Carers Trust Thames

Carers Trust North Bucks & Milton Keynes

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 30 March 2016 and was announced.

Carers Trust North Bucks and Milton Keynes provides personal care to people living in their own homes. When we inspected they were supporting approximately 37 care packages.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had been in post on a temporary basis and was due to leave the service shortly after our visit. A new manager had been appointed from within the service and was aware of the requirement to register with the CQC.

Risks to people had been identified by the service; however risk assessments were not comprehensive and did not provide members of staff with guidance and control measures to minimise the impact of those risks. People were cared for by staff that were aware of abuse and potential signs of it. They knew and understood safeguarding procedures and were prepared to report any concerns they had. There were sufficient staffing levels to ensure people received the care they required. Staff had been robustly recruited by the service to ensure they were of good character to work with people. Where necessary, people were supported to take their medication by trained members of staff.

Members of staff sought people's consent however the service did not have systems in place to ensure they complied with the Mental Capacity Act (2005). They did not demonstrate how they supported people who were unable to provide capacity or make their own decisions. Staff members received sufficient training and support to perform their roles and to develop their skills. If required, staff supported people to have sufficient food and drink, as well as to book and attend appointments with healthcare professionals.

People had strong and positive relationships with members of staff. Staff treated people with kindness and compassion and spent time developing a professional relationship with them. People and their family members were involved in planning their own care and were provided with information about the service. Staff ensured that people were treated with dignity and respect at all times.

Care plans were written following initial assessments of people's needs, to ensure they received person-centred care. These care plans were reviewed on a regular basis with the input of people and their family members to ensure they were an accurate reflection of their needs and wishes. The service had a clear complaints procedure in place and people were prepared to raise any concerns about their care. There were systems in place to log concerns and ensure that appropriate action was taken as a result.

The service did not have regular and robust quality assurance procedures in place to monitor the quality of care and drive improvements. This had been identified by the provider and work was in progress in this area.

There was an open and positive ethos at the service. People and staff were positive about the management and the provider and felt that they were well supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had been assessed, however did not provide staff with guidance on actions to take if the risks identified presented themselves.

People were protected from harm or abuse and staff were aware of safeguarding procedures to follow, if they suspected abuse had taken place.

There was enough staff to meet people's needs. Staff had been recruited following robust procedures to ensure they were safe to work with people.

People were supported to take their medication, where necessary, by trained staff. Systems were in place to record and monitor medication administration.

Is the service effective?

Requires Improvement

The service was not always effective.

People were asked for their consent to their care; however when people were not able to do this, the service had not followed guidance and legislation, such as the Mental Capacity Act 2005.

Staff members received sufficient training and support to enable them to perform their roles and meet people's needs.

When required, staff provided people with support in terms of preparing meals and drinks in accordance with their wishes.

Staff also supported people to access healthcare professionals if necessary.

Is the service caring?

Good

The service was caring.

There were positive relationships between people and members of staff.

People were involved in planning their care, and were provided with information about the service.

Staff members treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received person-centred care which was based on their individual needs and wishes.

Care plans were reviewed regularly to ensure they were up-to-date and contained relevant information.

People were able to raise concerns or complaints, and felt that the service listened to these and took appropriate action.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were not robust quality assurance processes in place. The provider had identified this and had implemented steps to closely monitor the service and identify areas for improvement.

People and their families were positive about the ethos and leadership of the service.

Staff members felt empowered to perform their roles and well supported by the management and the provider.

Carers Trust North Bucks & Milton Keynes

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.

This inspection took place on 30 March 2016 and was announced. The provider was given 24 hours' notice because the location provides services in people's own homes. We needed to be sure that the registered manager would be in and that documentation would be available to us.

The inspection team comprised 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. The expert used for this inspection had experience of receiving support from staff.

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 any improvements they plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with eight people who used the service, as well as four of their relatives. We also spoke with the provider, the registered manager, the training manager, the locality manager and four members of care staff.

We checked eight people's care records, including daily notes and medication records, to see if they were accurate and reflected their specific needs. We also reviewed six staff recruitment files, staff duty rotas and

training records, as well as further records relating to the management of the service, such as quality audits, in order to ensure that robust systems were in place.

Requires Improvement

Is the service safe?

Our findings

There were systems in place to measure and assess risks at the service; however these were not always used effectively to manage areas of potential risks. We spoke to the provider and they told us that risk assessments were in place for each person, but that they needed to be reviewed to provide more information to members of staff. We found that risk assessments were in place and provided a rating of specific risk levels for a number of different areas, however there was no information to explain how these risk ratings had been reached. In addition, the risk assessments failed to provide staff member with control measures to help them minimise the impact of risks. For example, in the 'fire safety' section on one person's risk assessment there was a risk rating of medium and the assessment stated 'Wheelchair bound.' The risk assessment offered no additional comments to explain how the person was at risk, or actions that staff could take to manage these risks.This meant that in the event of an emergency, members of staff may not have an understanding of the actions they needed to take to keep people safe.

We spoke to the provider about risk assessments and they acknowledged that they were not currently sufficient to provide staff with the guidance that they needed. They told us that they planned to change risk assessments, to ensure staff had control measures to help them manage risks in the future. They also pointed out that control measures for identified risks did form part of people's individual care plans, which provided staff with guidance in managing risks.

The service had not taken steps to assess risks to the health and safety of people, or done all that was reasonably practicable to mitigate such risks. This was a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider showed us that there were general risk assessments in place for the service, including a business continuity plan. They explained that this detailed how the service would cope with emergency situations, such as high levels of staff illness or damage to the office or key computer systems. We saw that this plan provided staff with guidance about who to contact in such circumstances and how to minimise the impact of these on people receiving care from the service.

People told us that they felt safe when receiving care from the service. One person said, "Oh yes, very safe." We asked another person if they felt safe, they responded, "Yes very." People's family members also felt that members of staff kept their family member safe during visits. One relative told us, "Yes definitely, we wouldn't still be having them if I didn't."

Staff members explained that people's safety was important to them and they worked to ensure people felt safe and were free from abuse. They told us that they received annual safeguarding training, where they discussed different types and signs of abuse, as well as the procedures they should follow to report suspected abuse. One staff member told us, "In safeguarding training we cover different types of abuse." Another staff member told us, "If we are worried we report back to the office and record it in the client's file." Staff members also told us that they were prepared to report above the heads of their management and the provider if they were not happy with their response. However none of the staff we spoke with had felt the

need to do this.

The locality manager told us that staff members were encouraged to report any concerns that they may have, and showed us that the service had specific policies in place to direct staff in the actions they should take. They showed us records of incidents which had been reported as safeguarding alerts. We saw that the provider had taken appropriate action in response to these and had informed the local authority safeguarding team, as well as the Care Quality Commission (CQC).

People told us that there were enough members of staff to ensure their needs were met. They explained that staff members were usually on time for their visits, and they saw a regular group of members of staff. One person told us, "Generally yes, sometimes a bit late but pretty reasonable really." Another person said, "Yes, nearly always" when we asked them if staff were on time. People's family members also felt that there were enough members of staff and that they were generally on time. One relative said, "Yes, time keeping is quite good." They also told us that the office kept them informed of which staff member was supposed to be visiting, and updated them if there were any changes to this.

Members of staff told us that there was as stable team working at the service, with a low staff turnover. One staff member told us, "Staff retention is usually good." The provider explained to us that the current staff team were able to meet people's care needs; however the service was constantly recruiting new staff in order to provide new care packages. They told us, "We are always recruiting as we are having to turn business away." They explained that they were particular with potential new employees, to ensure they only employed the right people for the job.

Staff members told us that the service carried out robust checks as part of the recruitment process. They explained that after applying to work at the service they had to be interviewed and provide two references, as well as apply for a Disclosure and Barring Service (DBS) criminal record check. The provider explained that this process was carried out for each member of staff to ensure they were of good character and suitable to work with people. Staff recruitment files confirmed that these checks took place.

People were supported to take their medication safely by the service. They explained that staff members encouraged them to be as independent as possible, and only stepped in to help where necessary. One person told us, "I do my own tablets; they just put cream on my legs." Another said, "Yes they give me it." They also confirmed that staff members recorded the medication that they gave.

Staff members told us that they received training in how to administer people's medication, and made sure that they recorded it each time they gave medicines on Medication Administration Record (MAR) charts. They also told us that senior staff regularly checked that medicines were given safely and appropriately. One staff member told us, "We have training in how to administer medication. It must be prescribed and on the MAR charts." Another staff member said, "Spot checks are in place to monitor medication administration."

We saw that people's care plans contained specific details regarding their medication and the levels of support they required to take it. We also saw that MAR charts had been completed for each person. There were no gaps or omissions on these MAR charts and staff had used codes appropriately to record if medication had not been given, for example if the person had refused to take it. People's medication was administered following safe and robust procedures.

Requires Improvement

Is the service effective?

Our findings

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.

We found that the service had not implemented processes to ensure they were following the principles of the MCA. Where people lacked mental capacity and were unable to provide the service with their consent, there was no evidence to show that the MCA had been used to reach a best interests decision. For example, we saw that one person's care plan documents had been signed by a family member; however there were no MCA assessments to demonstrate that the person lacked mental capacity and therefore needed decisions to be made on their behalf. We spoke with the provider about this. They showed us that there was a policy in place regarding the MCA, and they had identified that this was an area in need of development. There were plans to introduce support materials for staff, such as a flow chart, to help them apply the principles of the MCA on a regular basis.

People were regularly asked for their consent to their care, both when staff were carrying out visits and when their care was being planned. People told us that they were encouraged and supported to make choices and decisions about their care. One person told us, "I choose everything myself." Another said, "Yes, and they know my preferences." People's family members also felt that people were involved in making their own choices about their care. One said, "The workers do give her choice." Care records showed that, where people were able to make their own choices and provide consent, this had been recorded and used to form the basis of people's care plans.

Members of staff had the skills and experience required to meet people's needs. People were aware that staff received training and felt that this helped them to perform their roles. One person said, "They have enough skills." People's family members also told us that staff had the skills they needed to provide people with care. One relative said, "Across the board I would say that they are capable."

Staff received training from the provider to ensure they had the skills they needed. When they started working at the service they completed an induction, which included shadow shifts, where they observed more experienced staff members providing people with care. People were aware of this process and felt it was a useful way to induct new members of staff into the service. One person said, "I had a new girl, but she came with someone to learn." Another person told us, "When they first come they have to learn but I have two come together anyway." Staff members told us that they also received training during their induction to help ensure they had the skills they needed. The provider showed us that the care certificate was being used to help induct new staff members into the service to ensure they had the guidance they needed. Records confirmed that staff members had a comprehensive induction at the start of their employment.

Additional and on-going training also took place to help staff develop and maintain their skills. Staff members were positive about the training they were provided with. One staff member told us, "We get lots of training, all the things we have to do." Another said, "Training has been absolutely excellent, I love it!" The provider told us that training was an important part of staff development, and they were in a process of re-assessing the service training provision, to identify where it could be improved. They told us, "Training is important and gives staff the opportunity to network and provide peer support." Records showed that staff members received regular training in areas such as safeguarding, manual handling and dementia. They also showed that staff received refresher sessions to help maintain their skills and provide them with updates.

Staff members also received regular supervision sessions to provide them with a forum to raise any concerns they may have and to discuss developments regarding the service. Staff members told us that they found these sessions useful and were able to get feedback about their own performance and identify any areas for improvement. Records confirmed that staff members received regular supervisions with senior staff. They showed that discussions had taken place regarding training and development needs, as well as people's needs and, where necessary, staff performance issues.

Where necessary, staff supported people to prepare food and drink. People told us that staff listened to what they wanted and made sure that they prepared it the way they liked it. One person told us, "Yes, they give me lunch. I can choose what I like and have it done how I want." People's relatives also told us that staff provided people with support in this area. One family member said, "She is able to choose what food she wants for breakfast, lunch and sandwiches and the staff are caring and understanding with her."

Staff members confirmed that they helped people prepare their meals when required. They told us that they were aware of people's preferences, but always checked what they wanted in case they changed their mind. Staff were also aware if people and particular dietary requirements, and there were systems available to monitor people's nutritional intake if necessary. One staff member said, "We prepare meals to meet people's needs, from sandwiches to full meals." Another staff member told us, "We are aware of people's specific dietary needs." People's care plans provided staff with guidance regarding the support they needed with meals, as well as specific requirements they may have. We also saw that food and fluid monitoring charts were available if necessary.

Staff members told us that they worked with people to access healthcare professionals, as required. The provider told us that most people preferred to book and attend appointments with the support of their family members however the service were able to provide support in this area if required. People's care plans showed that outcomes of health care appointments with professionals such as GP's, opticians or other specialists were recorded and any required action from them was implemented.

Good

Is the service caring?

Our findings

People were positive about the staff that care for them and felt they had developed strong relationships with them. They explained that they usually saw regular staff members, which enabled them to get to know them and build relationships. One person said, "They are very good. They do their job and they are friendly." Another person told us, "The one who comes regular is just like a good friend. They have a good chat." Family members also felt that staff members had worked to develop strong relationships with their relatives. One told us, "The one who comes regular is just like a good friend. They have a good chat." Another said, "Yes, caring and respectful."

Staff members told us that they valued the people they cared for and worked with them to develop mutually beneficial relationships. They told us that they were happy to support people in their homes and try to help them to be as independent as possible. One staff member said, I absolutely love my role, it's very rewarding." Another told us, "I like to go away leaving the person happy." The provider told us that they felt staff were committed to caring for people and were proud of the positive impact that members of staff had on people. They told us, "Staff here are generally very committed, they really value what they do."

People told us that they had been involved in planning their care, and were aware that they had a care plan in place. They explained that staff from the service had spoken with them about their care to ensure that they were happy with what the plan contained. People's relatives also told us that they were involved in planning their family member's care, and were happy with the level of involvement the service promoted. One family member said, "Yes we were involved in deciding and there is a lot of information there."

The provider told us that they worked to ensure that people were involved in planning their care, as well as in the service in general. They explained that people were provided with a guide to the service when they started to receive care. This included useful information about what they could expect from the service, as well as contact information for the office and external organisations, such as the Care Quality Commission (CQC). We saw that this information was included with a user guide, as well as regular newsletters which were sent out to people to help keep them updated about the service and any developments which may affect them.

People were treated with dignity and respect by members of staff. They told us that staff made sure their privacy was respected at all times, and were sensitive to any situations which may cause potential embarrassment. One person said, "Whilst I am in the bath they do my back then they leave me alone so I can do my private parts and wait for me to call them back in when I am ready." Another person told us, "They make sure doors are closed so no one can see in, that sort of thing." A third said, "When they do something for me I don't get embarrassed." Relatives also told us that they felt staff maintained their loved ones privacy and dignity.

Staff members told us that it was important that they respected people's privacy and dignity at all times. They explained that they respected people's wishes and requests, and took steps to ensure they were cared for with dignity and that their privacy was upheld. Care plans detailed the level of care and support people

required, as well as what they were able to do for themselves. This helped guide staff and prevent them from infringing on somebody's privacy and dignity. There was also training and policies in place, to help ensure staff treated people with privacy, dignity and respect.

Good

Is the service responsive?

Our findings

People received person-centred care from the service. People told us that, prior to the commencement of their care package, members of staff from the service met with them and their family members to discuss their care needs and wishes. They explained that care plans were drawn up as a result of the information gained from this meeting. One family member told us, "Yes we were involved in deciding and there is a lot of information in there."

Members of staff confirmed that pre-admission assessments took place, which involved staff meeting with people to determine what their care requirements were. They told us that this information was used to generate the person's initial care plan, which provided members of staff with the information they needed to meet people's needs, as well as information about people's background and interests. One member of staff told us, "It's really important in assessments and reviews to pick up what people want." People's care plans showed that comprehensive pre-admission assessments took place and were used to identify people's needs and feed into their care plans.

People also told us that their care plans were reviewed on a regular basis to ensure they were up-to-date and accurate. One person said, "They did come and do a new care plan." Another person told us, "I have a review once a year." People's family members also told us that members of staff from the service came out to conduct reviews of care plans, and made adjustments if any aspects of people's care or wishes had changed. One relative said, "Yes, they ask us various questions on occasions."

Staff told us that care plans were regularly reviewed and updated. They explained that this happened at least once a year, but if they became aware of changes in people's needs before this, they could arrange for a review to take place sooner. One staff member said, "If people's needs change staff call to get that information logged." They explained that the service management would then arrange for a review to take place. People's care plans showed that they were regularly reviewed and, where necessary, were updated to reflect people's changing needs and wishes.

People told us that they were aware of the complaints procedures at the service, and were prepared to make complaints about their care if they were not happy. They also told us that they felt that their complaints would be listened to and that the service would take appropriate action. One person said, "I would feel that I could say, but I've never had to." Another person told us, "Yes, I have their phone number." People's family members also told us that they were confident that they could raise any concerns they may have. One family member said, "Oh yes, they are quite responsive." Another said, "Yes I think that would be quite easy to do."

Some of the people and family members we spoke with had made complaints about their care. They told us they felt their concerns were taken seriously and the service had taken action to ensure their concerns were dealt with. One person told us, "We asked for them not to send the particular worker again and they have respected that." The provider told us that they had implemented a robust procedure for dealing with complaints, and worked to ensure that any concerns raised were dealt with fully. We saw that these

procedures were in place, and that the service kept a log of all the feedback they received, as well as actions they have taken in response to them.

Requires Improvement

Is the service well-led?

Our findings

The service had not always carried out regular quality assurance checks, to monitor and improve the quality of care being delivered. The provider explained to us that there had been a number of changes to the management team at the service over the past 12 months, which meant that a robust system of checks and audits had not been carried out. They told us that they had identified that improvements were needed in this area and planned to implement a number of checks to ensure the performance of the service was monitored in the future. For example, they showed us documentation for the regular review of people's care plans, which included a flow chart to provide staff with guidance on the areas that they needed to look at during each review. This would help to ensure people's care plans are a more accurate reflection of their needs and wishes, as well as to ensure that risk assessments and other key documents were up-to-date and could provide staff with the information they needed.

Members of staff told us that there had been an increase in the checks and audits carried out by the provider. They told us that they were aware that care plans, medication records and daily notes would be reviewed, and that checks of their performance were taking place. One staff member told us, "There are a large number of spot checks being carried out." This meant that the provider had introduced systems to ensure they had an improved oversight of staff performance, which helped to drive improvements in the care that people received.

People were happy with the care that they received, and were positive about the service and its ethos. One person said, "I am delighted with the carer's service. I am very very pleased to have the Carers Trust." Another person told us, "I think we are very fortunate to have this service." People's family members were also positive about the service. One family member said, "We have used this agency for a couple of years. We had other services before, but not of this standard."

Members of staff told us that the service had an open and positive culture, and that they enjoyed working at the service. They told us that there had been a number of changes over recent months, but that these were positive and that it kept the organisation moving in the right direction. One staff member said, "There is a feeling of positivity about the future of the service and the way it will develop." Another said, "I feel they are a good company, I wouldn't do this for anybody else."

The provider and registered manager were clear about the ethos of the service and the direction they wanted it to go in. They told us that they wanted to ensure people received person-centred care which was responsive to their needs and described how they planned to further improve the service to ensure people got the care they needed. The provider told us, "We have plans to develop the service. We aim to bring the local experience without losing the professionalism." They went on to explain that they encouraged staff to foster positive relationships with people and to use their local knowledge to help develop people's care and support.

People and their families felt that the management of the service was good, and that there had been positive developments in this area. They explained that there had been changes in terms of the registered

manager over recent months. They were aware that the current registered manager was due to leave the service and that a new manager had been appointed. They were familiar with this person as they were an existing staff member, and were positive about the effect that they would have on the service. One person told us that the service was well managed. They said, "Generally speaking, yes." A family member told us, "Yes, reasonably impressed with the new manager."

Staff members were positive both about the current registered manager and the in-coming manager. They explained that in their temporary role, the registered manager had a positive impact on the service and had worked well with members of the team. They were also positive about the new manager as they had worked with them in their current role and felt that this would help to maintain the continuity of the service. One staff member said, "The out-going manager has been great and has given us support and confidence."

The new manager was aware of the need to register with the Care Quality Commission (CQC) to comply with regulations. They were also aware of their statutory obligations, such as submitting notifications to the CQC of certain incidents, such as safeguarding alerts or events that stop the service.

Staff felt empowered by the service and were able to perform their roles autonomously, but were aware that they had the support from the service and the provider if they needed it. They told us that they were provided with the information they needed to perform their roles and were told about any changes through staff meetings and regular communication. One staff member said, "If there is anything new we are updated." Another member of staff said, "The [Provider] is incredibly approachable and hands-on." We saw records of communication with members of staff and meeting minutes, which showed that staff were regularly included in the development of the service.

We also found that people were regularly contacted by the service to ensure they were happy with their care and to provide them with information. They explained that they were asked to complete regular satisfaction surveys to provide feedback about the care that they received. They also told us that the service sent out newsletters with updates and information they may need. One person said, "Yes, once a year we get a form to fill in. We also get a newsletter." This meant that people had up-to-date information about the service and the care that they could expect to receive. It also ensured that people were able to provide the service with feedback and encouraged them to get in touch whenever they felt they needed to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had not taken steps to assess risks to the health and safety of people, or done all that was reasonably practicable to mitigate such risks. This was a breach of regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.