

## Carers Choices

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### 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

This inspection took place over a number of days and these included 28 January 2016 and the 4, 22, and 25 February 2016.

Carers Choices provides short term respite care, domiciliary care and home support to people who live in their own homes. They provide care in the geographical areas of Southend, Rochford, Rayleigh, Castle Point, Basildon, Maldon and surrounding areas.

The service has a registered manager in post. 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.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe. Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed.

Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

People were supported by staff to maintain good healthcare and where needed they would assist them to gain access or contact a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

People had agreed to their care and asked how they would like this to be provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner. Assessments had been carried out and care plans had where possible been developed around each individual's needs and preferences.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance

system was effective and improvements had been made as a result of learning from people's views and opinions.

## 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 is safe.

The provider had systems in place to manage risks which included safeguarding and medication, this helped to ensure people's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

### Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help protect people's rights.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

### Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff were caring and had a good understanding of people's care needs.

### Is the service responsive?

Good ●

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual care needs were met.

**Is the service well-led?**

**Good** ●

This service was well-led.

The registered manager understood their responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

# Carers Choices

## **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 was unannounced and took place on the 28 January and the 4, 22 and 25 February 2016.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included any safeguardings or notifications. Notifications are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we visited 4 people who received a service to gain their views and their feedback has been incorporated into the report. We also spoke with the care manager, assistant care manager and the chief executive officer of the service. We also spoke with 3 members of the care staff. Healthcare professionals were approached for comments about the service and if any feedback has been received it will have been included in this report where possible.

As part of the inspection we reviewed three people's care records. This included their care plans and risk assessments. We also looked at the files of three staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving their care and that they 'trusted' the staff. Further feedback included, "I trust the staff, I would trust them with my life" and, "I can go out and not have to worry as I know they [their relative] are in good hands."

Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff spoken with stated they would feel confident in raising any concerns they may have and one added they had found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Feedback from staff included, "I would contact the office and speak with the manager if I had any concerns" and, "The office are very supportive and they would contact the right people if I had any worries." Staff were also aware of the whistle blowing procedure and described who they would speak to if they had any concerns.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. This documentation was kept in the office and staff were also issued with a copy of the risk assessments of the people they visited and provided care for. The registered manager stated that these were not routinely placed in people's homes, but they were looking to implementing this practice.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

People told us that there were enough staff and they received the care and support they needed from regular carers. They added that the registered manager always tried to cover annual leave and sickness and they would be made aware of who would be calling if their regular care was not available. Staff confirmed that they had enough time to provide the care people needed and added that they had no problems if people needed extra time due to sudden emergencies; they would just let the office know. The registered manager stated that they were trying to recruit two new staff members so they would have extra resources to cover leave and sickness. They added it would also help when people needed a few more hours care one week and they would then be able to assist. It was clear from this information that they monitored this closely to try and ensure they had sufficient staff to provide the care people needed.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. We were unable to check any recently recruited staff due to the service not employing anyone since our last inspection visit 2013. Checks showed

during that inspection that correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

The service had systems in place to assist with the safe management of people's medication, which was in line with national and good guidance policies. Any assistance with medication had been identified during the initial assessment and part of the person's care plan. Care plans seen clearly stated whether assistance with medication was needed and the service had a 'consent to medication' form, which was signed by people if they needed assistance. Most people did not need assistance from staff with their medication due to having relatives who could assist with this.

Staff had received medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Medication was recorded on set forms and staff had received guidance on how and when these were to be completed. Staff spoken with stated they felt the service had safe medication procedures in place and those who needed assistance received their medication as prescribed.



## Is the service effective?

### Our findings

People were very happy with the care they received and complimentary about the staff. They all felt the staff had the right skills and knowledge to provide the care either they or their relative needed. Feedback included, "They have well qualified staff working for them," "They are very organised and have good training" and, "They [the staff] are a real help and are well trained."

Newly recruited staff would complete an induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service and the new staff member 'shadowing' an experienced member of staff until they felt competent. This allowed the new staff member the time to understand their role and the standards expected of them. Staff said the induction was very good and had provided them with the knowledge and experience they required. The registered manager advised that they had introduced the 'care certificate' induction programme for any new staff that joined the service. This is a recognised course to provide staff that are new to the care sector with the skills and knowledge they require to do their role. One staff member told us that the induction they had received was 'very good' and confirmed that they had shadowed with a colleague until they felt confident in doing the care themselves. They added that support was made available when they started working on their own, which gave them more confidence.

Staff had been provided with initial and on going training and support to help ensure they had the knowledge and skills to carry out their roles and responsibilities as a care worker. Staff were well trained and had sufficient skills and knowledge to provide the care people needed. They had been provided with mandatory training which included, moving and handling, risk assessments, health and safety, safeguarding people, first aid, infection control and the mental capacity act. Further training for specific areas of need for people using the service had also been provided and included, Parkinson's awareness, diabetes, epilepsy, and dementia. Staff confirmed that their training was up to date and comments included, "The training is amazing, it is kept up to date and we are given regular refresher courses" and, "The training is spot on, I am up to date."

Staff received regular supervision and appraisal. Each person had a supervision agreement in place which stated that this would be provided every 3 months. Supervision included observations, one to ones and appraisals. Documentation seen showed that staff also had regular meetings to offer staff support and update them on any areas of change. The registered manager advised that they had recently changed the format of staff supervision to include the five domains of safe, effective, caring, responsive and well led so that these were incorporated into the ethos of the service. One staff member told us, "We get enough support, we have regular supervision every three months." Another confirmed that they attended team meetings and it was a good opportunity to be updated on any changes and see colleagues.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. Although DoLS was not relevant to people living within their own homes, staff had been provided with guidance and training to make them aware of this subject. All staff we spoke with confirmed they had received training in MCA and DoLS and were aware of how this helped to keep people safe and protected their rights. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time.

People told us that they had agreed to the service providing their care and support. Files contained consent to care forms which had been completed by the person receiving the care or their relative. People told us that staff always asked for their consent when providing them with support.

Food is usually prepared by family members, but staff do assist with meal preparation if needed. Staff may be required to reheat food or ensure snacks are accessible to people they care for. Staff had received training in food safety and were aware of safe food handling practices. They told us that they ensured that people had access to their food and drink before they left the person's home. Those people who were supported at meal times had access to food and drink of their choice and staff would provide assistance with eating if required.

People had been supported to maintain good health and had access to healthcare services and received ongoing support. People told us that mostly their relatives would support them with their healthcare appointments however; they added that staff had supported them to attend appointments and access healthcare support if necessary. The registered manager stated that she would liaise with health and social care professionals and had made referrals when needed. This showed that staff tried to maintain people's health.

## Is the service caring?

### Our findings

People told us the staff were very kind and caring. Comments included, "They [staff] are very good with [person's name]. He looks forward to seeing them and they have a great rapport," "We could not do without their help, it is a way of life and they are really good" and, "They have improved my quality of life, I look forward to them coming and they are so caring."

Staff provided a caring and supportive service to people who lived at the home and this would often include the support of a carer or relative. Feedback from people we visited showed that staff were highly thought of and they felt they interacted positively with their relatives and when staff visited there was a relaxed and happy atmosphere within their home. One staff member said that they had been doing this type of work for a number of years and felt that it was important for staff to "Listen and just be kind and patient with people."

The service had developed a strong person centred culture and people were actively involved in the assessment and care plan process. Staff had positive relationships with people, they were very knowledgeable about the individual needs of people they visited and how to communicate with them effectively. Care plans we reviewed contained detailed information on what care each person needed and important information about their health needs, their past and how to effectively communicate. This was an important aspect of people's care due to some people's limited verbal communication.

Staff were also aware of any diverse needs each person may have, so that care could be arranged around their age, disability or religion etc. Care plans had been regularly reviewed to ensure staff had up to date information on the person they provided assistance. The registered manager or assistant manager completed annual observations on all staff to ensure people received the care they needed. One relative stated that they felt this was good as it had given the management a clear picture of what care was provided and also the time this took.

The service had a key worker system which meant that people receiving a service each had a named person who they could build a relationship with. The registered manager stated that they tried to match the staff member with the person who needed care and had found that the key worker system had helped to improve communication, trust and relationships. People were very complimentary about the key worker system and they all knew who their 'allocated' person was. They added that they found this really helpful and knew who to speak with if they needed any advice or assistance. One staff member said, "I have been going into some of my people for a number of years and know them very well."

The registered manager told us that most people who received a service had relatives who could advocate for them, but they could arrange for people to be supported to access advocacy services if required. An advocate is a person who supports people to have an independent voice and express their views when they are unable to do so themselves.

People were happy with the care and support they received and added that staff treated them with dignity

and respect. They felt the staff treated their relatives as individuals and called them by their preferred names. Staff told us how they would support people's privacy and dignity, for example they ensured bedroom and bathroom doors were closed when delivering personal care. Feedback from staff included, "It is common sense, you treat people how you would like to be treated" and, "The staff are very good, I would not hesitate for them to look after me or one of my relatives."

## Is the service responsive?

### Our findings

People told us that the service was very responsive to their needs and they had been involved in the assessment and planning of their care. Staff we spoke with were knowledgeable about the people they supported and some had cared and supported the same families for a number of years. They were aware of people's likes and dislikes as well as their health and support needs.

People's care needs had been fully assessed before receiving a service, which helped to ensure the service was able to meet their needs. After the assessment stage each person had been sent a letter to advise them of their agreed care, the costing and the time and days allocated. This helped people to be involved in the assessment stage and any decision making.

A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs; plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. Care plans had been reviewed regularly and updated when changes were needed.

People received personalised care that was responsive to their needs. They had regular staff to assist with their care and this assisted with continuity. The registered manager stated that they did try to cover all calls with regular staff and they would give people the option of receiving a service when their regular staff member was on annual leave or sick. They would send letters to people if they could not cover a call or if someone different would be visiting; so people could make a choice on whether they needed the service or whether cover was essential. Many stated they appreciated being made aware of who would be covering their care worker when they were on leave and felt it improved the trust and communication with the service. One person stated, "It is very important to me to know who is coming. They are very good, the manager always lets me know if there are any changes to my carer."

The service tried to be responsive to people's needs and during our inspection we observed care being changed at short notice to enable the staff to offer support when people needed it most. If relatives had a hospital appointment the service would try to arrange a visit to provide cover so the person could leave their relative with people who would know their care needs. One person stated, "We have a regular service and staff. They work in partnership with us and try to cover if we need help in an emergency."

The registered manager advised that they would sometimes take people out for lunch or spend time doing activities the person they are supporting may like to do. As an example, one person liked films so the staff member would spend their time watching old films and discussing them. Another person liked to go swimming, so it had been arranged that a staff member would take them each week.

The service also had a day centre and this would be offered to those people who met the criteria. It was an opportunity for their carer to have a break from their 'caring' responsibilities and know that the staff would understand their relative's condition and care needs. A support group and coffee morning had also been organised to support people and this was still visited by people who had used the service in the past. This

gave people an opportunity to meet and receive support, advice, company and a hot drink.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. People thought the management to be effective and had confidence that any complaints would be listened to and acted on. Staff knew about the service's complaints procedure and that if anyone complained to them they would notify the office. No complaints had been received by the service since their last inspection.

People did not have issues around the quality of the care they received and were satisfied and complimentary about their carer workers. Compliments the service had received included, 'Thank you so much for helping us to look after mum and all the support you gave us as a family,' 'Just a few lines to say thank you for all the help and kindness for [person's name] and myself since we have known you' and, 'I am very grateful for the effort they spend trying to support me. Without their help my situation would be impossible.'

## Is the service well-led?

### Our findings

The service had a registered manager who has been in post for a number of years. Staff we spoke with were complimentary about the office and management team. They said that they had received supervision, attended regular staff meetings and could gain support and advice when ever they needed it. Feedback included, "I am supported in my work. I can ring the office or out of hours and always speak with someone" and, "Our managers are very good. You can always go to them with any concerns or issues, they are very approachable and we have a good team."

Communication with people and staff was good. Staff were seen to have a good rapport with people they visited. Many had been receiving a service for a long while and had built up relationships. Feedback included, "They are a real help, I took an instant like to [person's name]" and I look forward to them coming, they are more friends that carers." Staff told us that they felt listened to and gave examples of where people's care needs had changed and they had contacted the office and received the help they needed. The service had information in people's homes and staff also had copies of documents that would assist them when providing care.

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. This was also covered as part of staff induction and on going training.

The service had good management and leadership. The registered manager was aware of her responsibilities and staff stated they found her very approachable and had always offered support or advice. There were clear management structure within the service and staff were aware of their job roles and responsibilities. Staff were issued with job descriptions when they first started at the service, so they were aware of their role and who they would be responsible to.

Regular meetings took place with staff and management and this was a good way to keep people up to date on general issues and also include them in the running of the service. Management also had meetings each week to identify any areas of work that would need to be completed.

People told us that the service listened to their views and acted on what they said. Regular reviews had taken place to ensure people were receiving the care they needed. The service also had other systems in place for people to gain support, advice or provide feedback on their service through their coffee mornings, charity nights and the day centre.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager and Chief Executive Officer carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, service user files, care reviews, staff training and supervision, medication and issues relating to the quality of care people received.

The service carried out annual surveys and had regular telephone calls to people to check if they were happy with the service they received. The registered manager had compiled reports from their findings and summarised people's responses and the actions taken regarding any issues that had been raised. The registered manager advised they were in the process of looking how to develop these forms to enable people to provide further feedback and comments. The service were looking into doing the ISO 9000, this is a recognised quality assurance system that shows that a certain standard has been achieved.