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

Carers Choices provides short term respite care, domiciliary care and home support to people who live in their own homes. The service provides care in the geographical areas of Southend, Rochford, Rayleigh, Castle Point, Basildon and Maldon and surrounding areas. At the time of our inspection, 48 people were using the service. Of those 48 people, 15 received a regulated activity. We only looked at the service for people receiving a regulated activity.

At our last inspection we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 service was safe. There were safeguarding procedures in place to protect people from harm and abuse. Individual risks to people had been identified, managed and reviewed. Where required, people were supported to take their prescribed medicines safely. Safe recruitment procedures were in place to ensure staff were suitable and of good character prior to them starting work. There were sufficient numbers of staff to meet the needs of people using the service, and people received care and support from a consistent team of staff. There were systems in place to monitor incidents and accidents. People were protected from the risk of infection.

The service was effective. Newly appointed staff received an induction to ensure they had the knowledge required to meet people's needs. Staff received on-going training, support and supervision to ensure their skills and knowledge were kept up to date. Where required, people were supported with their dietary needs and with access to healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The service was caring. People received care and support from staff who were kind, compassionate and caring. People's privacy and dignity was respected and maintained at all times and their independence promoted. People and, where appropriate, their relatives were involved in the planning and review of their care.

The service was responsive to people's needs. Care plans contained information regarding people's preferences and individual needs and how people wished to be cared for. Care plans were reviewed regularly, or as and when people's needs changed. There were appropriate procedures in place for dealing

with concerns and complaints.

The service was well-led. Staff were well supported and valued by the registered manager and shared the registered manager's philosophy of promoting a positive person-centred culture. People and relatives were complimentary about the service and felt the service was well led and managed. There were systems and processes in place to monitor the quality of the service and to understand the experiences of people who used the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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.

This comprehensive inspection took place on the 16, and 19 July 2018 and was announced. We did this to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service. This included the last inspection report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also looked at the provider's Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also analysed the responses we received to a questionnaire which the Commission had sent out to people using the service (18 responses), relatives and friends (8 responses) and staff (5 responses). Feedback from the questionnaire has been included in this report.

During our inspection, we spoke with one person, two relatives, four members of care staff, the registered manager and operations manager. We reviewed four people's care files, three staff recruitment and support files, training records, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

People and relatives felt safe. One person told us, "I feel very safe when staff are here. They are all very nice." A relative said, "[Name] is definitely very safe. When they are left on their own [with care staff] I don't have to worry at all while I'm out; I know [name] is more than happy and well looked after."

People continued to be safeguarded from the risk of harm and abuse. Staff had received safeguarding training, understood the signs of abuse and the actions they should take if they suspected people were at risk of abuse. Records showed a safeguarding concern had been made to the local authority's safeguarding team. Following an investigation by the safeguarding team, the concern was unsubstantiated. There were systems in place to learn from incidents and safeguarding concerns. For example, we noted the registered manager had made appropriate changes to service delivery following the safeguard to ensure people's and staff's safety.

Risks to people's safety were assessed, managed and regularly reviewed such as home environment, mobility and hoisting needs.

There were enough staff to support people to stay safe and meet their needs. People and relatives told us they received care and support from a consistent team of staff and told us how important this was to them. Comments included, "[Name] is totally safe when staff are here. We have a consistent team coming in and that's very important for [person] and us." Feedback also included staff were punctual, stayed for the allocated time and there had been no missed calls.

Safe recruitment systems were in place. Records showed relevant checks had been undertaken to ensure staff were of good character and suitable for the roles they performed. This included checking their identities, obtaining references and undertaking checks with the Disclosure and Barring service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers made safer recruitment decisions.

Not everyone who used the service required support with the administration of medicines as this aspect of their care was usually provided by family members. Where people were supported with their medicines, care plans contained information and advice for staff about people's medicines and accurate records were kept of any support provided. Staff had received training to administer medication and the registered manager conducted regular medication checks to ensure people received their prescribed medicines safely. Relatives told us they were confident about staff's competence to administer medicines. One relative said, "[Staff] are fully trained on [person's] emergency medication and know where all the meds are kept."

People were protected from the risk of infection. Staff received infection control training and used personal protective equipment (PPE). Staff told us they always wore PPE such as aprons and gloves and disposed of these appropriately.

There were systems in place to monitor incidents and accidents. This included a monthly review at senior

management meetings and, where necessary, records showed actions had been taken to mitigate reoccurrence.

Good

Is the service effective?

Our findings

Staff continued to receive training and support to enable them to meet the individual needs of people. A relative told us, "I do feel [staff] have had the right training. They are always saying they are going on another course, I am happy and confident they know what they are doing."

New staff went through an induction period which provided them with the skills, knowledge and confidence to fulfil their role and responsibilities. They were also supported to complete the Care Certificate; this is a nationally recognised training programme for staff who are new to working in the care sector. One member of staff told us, "[Registered manager] sat and explained everything to me, what things would be like and what I would be needing to do. She said her door is open at any time if I need any help. I also went out with [experienced staff member] to watch how things are done and to get to know the people."

Staff told us they felt supported in their roles and enjoyed their work. They received regular supervision and a yearly appraisal of their performance. Staff told us the registered manager was always available for support and guidance. Records confirmed staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

Where required, people were supported with their dietary needs and care plans recorded people's food likes and dislikes. People were supported to have food and drinks of their choice and, where necessary, supported with eating. We observed one member of staff supporting a person with their breakfast, giving several options. It was clear they knew what the person liked, offering appropriate choices. The person told us, "They are good, and I'm really going to enjoy my duck egg."

People were supported to access healthcare services, however we noted people's relatives generally supported people with this aspect of their care. The registered manager told us they knew people really well and, where necessary, would signpost to other agencies such as the occupational therapy team, falls teams and district nursing teams. They went on to say, "[Person] can be prone to water infections so if they become unwell staff will take a urine sample to [person's] GP. They know [person] well so can pick up any concerns."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether staff were working within the principles of the MCA. Staff had received MCA training and were able to demonstrate a good working knowledge of the MCA. They understood the importance of gaining people's consent and helping people to make choices on a day-to-day basis. They described to us how they gained consent from people who were unable to verbalise their consent, such as through facial expressions and sounds.

Good

Is the service caring?

Our findings

People and relatives told us they received support from staff who were caring, compassionate and kind. Feedback included, "We are just so happy. We have a team to work with us, and they are like a family; it is lovely." "They are all so kind and caring, they mean a lot to me and I miss them when I don't have them. They give structure to my life otherwise days would come and go. [Staff member] got a calendar for me which I keep in my bedroom so when I wake up I know what day it is. Also, I like it when they remember my husband." And, "[Person] looks forward to seeing staff, they brighten [person's] morning. For me it's such a help, I couldn't possibly do everything on my own."

Consideration had been given to all areas of people's human rights. Care plans documented people's needs in relation to gender, faith and disability. Where possible, people and/or their relatives had been included in the development and review of their care plans. Care plans were reviewed annually or as and when needs changed. Both the registered manager and staff were able to clearly describe people's needs. It was evident from our discussions with people, relatives and staff, that positive relationships had been formed.

People and relatives told us staff treated them with respect and maintained people's dignity and privacy. A staff member told us, "We have to respect whatever [people's] wishes are and ensure their dignity is preserved; for example, pulling down blinds when providing care."

People's independence was promoted and staff recognised the importance of this. One member of staff said, "One gentleman will not let me help him make his sandwich or tea, so I watch. It is important people can carry on doing things for themselves so long as they and you are not at risk." One person told us how much they appreciated staff helping them to remain living independently at home by helping out with the things they were no longer able to do themselves. All respondents to our questionnaire confirmed the support and care they received from staff helped them to be as independent as they can be.

The provider sent out questionnaires to gain feedback on the quality of care. We saw the results of the last questionnaire undertaken in 2017 and noted all responses were complimentary regarding the care received from staff. Feedback included, "Excellent, continuous service with qualified staff who are very caring and helpful." And, "My carers are terrific, they get concerned about me and really are good friends also. I am a lucky person to have great ladies, the best in the world as far as I am concerned."

Although none of the people currently using the service required an advocate, the registered manager told us information regarding advocacy services was available and they would support people and relatives to access advocacy. They said, "Information is put on invoices and in newsletters. I recommend advocacy to get voices heard." An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. It also ensures their human rights are protected.

Good

Is the service responsive?

Our findings

People's care plans contained information about their health and social care needs, and reflected how people wished to receive their care and support, including information about personal preferences such as gender of care worker. The registered manager ensured people using the service were 'matched up' with members of staff in the delivery of their care and support. Care plans were reviewed regularly with people and, where appropriate, their relatives or as and when people's needs changed. This showed staff continued to be responsive to people's individual needs.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service was meeting this standard. For example, people's sensory and communication needs had been identified and recorded by the service. The registered manager confirmed to us that they would always ensure appropriate formats would be sourced if required to enable effective communication. The responses from people to our questionnaire confirmed information received from the service was clear and easy to understand.

In the provider's PIR, it stated the service would be implementing a document called 'Simple Pleasures'. At our inspection, we noted this was in the process of being implemented. The registered manager told us, "It is the little things that can make such an impact for people. Each support worker is completing this document to provide information to other staff, for example if they are on leave. It is still work in progress, but we are finding it is making a big difference. For example, if [person] is in bed on arrival, they like to stay in bed and have a cup of tea before care is provided. It's good for staff to understand people's wants and needs, and finding out the little things which can make a big difference to people." The operations manager went on to say, "This means we can deliver a personalised service, tailored to each person."

There were systems in place to record, investigate and resolve complaints. The service had received no complaints during the 12 months preceding our inspection. People and relatives told us they knew how to raise a concern or complaint. Feedback included, "I would go to [registered manager] and have a chat. I know the process but have had no reason to complain. If I did I have confidence my concerns would be listened to and acted upon." And, "I would get straight on the phone to [registered manager]. She would listen and take on board any concerns."

The service had received numerous compliments. One stated, 'I felt I had to put into words how much you have helped us…The help you have given by taking me swimming and helping me with exercises in the pool has been priceless. When I first went I could barely swim two or three strokes, I am now regularly swimming 14 lengths twice a week. This has proved I have the ability to take part in something 'normal' and has helped my confidence…The social side of this has been invaluable to me, I'd actually forgotten I could have such fun!...You give me encouragement and the motivation to do things and I cannot praise you highly enough.'

No one currently accessing the service was receiving end of life care. The registered manager told us they

would support end of life care. In the provider's PIR, it stated staff would be enrolled, and supported, to complete QCF 3 in End of Life Care. At our inspection, some staff had completed this training and others were in the process of completing it. One member of staff told us, "The training will enable us to support people to stay at home and receive end of life care, in line with present guidance. The training is good, you can get rusty but doing this course has refreshed me as I had forgotten some things. It also gives a better understanding of what families are going through as well."

Good

Is the service well-led?

Our findings

The service had a registered manager who was visible within the service and knew people well. 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 told us they felt well supported and valued by the registered manager and shared their philosophy of promoting a positive person-centred culture. One member of staff told us, "Management is open and transparent. Everything we need to know we get told. [Registered manager] is brilliant, if you have a problem she is there for you and can call at any time. She listens to us and will help us out 110%." Relatives were also complimentary about the registered manager and told us they thought the service was well led and managed and would recommend the service to others.

Staff demonstrated a good knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. One staff member said, "The best thing about working here is all the people I get to meet and support, you make some really good bonds and you get close to them."

Regular staff meetings were held and topics such as updates on people using the service, training, safeguarding and health and safety had been discussed. Staff told us they were encouraged to share their views on how the service was run. We noted from minutes of meetings that staff had been recognised for 'going the extra mile'. One member of staff said, "We regularly get a text from our manager thanking us for our hard work and dedication." The registered manager told us they were extremely proud of their staff team.

The registered manager was committed to delivering a high standard of care to people. Systems were in place to regularly monitor the quality of the service being provided. Audits and checks of all aspects of the service were undertaken, including the management of medicines, risk assessments, reviews of people's care plans and quality monitoring. The registered manager also actively sought the views of people and relatives. This included undertaking an annual questionnaire. We looked at the results of the latest questionnaire and noted all the responses had been very positive about the quality of the service provided.

The registered manager told us they were fully supported by the registered provider. They also attended local care forums and kept themselves up to date with good practice to enable them to continually improve the service provided to people. The registered manager participated in the local authority's 'Live Well at Home' initiative. They said, "All the managers have been an invaluable support for me. I have to make difficult decisions so sharing good practice and learning is good. The initiative helps to develop good practice, including work with NHS for hospital discharges, we appreciate their pressures too."

The registered provider operated a number of other complementary services. These included a day centre for people with disabilities, a day centre for people living with dementia and a young carers support service; a number of people using Carers Choices also accessed these services. The registered manager told us how knowledge and training was shared across the various services to provide a holistic service for people. The registered provider also provided people, and their carers, with information, guidance and support; for example via their website, newsletters and holding dementia awareness workshops.