early hours of the morning and evening. So, action was taken, advise was sort from health professionals and an action plan was put into place, for family to provide some of the support, alongside the staff, until a new care package could be assessed by the Clinical Commissioning Group (CCG). This had resulted in the person remaining safe in their own home, with all their individual health care needs, now being met on a daily basis.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. A person said, "I feel safe because I have regular carers."
- Staff received training in safeguarding adults as part of their induction, alongside regular refresher training. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. One member of staff said, "Any concerns, we report immediately."
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Staffing and recruitment

● The provider used a values-based recruitment approach. Ensuring their recruitment and selection process meant new staff were always recruited in line with the 'person-centred' values of the service. Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references were obtained before staff were appointed. These checks help employers to make safer recruitment decisions.
● People were kept at the heart of the recruitment decisions. For example, managers suitably matched staff to people they supported, by taking account of each person's history, hobbies and interests.
● People received care from a regular group of staff who knew people well. Staff told us they supported the same people, and they had enough time to deliver the care and support people needed and to travel between calls.
● There were enough staff deployed to provide people with their care at regular planned times. An electronic call monitoring system was used to sign in when staff arrived at the person's home and left. This enable the registered manager to monitor the timeliness of staff and manage any potential delays.

Using medicines safely
● People were supported with their medicines in a safe way. One person said, "I get my medication when I need it, I take my tablets four times a day, they are all in the dosette boxes.
● People were assessed for their ability to manage their own medicines. Care plans described where the medicine dosette box was stored and how the person liked to take their medicine such as with water and before or after food.
● Staff had received training in the safe administration of medicines and their practice was checked by the management team. Staff knew what action to take if the person declined to take their medicine.
● The provider had comprehensive, clear policies in place to guide and support staff in using medicines safely with people in their own homes. They were continually updating these to be in line with best practice for staff and the people they supported.

Preventing and controlling infection
● People and their relatives told us staff used personal protective equipment (PPE) and disposed of them safely.
● Staff were trained in how to minimise the risk of infection for people and had information in the staff handbook which they could refer too. Staff practices were checked by the management team to ensure infection control procedures were followed. Staff confirmed they had a good supply of PPE and disposed of them after each task.

Learning lessons when things go wrong
● Staff we spoke with knew how to report incidents and accidents. All incidents and accidents were logged and analysed to identify any trends, so action could be taken to reduce risks. Learning from incidents was shared with staff, so all staff were aware of any changes they needed to make in how they delivered safe care.
● The management team were pro-active in using information from audits, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

Good

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.

Staff support: induction, training, skills and experience

● All staff had completed a comprehensive induction which covered the care certificate standards and delivered by their own in-house trainer. Staff were not allowed to work alone until assessed as competent in practice. The operations manager told us, "We always give carers what they need, hands on learning, putting the learning to the [people] as well, so they are learning".

● Training comprised of practical competency-based training and face to face training, delivered by their own in-house trainer, from health and safety to promoting person-centred care. Training topics were diverse for the whole workforce and covered specific health conditions such as continence and epilepsy management. The management team were pro-active and diligent with keeping up to date with best practice for the benefit of their workforce and the people they cared for.

● Staff felt valued and told us they were supported to achieve their full potential. One staff member told us, "I come in here and I feel valued as an individual. They know me and I have been able to say how I would like to be shadowed and supervised."

● Staff felt supported by the management team. Supervisions enabled staff to discuss their work and identify further training needs. One staff member told us, "Managers observe you in your role quite a bit, which is good. They offer advice, that's good, so we can improve our practice and knowledge." Team meetings enabled staff to review their care practices and share ideas to improve the care people received.

● The provider had invested time into supporting Apprenticeships and had made external fund applications to fund staff professional qualifications, with staff undertaking both Level 2 and Level 3 Health & Social Care qualifications. The management team were pro-active and diligent with keeping up to date with best practice for the benefit of their workforce and the people they cared for. They had attended a local skills group and worked with Leicester partnership trust, sharing knowledge with their workforce.

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

● People were assessed for their risks of malnutrition and dehydration. Food charts were in place, for example for a person with diabetes, their hydration was monitored by staff, to ensure they had access to drinks and were supported to have water all the times.

● Staff referred people to their GP where they were identified as at risk of malnutrition. Staff followed health professionals' advice in providing meals which met people's dietary needs, for example, gluten or dairy free. Risk management plans were in place for people with allergies.

● People who had their meals or snacks prepared by staff were involved in discussions about what they wanted to eat and drink.

● Staff had training in food hygiene and encouraged people to eat a healthy balanced diet. A person told us, "[The carers] cook me a good dinner. I used to be a butcher. I cannot cook on my own anymore. Stew and

dumplings!"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's physical, mental and social needs had been assessed by the management team and they took account of the assessment completed by commissioners. This ensured staff had the skills needed to provide care and if further training was required to meet specific needs.
● Assessments were completed in line with best practice guidelines and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met. A person told us staff knew how their health condition impacted on the daily support they required. This person's care plan described how staff were to support them at times when they experienced pain or needed more support than usual.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to attend health appointments and routinely referred people promptly to their GP or other medical services when they showed signs of illness. A person told us, "[The carers] help with that sort of stuff and the dentists, they take me too."
● Staff were following guidance from health care professionals and these were recorded in people's care plans. For example, staff were recording and following a diabetic care plan created by a community nurse. Staff were aware of people's health conditions and knew what action to take when someone was unwell.
● The management team worked closely with health and social care professionals to provide support in a coordinated and timely way. For example, if people needed additional equipment, they contacted occupational therapists for a further assessment. The management team had liaised with a commissioner to ensure adaptations were funded, so a person could be supported to use their toilet safely and independently.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● At the last inspection people were not always supported in line with the requirements of the Mental Capacity Act 2005. At this inspection, improvements had been made and the service was now working in line with the principles of the MCA. People's ability to make informed decisions had been assessed. There was evidence of mental capacity assessments and their outcomes.
● People told us staff sought their consent before providing support. One person told us staff respected their decisions and if they declined care this was documented. The relative we spoke with, confirmed staff sought their family member's consent and respected their decisions.
● Staff encouraged people to make day to day decisions. A staff member said, "[The service user] tells the workers what [they] want to do. Making [their] own decisions. Staff told us how they showed things to people and demonstrated things, to give them choices in their own homes, such as what clothes to wear,

which food to eat or how to wash their face in the morning.

Good

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were at the heart of the service, and staff were motivated to deliver high quality care underpinned by the providers embedded 'person-centred' values. Staff told us, "[The staff team] are very supportive. [The managers] are out of this world! And full of ideas and sorting problems out".
- People received care from staff who knew them well. They had formed good relationships and we received positive comments about the whole staff team. One person said, "They help me a lot. Take me out for walks. I'm doing very well.
- People told us staff were kind and friendly. One person told us, "[The carers] are very friendly. You can talk to them and they talk to you." A relative told us, "The staff are kind, because [my relative] will let me know if [they] are not happy."
- Staff spoke positively about the people they cared for. They shared examples of how they cared for people, for example we were told about one person who loved their garden but using the gardening equipment become too much of a risk because they were suffering from memory loss. Staff contacted the family and the gardening tools were removed, but the person was provided with bulbs in pots. The staff member said, "[They] are still involved. The garden is there for [them] to enjoy, still enjoy it. We [the staff] find different ways."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support. The regional manager told us about how proud they were of the ability of the staff to work and care for, a diverse range of people and needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity. One person told us, "Carers all very nice and they let me know in advance who is coming and when they are doing". Staff were able to give us examples of how they maintained people's dignity and privacy. For example, "We keep [people] covered up [when undertaking moving and handling], keep them dignified. We keep the transfer as short as possible, making sure you are communicating to them, which direction, as they can be quite disorientated."
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. A staff member told us, "We always make time. I will always, make sure they are ok. Sometimes [people] do not manage to get to [their] commode on time. They feel embarrassed or scared, and you need to provide them with reassurance. You can then convey this to their family also, reassuring them and their relatives."
- People's information was stored securely within the office, and all staff were aware of keeping people's

personal information secure.

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

● People were involved in the care planning process. This enabled people to express their needs and how they wished to be supported. One person told us staff communicated well and respected their decisions and choices about their day to day support.

● Care plans described people's individual needs, daily routines and preferences such as the gender of staff to support them. The management team had embedded the practice of matching the person to the staff to ensure people were being valued and their needs respected to the best of the service's skills and knowledge.

● People were asked to complete or comment on, staff quality assessment forms regularly, to check they were happy with the care. People spoke with the management team who also delivered care to people. This was important for some people who preferred to have a face to face conversation.

● Staff were kept informed about any changes to people's needs. Care plans were updated in people's homes by staff, with daily communication between staff and the management team.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

- People continued to receive person centred care based on their individual needs. The assessment and care planning process ensured their identified needs could be met. Care plans provided clear guidance for staff to follow which included information about people's likes, dislikes, lifestyle and interests.
- People were introduced to staff to ensure they felt comfortable. This meant they could explain what was important for them to staff. People were supported by regular reliable staff who understood how to support people. One person told us staff always told them in advance who was coming to deliver the day's care and also notified them of any changes.
- During our inspection we identified many examples of the provider's high quality responsive and person-centred approach. For instance, the management team were able to step in and provide an urgent 3-week, 24-hour respite package, to a family they were already supporting following a bereavement. This meant that the person with complex developmental needs could remain at home, be fully supported by carers that they knew, which meant they remained calm and not distressed during a significant time of change.
- To help keep one person with vascular dementia safe in their own home, the management team gathered together the supporting evidence needed for Continued Healthcare Funding and attended a series of meetings to support the person. The extra care was funded for live in carers, so the person could continue to live in their own home with their partner safely. The managers also provided practical support to the live-in carers and partner, so the person was provided with the best quality of care towards the end stages of their life.
- People's care plans were reviewed regularly. The regional manager told us, "We are always looking at how to improve, the carers role is so vital in reviewing and reporting any changes in needs. They flag up risks to families and health and social care professionals, to educate them as well."

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 and relatives told us they had developed good relations with the staff and the management team. Staff told us they got on with families and worked in partnership to care and support their relative.
- Staff had good insight about people's family and interests. Staff found the information documented in their care plans useful topics of conversation when providing care and support to people. A staff member told us, "Sometimes you are the only person they have seen all day. They may want to know what is on the TV tonight, so they have something to look forward to at night."
- Staff enabled people to maintain links with family, friends and the wider community and participate in activities they wanted to do. For example, they took people to the barbers and hairdressers and had arranged for hairdressers to come into to people's homes. Staff had also accompanied people on holiday

and assisted to support those with wheelchairs access beaches.

End of life care and support

● People had the opportunity to discuss their end of life care when they felt they were ready. Care plans included information about people's religious beliefs, wishes and any decisions made were documented.

● The management team worked with relevant health care professionals to deliver the appropriate care at the correct time. They had received specialist training to ensure people received personalised support based on their wishes as they delivered end of life care. The registered manager told us that families appreciated that they supported them through the experience, both practically and emotionally.

● People and their families were supported by managers to navigate both the practical and emotional side of caring for someone at end of life. For example, a person become very unwell quickly and the managers supported the family to apply for the correct level of funding and financial support, whilst still providing the care as required. Supporting the family to make a complaint when there was a delay. The family's complaint was upheld and they were awarded the funding.

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.

● People's communication needs had been assessed and were met. Care plans included people's preferred language, how they communicated and used specific non-verbal communication. One person was able to communicate to staff through a computer.

Improving care quality in response to complaints or concerns

● People did not have any complaints and knew how to contact the office or the management team. A person said, "I have the telephone numbers on my phone." A relative said, "I will speak to the agency if I'm not happy."

● The provider's complaints procedure included the contact details for local authority, advocacy services and the local government ombudsman.

● The provider had received no complaints since the last inspection.

Good

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff felt the service was well-led. Staff were supported by the management team. Staff told us, "[They are] very supportive, out of this world! Full of ideas and sorting it all out with us. Rules and regulations, they pull you up and help you out. Very good team." Another said, "If there is something you are not sure about, you always have a lot of back up. The managers are always available and nothing is ever too much trouble. They are always on hand. They work very well together."
- People and relatives we spoke with told us they were happy with the quality of service provided. They had developed good relationships with the management team and staff.
- The regional manager had organised a carers support meeting which involved a cream tea at a local hotel, for relatives of the people they cared for, so they could all feel equal and support one another.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team understood their legal responsibilities. They had notified the Care Quality Commission as required and had displayed the previous rating in line with regulations. Risks were clearly identified and reported to the relevant agencies when required. Quality audits and checks were carried out regularly by managers, on people's care and their care records.
- Staff practices were checked through unannounced spot checks and the electronic call monitoring system. All incidents and complaints were analysed and where any trends were identified action had been taken, for example changes made to call times.
- The provider's policies, procedures, and the business continuity plan had been updated. This ensured the service delivery would not be interrupted by unforeseen events.

Continuous learning and improving care; Working in partnership with others

- The registered manager and regional manager had kept their knowledge up to date with changes in best practice by reviewing the CQC guidance and changes in legislation.
- The provider had a comprehensive quality management system in place, which the managers frequently self-assessed the service against and shared learning with the staff team to influence practice.
- The registered manager worked in partnership with key professionals such as community nurses and

commissioners to ensure people received joined up care. Any learning from these was shared with the staff team.

● The service had received compliments, cards and letters of thanks from people, relatives and professionals, which had been shared with the staff team. A visiting professional told us, "[The service], seems to work in a person-centred way, working with the person they are supporting, rather than dictating to them. They response to complaints or concerns very quickly, rectifying issues where they can."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were regularly asked for their views about their care individually, during their regular calls, staff quality assessment forms and at the care review meetings. These checks assured people and the provider that people's care needs were met safely and as agreed.

● The completed staff quality assessment forms were all positive. The management team would share the survey findings with people, their relatives and the staff team at regular meetings and at care reviews.

● Staff understood their role to provide quality care and report concerns to the management team. Staff were aware of the whistleblowing procedure and were confident, any concerns and suggestions made would be listened to and acted on.

● Staff meeting minutes showed staff were informed about changes to the service and their views and ideas were sought about how to improve people's quality of care and life.