

Mrs Carole Ann Williams

Carroll's

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Carrolls Care is a care service registered to provide personal care to people in their own homes (domiciliary care). The service specialises in providing a support to people in the local community who live in and around the town of Minehead. We announced our intention to inspect the domiciliary service so we could be sure the registered manager, care co-ordinator, staff and people receiving a service were available to talk to us.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We found the Caring domain to be Outstanding. The care and support people received was completely creative and flexible. People were always treated with kindness and respect. The registered manager led a team of staff who were highly motivated to offer care that was exceptionally compassionate and kind. Staff supported people and their families and were empathetic to their needs. One relative said "You can see they love [family member]. The way they talk with them, the care they take. They are with me in keeping [family member] home."

Staff responded to unscheduled emergencies and were the first line of support for some people and their relatives. They understood what was important to people and helped them in whatever way was needed.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be what the person required.

People told us they felt safe with the staff who supported them. One person said "I get very good service all round. There are no worries with any of them." A relative said "I can relax knowing they know what they are doing."

People received the particular care required to keep them safe in their own homes. They told us about the arrangements in place to enable staff to enter their homes safely and with regard to their privacy and independence.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. New staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were supported by sufficient numbers of regular staff to meet their needs. People received reliable support from a team they knew. Staff arrived on time and did not let people down.

People were assessed to establish whether they needed or required assistance with medicines. Staff

understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people.

People received effective support from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident that staff were trained and competent to deliver the range of care and support required.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When people needed to attend hospital the service offered flexible support by moving the time of their visits.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell, or if a family member was away, additional visits could be made on a short term basis.

The service was well led by the registered manager and care co-ordinator who put people receiving a service firmly at the centre of the service they provided. They listened to people and took action to ensure the service people received was always very reliable, flexible and caring.

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 remained Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service has improved to Outstanding.

Outstanding ☆

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

Carroll's

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 checked 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 comprehensive inspection took place on 16 March 2018 and 21 March 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure we could meet the registered manager and key staff. It also allowed us to arrange to talk to people who received a service. The inspection was carried out by one adult social care inspector.

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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Carroll's provides care and support to people living in their own homes. At the time of our inspection 26 people were receiving support from the service. People were receiving personal care. Some of these people also received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them. We visited three people who received a service. We spoke with three relatives, three staff and the care co-ordinator and the registered manager.

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

People continued to receive care that was safe.

People we spoke to told us they felt safe with the staff who supported them. One person told us they felt safe because staff always knew what they were doing. A relative told us they had complete confidence in the service. Relatives wrote and thanked the registered manager for keeping their family members safe. "It helped greatly that you could use your skills to keep [family member] safe, well and content."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work with people in their own home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults. Staff were able to shadow experienced staff and did not complete visits to people alone until they felt confident.

People were safe because staff had received training in how to recognise and report abuse. Training records confirmed this. Staff had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager was aware of their safeguarding responsibilities and confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Very few accidents had occurred during the time the service had been providing personal care. Any accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

Before a service commenced in a person's home, risks assessments were completed which established whether it was safe for people to receive a service and whether it was safe for staff to work there. Care plans contained risk assessments relating to, for example, a person's risk of falling. The assistance people needed to move about their homes and the risks involved were recorded. The manager and staff were able to tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm to people and staff.

Staff were aware of the particular care required to keep people safe in their own homes. They told us about the arrangements in place to enable staff to enter people's homes safely. One member of staff talked about being always alert to possible risks to people. For example, looking out for any possible trip hazards and the need to take prompt action. The registered manager and staff were aware of the particular risks for some people who lived on their own. When there were any concerns about these people staff "checked back" (went to visit them again) or took other action to make sure people were safe. Action taken showed a balance between people's safety with their right to independence

People's records were accurate and up-to-date. Staff accessed this information in people's homes in order to provide knowledgeable, safe care. Staff visited the office regularly and this opportunity was used to

communicate with staff verbally so they were fully informed about people and could raise any issues. The registered manager and care co-ordinator worked alongside care staff and had contact with people on a daily basis.

People were supported by sufficient numbers of regular staff to meet their needs. People received support from staff they knew. The service aimed to provide people with a small team of regular carers who knew them well. The registered manager was careful to balance the number of people receiving care with the number of staff available.

People said there were enough staff. One person told us the staff were very reliable and did not let them down. They said "They give a very good service. We can't fault it at all. They are usually very close to (planned time of arrival.) Often just before." A relative told us the difference it had made to know their family member received safe care. They said "It gives me a little bit of time. I know they are safe. I can hear the laughter."

When equipment was used in people's homes all staff were aware of their responsibilities. When a person began using lifting equipment for the first time staff were all trained to use it. Two staff were always allocated to assist people who needed to be helped to move using a mechanical hoist .

People were assessed to establish whether they needed or required assistance with medicines. Some people wished to be independent and manage their own medicines. Some people were assisted by family members. Staff understood the varying levels of assistance that could be offered to people and the importance of clearly recording any medications they prompted or administered to people. Staff had completed medication training recently. Any concerns regarding medicines were followed up promptly. All staff had received a memo following an error in medication recording emphasising the importance of accurate records. This demonstrated how the service learnt from mistakes and took action to make improvements.

Staff were aware of the importance of minimising people's risk of infection when receiving care. Staff received regular training and were supplied with personal protective equipment such as gloves, aprons and antiseptic hand gels. Senior staff visited people's home and carried out "spot checks" where they observed staff practiced safe hygienic care. .

Is the service effective?

Our findings

The service continued to be effective.

People received an initial assessment from the registered manager or care co-ordinator to establish the amount and type of care people required. People were able to request the amount and type of support they needed. Some people required weekly visits; some people received support up to four times a day. Relatives commented on the thoroughness of the assessment. They said the registered manager was aware people might find it difficult to accept care initially and were sensitive and helpful in the way the care was planned and offered.

Each person was assessed in the same way and a plan of care established that met their needs and preferences and complied with current good care practice. People's independence was always promoted and relatives talked about how introducing support from the service had improved the lives of both the person receiving care and themselves.

People received effective care from staff who had the skills and knowledge to meet their needs. People and their relatives felt confident staff were trained and competent to deliver the range of care and support required. Staff told us they felt confident in what they were doing.

Staff received training from a trainer who visited the service and accessed some on-line training. New staff were able to shadow experienced staff until they felt confident to deliver care alone. One relative said "We had a new one yesterday, shadowing. They were lovely and will fit in very well." Staff had begun completion of the Care Certificate (a nationally recognised induction qualification).

Specific training by a nurse had been arranged to enable staff to deliver the eye drops prescribed to one person. When a person had increased mobility needs staff reported this to the registered manager. A hoist was obtained and staff received training to use it safely.

When people were initially assessed they were able to request assistance and support with eating and drinking if this was required. Some people required assistance with shopping or food preparation and this formed part of the general service not regulated by us but essential to the maintenance of people's well-being and independence.

People's wishes and choices regarding their diet were respected and although staff might advise or suggest dietary habits they understood and respected people's preferences. When staff prepared meals for people they were shown the choice of meals available. Staff explained to people what the meal consisted of and showed the meals. People unable to communicate verbally were then able to point to a meal ensuring they made a real choice.

If there were concerns about the amount people were eating, or if they appeared to be losing weight, the service contacted family members or their GP. The registered manager was aware of the range of health

professionals such as a dietician or member of the SALT (speech and language team) who may be called upon to assist people.

People were supported to see healthcare professionals according to their individual needs. If they became unwell staff would contact family members or were able to call a doctor. When required staff would stay with the person until they received the support they required. They would arrange to be at a person's house when the GP visited if they required support. When people needed to attend hospital the service offered flexible support by moving the time of their visits. One person told us how helpful this was.

People only received care and support with their consent. Staff told us they always checked when entering people's homes that they wanted care and support that day. They offered support when the person "was ready". Care plans reminded staff "ask" before assisting with personal care and "offer assistance" when dressing. Another person was "very capable of saying what she wanted doing."

People receiving support from the service at the time of the inspection were able to make their own decisions. When people lacked the capacity to fully consent to care the managers and staff knew how to act in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to protect people's legal rights because they had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for themselves.

People's homes were assessed when they began to receive a service to make sure they were as safe as possible and staff were able to work with the minimum amount of risk. Staff understood they worked in people's homes and respected their ways of living and belongings. When additional equipment was needed to maintain people's independence or when their needs changed the service approached appropriate professionals to ensure it was installed safely.

Is the service caring?

Our findings

The service had a long record of being caring. At this inspection the care and support people received was outstanding. People were always treated with kindness, respect and compassion. The registered manager led a team of staff that were highly motivated to offer care that was exceptionally compassionate and kind.

We heard many examples of how staff went over and above their duties to support people. Staff knew when people were upset and responded in flexible and creative ways outside their scheduled duties. One person found it upsetting not to be able to get down to the ground to plant some flowers they had bought. Once the staff member had finished delivering the normal care required by the client, they went into the garden and planted the primroses in their own time.

If there was a situation where someone needed more time they could contact the office. Senior staff would offer support by visiting the next person on their rota or by coming out to assist the person they were with. A member of staff said the registered manager and care manager understood and supported their wish to provide a person centred service and always supported them if people had unexpected illness or emotional needs.

Staff and managers worked together to help people outside planned care visits when required. For example a member of staff reported one evening a person was not feeling well but refused to call a doctor. The registered manager knew the person and went to see them. They found them anxious and unhappy. They took time to talk for a while and convinced them to let them call medical assistance. They contacted the family who lived some distance away. After over two and a half hours the person was finally left settled for the night.

Sometimes the assistance required did not relate directly to the planned personal care but was fundamental to the person's well-being. When a person had no water in the evening staff contacted the plumber and waited with them until the plumber arrived and solved the problem. When a person was very anxious and upset because their dog was unwell staff took the dog to receive the veterinary treatment required.

We visited three people receiving care and their relatives. One relative told us "It is a first class service. They are my angels. Absolutely fantastic." They told us they could call the service at any time when they were in "a bit of a fix." They said there was always someone at the end of the phone and in an emergency someone would always come.

People who received a service and their relatives told us about the warmth and enthusiasm of staff. Staff were always kind and polite but the relationships that developed between regular staff and the families they interacted with added value to people's lives. One relative commented, "[Family member] looks forward to the visits. It is so much more than a bath. A testimony to their social skills and great kindness." Another relative said "You can see they love [family member]. The way they talk with them, the care they take. They

are with me in keeping [family member] home."

Staff were described as "so very kind" and "very understanding" People valued the companionship they received from their regular carers. For some relatives they were "the first people I would turn to."

Staff got to know people well and by knowing and understanding them they were able to support them to be as independent as possible and offer reassurance and encouragement in their daily lives. People were able to make changes to their care and support at any time. They could talk to staff who arranged for senior staff to see them. Everyone we spoke to gave an example of when the registered manager had "been out to see them" and had provided support or given advice. They said if a problem could not be solved directly by service staff they were directed to other assistance.

People were treated with respect and their privacy was maintained. One relative described the visit to assess their family member before the service commenced. They said "The manager came and chatted with us. They listened to everything we said. They understood where [family member] was coming from." The relative told us the manager and staff understood what a private person their family member was and provided care accordingly.

Following the assessment by the registered manager or care co-ordinator staff were introduced to people so they knew who was coming to their home. Care plans specified how people wanted to be addressed. When meals were prepared for people there was often very detailed guidance showing their preferences had been sought and were respected. For example the way a person liked their toast cut or their tea served. This all helped to make sure people received a very personalised service.

One member of staff said "People are valued as individuals and treated as I want to be treated. You can't help but become friends." They said the aim of the service was to make people's lives better in any way they could.

When a person was anxious and overwhelmed about attending a close family member's funeral they were assisted to choose a suitable outfit and supported so they were able to attend the funeral. There were many examples of the flexible ways staff helped people outside the planned care visits. Before leaving people they always checked that as far as possible all was well.

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs because all staff involved in the service understood the importance of knowing people well and continually checking that the support they were providing continued to be exactly what the person required. The time people required support was maintained as far as possible. Some people liked a later morning call whilst others wanted 7:30 am "on the dot." The registered manager said they were always clear about the service they could provide and the staff they had available.

People received a range of services according to their assessed needs and personal preferences. People could choose how much care they required. Some people received two visits weekly to assist with a shower. Other people required several visits a day to enable them to stay safely in their own homes. Staff knew people and if they were unwell or if a family member was away additional visits could be made on a short term basis.

One relative told us "They notice every little thing. They are very quick to take action if they think it is needed. They are absolutely fantastic."

Care plans were written in detail and gave clear guidance to staff regarding the support the particular person required and how it should be provided. The care and support plans were well organised and gave information regarding the person's lifestyle and preferences as well as details of the activities staff needed to undertake. Information about people's underlying health conditions or possible developments such as pressure damage to people's skin enabled staff to care for them in an informed manner. There was an awareness of people's mental and psychological needs. Staff asked people how they were feeling. One care plan gave information about possible causes of worry and how the person may be assisted to feel better.

People's needs were reviewed regularly and when additional support was required this was discussed with the person and their relatives if applicable.

People were supported by staff to maintain social activities and interests when this was required. The registered manager told us they understood some people could become lonely or isolated and sometimes companionship and the chance to be out in the community was an important part of the service they provided. The service worked particularly well with people's families, keeping them informed and involving them when they lived away. Staff supported relatives caring for people on a daily basis. Relatives said staff asked how they were and asked if there was anything else they needed before they left their home. .

People and their families were encouraged and supported to raise any issues or concerns with the staff, care co-ordinator or registered manager. There was a formal complaints procedure however issues were dealt with promptly and informally. People were able to talk to staff, the care co-ordinator or registered manager and action was taken promptly so formal complaints were not needed. One relative said they had raised

one issue that had been dealt with professionally. The registered manager had visited them and responded "incredibly well."

When possible people who had been receiving care were supported when they reached the end of their life. The support offered was very flexible and in the past had included providing "sleep-overs" in people's home. Each person's needs and their family's preferences had been considered on an individual basis. Staff worked with GPs and the community nursing team to ensure people's needs were met. One relative spoke of the comfort derived from the service's continued interest in their family member when they moved to hospital.

Is the service well-led?

Our findings

The service continued to be well led.

People were supported by a team that was well led. The registered manager was also the registered provider and had operated the service for many years. They were assisted by the care-co-ordinator who had the day to day responsibility for people and staff. 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.

Both the registered manager and the care co-ordinator were skilled and experienced and continued to undertake training and up-dates so they were able to champion best care practice. The service had been established for many years and the values and beliefs of the registered manager had shaped and maintained the level and type of service provided. The registered manager and care co-ordinator had a clear vision for the service they wanted to offer and this was communicated to staff. They wanted people to receive flexible personalised care. They listened to people and treated them with respect.

The registered manager and care co-ordinator were supported by a small team of enthusiastic staff who were clear about the lines of responsibility in the service. They felt supported and knew there was always someone to give them guidance or assistance if needed. All staff worked as part of the care staff team which enabled them to monitor people's well-being on an on-going basis and provided support and back up for each other.

The service was well organised so people received their visits on time from a team of staff they knew well. Staff rotas worked and enabled staff to meet up when people required caring from two people. Everybody spoken with said they felt the service was well run.

There were quality assurance systems in place to monitor care, and plans for on-going improvements. The registered manager and care co-ordinator visited people regularly and knew them well. They continued to provide "hands-on" care to cover emergencies. An annual questionnaire provided an opportunity for formal assessment of care quality. The results of the surveys completed in 2017 indicated people were happy with their care staff and received support that was well organised and appropriate to their needs.

A customer satisfaction survey had been carried out and people were very complimentary about the care they received. Comments included "Excellent service, could not be happier," "Very happy with their professional behaviour, a wonderful care package that has a positive impact" and "Always pleased to see my carers, we have a nice chat and they are kind and helpful."

Staff received regular feedback from the registered manager and care co-ordinator. In addition to formal appraisals they visited the office each week and this gave an opportunity to raise any issues informally. The registered manager sent staff letters to remind them of any aspects of the service that needed attention. For

example at various times staff had been reminded of the importance of keeping accurate records and ensuring people were offered additional fluids in hot weather and up-dates on people's care requirements.

Staff said the registered manager and care co-ordinator were open and easy to talk to. They said they always followed up on issues raised by them. They used tact and diplomacy when needed to ensure staff worked well together to provide high quality care to people.

Whenever it was beneficial to people receiving a service the registered manager and care co-ordinator worked with the district nurse teams, GPs and social workers. They also worked with other domiciliary care agencies to fully meet some people's needs.

The registered manager was aware of their responsibility to notify the Care Quality Commission of any significant events which had occurred.