

Carers Break Community Interest Company

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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 Break provides care and support to predominantly older people in their own homes. The service offers sessions of a minimum of two hour care sessions during the day, and a minimum of nine hour sessions at night. The majority of people who used the service, at the time of the inspection, were elderly, although the service also provided services to younger adults. The service provides help with people's personal care needs throughout Cornwall. People who used the service may be using it on a short term and /or short notice basis for example one night; or using it on an ongoing basis.

At the time of our inspection 20 people were using the service on an on- going basis. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 11 and 18 September 2017. The inspection was announced in line with the Care Quality Commission's approach to inspecting care agencies. The service was last inspected in June 2015 when it was rated as 'good'. At this inspection we found the service remained Good

People were positive about the support they received from the service. They said the service was, "Excellent," "I am very happy with them," and "I don't think you would find a better service...I highly recommend them." A relative told us: "I am very happy with the service...the carers they provide are excellent." An external professional told us: "Their commitment to providing excellent care to their clients, predominantly through the night hours is evident." A staff member said, "The real difference with Carers Break is because of the two hour minimum in place so we are able to make sure that there is time for the clients' needs."

People told us they felt safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and mostly their visits were at the agreed times. People told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff and typical comments included; "The carers are exceptional, fully aware of responsibilities and sensitivities," "They are helpful and friendly," and, "I have

been struck by their attitude and integrity."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. People said the office staff were "Very approachable," Management were described as, "Very approachable, supportive and very helpful." A member of staff said, "In my opinion they have the right attitude towards their staff and they provide excellent care for their clients. Time to care is their ethos and this is evident by the way they manage the company."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

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 is good People and staff said management ran the service extremely well, and were very approachable and very supportive. There were systems in place to monitor the quality of the service. The service had a positive culture. People we spoke with said communication was very good.	Good ●

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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 announced inspection took place on 11 and 18 September 2017. One inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager and the nominated individual. We had contact with 17 staff by email or telephone. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited three people in their own homes. We also spoke on the telephone with a further eight people or their relatives, and twelve staff members. We also had contact with four social or healthcare professionals. We also carried out a postal survey. We sent surveys to people who used the service or had other experience of it and received responses from ten people; 12 staff, two relatives and two community professionals.

Is the service safe?

Our findings

People told us they felt safe using the service. For example relatives said, "My mother feels safe because she sees the same two carers," "I have no issues with safety. The staff are well trained and are careful in their approach," and, "I trust the carers so much." An external professional said, "I do not have any concerns about safety, staff are consistently professional and quick to raise any potential issues regarding people's safety."

All respondents to our survey, from different groups, said people were safe from abuse and harm.

Most staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take necessary action. Staff received safeguarding training.

The registered persons said there had been no safeguarding alerts made about the service. The registered manager said she had made two alerts, recently, due to concerns about two people's welfare. These were not connected with how staff worked with people using the service.

Assessments were carried out to identify any risks to people and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People said staff who visited them were well matched, and suitable to meet their needs. Staff felt that there were enough staff to meet people's needs.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota was issued to people (if requested), and staff in advance. Staff members said, "Rotas are always well organised and given out well in advance," and "You can discuss the days /hours that you would like to work and each month you are sent a form of availability for the following month." During their shift, staff generally worked at the same address, so there was no travelling between people's homes. However, when staff worked at multiple addresses, we were told they were allocated enough time to travel between calls. Visit schedules showed that travel time was allocated for visits between many appointments. Staff told us they were paid travel time where this was applicable.

A member of the management team was on call outside of office hours and carried details of the roster,

telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours. When there had been a concern, people told us the out of hours service had responded effectively. We were told, "When the office is closed there is always someone on call."

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. The registered manager said staff turnover was low.

Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Two references were obtained for each member of staff. Staff were required to fill out an application form which included their previous work history.

Some people needed help with their medicines and the assistance needed was detailed in care records. For example, if people needed to be physically given their medicines, or whether they just needed to be reminded to take it. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Staff who administered medicines had received training in the administration of medicines.

People said staff were always well dressed, and clean and presentable. We were told staff where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them, and they also were provided with anti-bacterial gel. Respondents to our survey said they felt staff took suitable action to prevent and control infection by using hand gels, gloves and aprons.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "Staff are extremely caring, supportive, compassionate and professional at all times."

Staff completed an induction when they started employment. The registered manager told us this was currently for one day, but a full three day induction was going to be reintroduced shortly, as the registered persons have reflected the initial induction was too short. We were told the formal induction included an introduction to the organisation, policies and procedures; the role of the carer, and training about safeguarding and dementia. Staff subsequently received training about moving and handling and medicines. New staff also completed shadow shifts with more experienced staff so they could get to know people's needs, and any routines they needed to follow. A member of staff told us, "I myself needed more shadows and this was encouraged." Staff received a copy of the organisation's "Staff Handbook" which provided them with relevant information about the organisation, and key policies and procedures. Comments about staff induction included, "New members of staff would shadow experienced members of staff. Managers also come out and observe practice. "

The registered manager was aware of the Care Certificate framework. This is a nationally recognised qualification which assists in equipping care staff with suitable skills and knowledge to help them carry out their roles. Staff who had not worked in the care sector before completed the Care Certificate by completing a three day course delivered by a training provider. Certificates of attendance were on some of the staff files we inspected. The registered persons said staff were provided with the opportunity to complete a Diploma in Care.

A mentoring system had also been introduced, particularly for new staff. This involved the member of staff buddying up with a more experienced member of staff who they could contact if they needed any help and advice.

Staff told us they received suitable training. Training records showed staff had received training in topics including moving and handling, basic life support (first aid), food safety, safeguarding, infection control, medicines management and dementia awareness. The registered manager said regular face to face training in a range of subjects was arranged. This included sensory awareness, nutrition and hydration, end of life, lone working and record keeping.

Staff we contacted were happy with the training provided. For example we were told, ""The training is every month," "We get full support in our training," "There are training courses every month on a range of subjects such as end of life care and report writing." "I've just recently had training in moving and handling and medication," and "We get loads of training." An external professional said, "I have been impressed with the level of training."

Staff told us they received supervision and an annual appraisal. Supervision gives staff a formal opportunity

to discuss their performance and identify any further training they require. Staff we spoke with said they had received regular supervision. A member of staff told us "Supervision observations and team meetings are done on a regular basis and management has observed my role." The registered manager of the service said managers would complete unannounced checks, and work alongside staff to check their work was completed to a good standard.

Most people who used the service made their own healthcare appointments and their health needs were coordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when care appointments had to be rearranged, at short notice, so they could attend health appointments. We were told when this had occurred; changes were carried out efficiently and effectively.

Staff supported some people at mealtimes to have food and drinks of their choice. People said support received was suitable, and when staff prepared food this was always done well, and meals were served hot. Any support people needed with eating and drinking was according to their personal needs.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People also said they were always addressed in their preferred manner for example 'Mr', 'Mrs' and by their first names only when there was agreement.

People told us they had a team of regular staff and their visits were at the agreed times. For example we were told, "They try keep to the same group of staff for continuity. They also match staff with clients. The staff are all like family."

People said staff had not missed any visits. People also reported that if staff were delayed, they would always be phoned to minimise anxiety. Staff said visit lengths were appropriate for them to deliver the care which was needed.

In our survey, all of the people who responded, and relatives, were all positive about staff time keeping; people being allocated and staying for the correct amount of time to provide care; and staffing knowing the needs and preferences of people they support. Responses to our postal survey also confirmed people received support from a consistent group of staff, who arrived on time, completed the correct tasks they needed to complete, and stayed the designated period of time the staff were needed to be at their home.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Care records showed the service recorded whether people had the capacity to make decisions about their care. The registered manager had a good understanding of the legislation. Staff were provided with training in this area.

Is the service caring?

Our findings

People told us care was; "Very good," and staff were "Very helpful." We were also told, "The two staff are as good as gold, I look forward to them coming." Relatives told us "The staff give me time to go out and do some shopping," and "My mum loves her carers dearly." Staff told us, "The people I care for become friends." and "I treat people as though they are family." A professional told us: "Staff are very committed and keen."

Our postal survey judged respondents were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with and those who responded to our survey consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring. For example we were told a relative told us, "They are extremely caring and sensitive to my mother's needs."

People and their relatives told us they were happy with all of the staff and got on well with them. People said staff did not appear rushed. People received care, as much as possible, from the same group of care workers. Staff arrived for care appointments on time, and stayed for the correct amount of time. People told us they were always asked at the end of the visit if they wanted any other assistance. Any necessary items e.g. a drink, walking sticks, TV remote controls were always left within reach if the person had mobility difficulties. People said their homes were always kept tidy at the end of a visit. For example bins emptied and the kitchen and bathroom kept tidy.

People were aware of their care plans, and they were available in people's homes to read. People we met said they had been consulted about their care plans. Everyone we spoke with said the care they received was completed in a manner they wanted.

The care records we inspected were to a good standard. They contained a care plan and relevant risk assessments. People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support from the agency.

People said they felt staff did their best to encourage them to be as independent as possible. For example staff would encourage them to do tasks for themselves, or to relearn how to do things for themselves if, for example, the person had a stroke or had been in hospital for a long period of time.

The service provided 'End of Life' care for some people. This was particularly the case where people required night support for example providing people with reassurance, assistance with moving and handling and the monitoring of syringe drivers. The support was particularly important to relatives who required a break so they could sleep. The registered manager of the service said the service had well developed links with the palliative care team, local GP's and district nurses. Staff had been provided with end of life training, and

some had received more detailed face to face training about death and bereavement. Where appropriate people had a specific 'end of life' care plan outlining how the person wished to be cared for, medical requirements (such as pain relief), and 'Do Not Resuscitate' forms. The registered manager said the service had good links with the palliative care team, and other agencies such as Marie Curie, who the provider worked closely with.

Is the service responsive?

Our findings

The service offered people short and long term support packages. With short term packages, for example, supporting a person for one night, information was obtained from the person, their families and external professionals. Staff would assess the person during their work with them, and feedback to relevant professionals as necessary. For on-going care, managers went to meet the person and completed an assessment. This enabled senior staff to obtain information to help develop care plans, and provide staff with information about the care individual people wanted. People we spoke with said a manager had met with them to ask what help they needed, and to find out what their needs were. Where possible assessments completed by the local authority or healthcare trust were obtained. A staff member said "When we are given a service user care package we always have plenty of information with their personal history and what their needs are."

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Care plans had a brief history or pen picture of the person. One relative said: "I am impressed with the reports completed."

The registered manager told us care plans were initially reviewed, and the person reassessed after six weeks. The person's care plan would subsequently be reviewed and reassessed after the person had used the service for between two and six months. Reviews would subsequently take place when people's needs changed, but no less than every year. People said they had felt "Included" when care plans were reviewed. For example, one relative said: "A care plan was drawn up in which Mum and I were involved. This has been reviewed on a regular basis with the supervisor."

If there were any concerns about a person's care, these were discussed with the organisation's care managers, and registered manager. A weekly care managers' meeting also occurred, where any concerns were discussed, and changes could be made to care plans as necessary.

The staff we spoke with said care plans were accessible to them in people's homes, with a master copy stored at the service's office. Records were also maintained on the provider's IT system. Staff were involved with the daily update of records for the people they worked with. Staff said they knew well the people they worked with. When new people received care from the service, they were informed by managers of people's needs. Staff also said they were informed by managers of people's changing needs.

The service was flexible and responded to people's needs for example managers tried to ensure care appointments were at times which suited people, and changes were made, often at short notice, if people had to attend health appointments or were going out for a special occasion.

People said they would not hesitate in speaking with staff if they had any concerns or complaints. People said if they had any concerns these were always resolved. For example, one person said they had let

management know of an informal concern to which they, "Listened and sorted it out." We were also told, "I've got nothing to complain about." A relative also told us; "I've never had to make a complaint about the agency, I've no reason to." Details of how to make a complaint were provided when people started to use the service. People we spoke with said they found office staff approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. The registered persons kept a record of any complaints made, with information about what action was taken to resolve the matter.

The registered manager said there were good links with GP's, district nurses, community psychiatric services, and social workers. One external professional said there was good communication with the agency; "Communication has been thorough and we have met many times to ensure that we are providing the best possible care for people." Another external professional said, "There is a clear line of communication, messages and emails are responded to in a timely fashion, and there is a key worker that makes communication much easier."

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to. There were many positive comments about the management of the service. A relative told us management are, "Excellent and professional." Staff members described management as "Very approachable, supportive and very helpful," and "The directors have a passion to help their clients and the needs of their clients and will go to great lengths to ensure the people are happy and all their needs are met." Community professionals said, "Very professional, knowledgeable and caring," and "I have been impressed with this agency and the management /leadership appears to be excellent." Staff members said, "The management are faces, not just on the end of a phone," "They are very supportive and approachable. I find them easy to talk to and have never felt like it is 'them and us,' and we are on the same side with the same aim-to provide excellent care." "The management are very friendly and Approachable." External professionals said, "Carers Break work in partnership at all times with the best interests of the service user at the heart of what they are doing," and "In my experience this agency are happy to share information which is fantastic for continuity of care and improves people's experience."

People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible. People told us communication with the agency's office was very good and, "Always helpful."

Staff said there was a positive culture in the organisation. Staff told us, "They are a very good company to work for. I think they provide an excellent service and I thoroughly enjoy working for them" and "The office managers are very approachable and supportive. You can say no to a piece of work and the refusal is accepted without prejudice and you are not made to feel uncomfortable or discriminated against with regard to the offer of future work."

The service has an ethos of only providing care sessions of a minimum of two hour care sessions during the day, and a minimum of nine hour sessions at night. This is so staff are not rushed and care is provided to a high standard, as the registered persons believe care should not be rushed, and staff should be provided with enough time to provide quality care. A member of staff told us: "The real difference with Carers Break is because of the two hour minimum in place so we are able to make sure that there is time for the clients' needs."

The registered persons said they tried to establish a positive working culture. A staff member said, "It is a well run company with the welfare of its staff and service users at its core," and "Management are very hands on and I like the fact that they are from a caring background so they understand the needs of the clients and staff alike."

We were told there were regular staff meetings. We were told staff meetings were held across the county, in different locations, so people could attend their nearest location. The care managers held a weekly meeting to review how individual care packages were being delivered, and the registered manager attended most of

these. Staff involved in specific care packages also held meetings, when necessary, to help ensure care was delivered effectively.

The registered manager said a system had also been introduced where letters of commendation were sent to staff members where it was recognised they had gone 'above and beyond' their duties. This helped to maintain and improve morale for staff members and to recognise good work.

The registered manager and nominated individual were involved in a number of external groups to assist in their personal development, the development of the organisation, and the care sector in Cornwall. These included a working group, commissioned by the health service, to improve palliative care training; being part of a leadership support programme with other people in the voluntary sector; and several groups which aimed to improve practice in the care sector. This demonstrated the management team were committed to improving the experience of people using care services in the county.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, along with the nominated individual were directors of the organisation. The registered manager's key responsibilities were the day to day management of the agency, and finance, and the nominated individual was responsible for business development. Two care managers were employed with responsibility for different geographical areas, where the agency worked.

The organisation had a 'social enterprise' structure, which meant part of any operating profit was required to be reinvested and also distributed to other social enterprises. A staff member told us, "I like the ethos of the company the fact that it is a community interest company, In my opinion everybody benefits; the staff from working for a well run company and being paid a decent wage for Cornwall, the service user benefits from a service that is based around their needs and well trained happy staff, and the community benefits from the profits helping schemes such as Memory Cafes. Win, win for everybody."

There was an out of hours on call service, which was staffed by the two directors, and the two care managers. People we spoke with said when they had used this, any queries and problems had been resolved satisfactorily. A member of staff said, "There is 24 hour back up if we have any problems however small."

The service had effective systems to manage staff rosters; assessment and care planning; training; staff supervision and appraisal. Care records were IT based, and could be accessed by staff by smartphone. Paper based records were also available in people's homes.

The registered persons monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. An annual quality assurance survey was completed. Results of the last survey were very positive. The service had other quality assurance measures in place such as audits of care plans, staff training and effective oversight of accidents and incidents. The nominated individual was starting to carry out visits to people who used the service, to check they were happy with it, and if any improvements could be made. One relative told us, "Recently we had a visit from a director who was very interested in what we thought of the service." This demonstrated the provider was continually seeking ways to improve the service.

People and their families told us the management team were approachable and they were included in decisions about their care. Management said some spot checks were carried out to ensure care visits were completed to a satisfactory standard.

People were asked for their views on the service through informal discussion with staff and managers.

The manager was registered with the CQC in 2015. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.