

Pramacare

# Blandford Office

## Inspection report

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20 April 2016  
25 April 2016

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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 on 18, 20 and 25 April 2016. It was carried out by one inspector.

Blandford Office is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 68 people. The core hours of the service were 7 am to 10 pm. There was an on-call service available from 6.30am – 11pm.

There was a registered manager. 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.

People received an assessment to establish what their needs were and how they would like to receive care and support. They had personalised care plans which were agreed with them and were reviewed on an annual basis or sooner if required. People told us they were offered choices and care workers knew their preferences. Peoples nutritional needs were assessed and care workers were able to describe to us how they would monitor people's food and drink to ensure they had sufficient. Care workers described to us actions they would take if they had any concerns about any aspect of a person's health and well-being including food and drink.

People's risks were assessed and plans developed to minimise the risk of them coming to harm. There was sufficient guidance for staff to ensure they supported people safely. The service worked closely with other agencies to ensure people were provided with appropriate advice and support to enable them to enjoy living in their own homes.

Staff were aware of what constitutes abuse and what actions they should take if they thought someone was being abused. Relevant checks were carried out before staff started work. For example references were obtained and criminal record checks were completed.

Medicines were managed safely. Staff had received training and there were monitoring systems in place to check people had received the correct medicines at the right time.

People and staff had confidence in the management team and felt able to raise concerns or issues. People were involved in decisions about their own care and how the agency was ran.

Management were committed to making continual improvements to the quality of care. The service was active within the local community and fostered links such as to support people to attend social groups as well as facilitating dementia friendly local businesses.

There were sufficient staff to ensure people received their visits as planned. People told us they mostly received visits on time and were contacted if the care worker was running late due to traffic or an emergency. People told us staff were kind and caring and we saw positive interactions between people and staff.

Staff told us they felt supported and there were processes in place to ensure they received regular supervision. Staff received sufficient training to enable them to carry out their jobs effectively.

The quality of the service was monitored on an on-going basis through observations of care workers during visits as well as consideration of accidents and incidents and feedback from people and staff.

## 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 was safe. Staff were aware how to identify and respond to actual or suspected abuse.

People's risks were assessed and care was delivered to minimise the risks to people.

There were sufficient staff to meet people's needs.

Medicines were administered safely.

### Is the service effective?

Good ●

The service was effective. People received care from appropriately trained and experienced staff.

Staff received regular supervision and support. All staff received an annual appraisal.

People were supported to have sufficient food and drink.

The service worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

### Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them with kindness and respect.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive. People had personalised plans which took into account their likes, dislikes and preferences.

There was a complaints policy and complaints were investigated by a member of the management team.

### Is the service well-led?

Good ●

The service was well led. There was a clear management structure and senior staff understood their individual roles and responsibilities.

People told us they could contact the management team and felt they were listened to.

Staff told us the management team were supportive.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

# Blandford Office

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18, 20 April 2016. Further phone calls were completed on 25 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and assist us to arrange home visits.

Before the inspection, we requested and received a Provider Information Return (PIR). A PIR 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 reviewed information we held about the service including notifications of incidents. A notification is the way providers tell us important information that affects the care people receive.

We spoke with three people in their own homes and observed interactions with three staff. We contacted a number of people who used the service, nine people and two relatives spoke with us. We spoke with seven staff which included the registered manager, the office manager, area care manager and four care workers. We looked at six care records and five staff files. We also spoke with two healthcare professionals and contacted a representative from the local authority. We saw staff training records and other information about the management of the service.

# Is the service safe?

## Our findings

The service was safe. People told us they felt safe and had confidence in the care and support they received. People had a full assessment of their needs. This included a range of risk assessments such as a moving and handling risk assessment. This meant that people's risks were assessed and a care plan was developed with the person to reduce the risk of them coming to harm. For example one person was assessed as at risk of a fall. A care plan was developed which provided guidance for care workers to support the person safely, such as use of specialist equipment and verbal instructions. This meant actions were taken to minimise the risk of the person coming to harm because of a fall.

The agency supported people to complete a checklist which covered a number of areas such as security and fire safety. If the person was in agreement the checklist was sent to a local voluntary agency who signposted or advised people on actions they could take to remain safe and secure. Such as obtaining a home safety check with the Fire and Rescue service or for the person to get further help from healthcare professionals if they had had a fall in the last three months. One person told us they had smoke alarms fitted following this checklist and referral.

There was a care risk assessment which ensured that care workers were aware of anything outside or inside the building which may cause concerns for them. This meant that care workers were protected from potential risks, such as lack of outside lighting.

There was a system for categorising what level of risk people would have in an emergency situation such as extreme weather conditions. This meant that if a person could not go without a visit they were categorised as red, if they had family nearby they were amber and if they had someone living with them they were categorised as green. This meant the agency had contingency plans to ensure that those people identified as red would receive a visit in all circumstances.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. They were able to describe how they would escalate concerns about poor practice and were aware of whistleblowing procedures. There were safeguarding vulnerable adults policies which were kept reviewed and updated.

There were sufficient staff to meet people's needs. People told us staff usually arrived on time and they were kept updated if staff were running late. The registered manager told us that decisions about capacity to take referrals was made locally. This meant the service was able to determine if they had sufficient care workers to meet the needs of new referrals. The registered manager told us they would not take on new people if they were not able to deliver what the person wanted. They told us "We don't make promises we can't fulfil."

The registered manager told us they had used different recruitment strategies to recruit the right staff for the job. They had a staff incentive scheme and existing staff were rewarded for introducing a friend to the agency. The registered manager told us that the benefits of this included having local staff appointed who had local knowledge; they told us they wanted applicants with "the right values base." Staff were recruited

safely. The provider ensured all the necessary checks were carried out prior to the person starting work, for example references were obtained and relevant criminal records checks were completed.

The office manager planned people's visits and people received a weekly diary sheet indicating which care workers had been allocated to them on each visit. Care workers told us they had enough time in between visits and did not feel rushed. People told us they usually had regular care workers allocated although the agency had received some feedback from three people who felt they had too many different care workers. We spoke with the registered manager who told us some of the care workers worked part time hours and when some people had three or four visits a day it was difficult to ensure they always had the same care workers. They told us they aimed to provide people with consistency.

People were assessed to establish if they needed support to take their medicine as prescribed. If people needed some assistance to take their medicines this was recorded in their care plan with instructions for staff. Staff had training in the safe handling of medicines which included the different levels of assistance that people required. For example some people were able to tell the care worker what to do and the care worker either checked the person had taken their medicine or they verbally prompted the person. One relative told us care workers administered their relation's medicine and was confident they received it as required.



# Is the service effective?

## Our findings

People received effective care and expressed confidence in staff, one person told us "they know what they are doing," People told us they thought staff had the right skills to carry out their roles.

People received care and support from staff who had the appropriate training. There were four training officers employed by the provider. They delivered a range of training which the provider had deemed as essential, such as dementia awareness, manual handling and nutrition and food hygiene. Staff told us the training was good and they felt it supported them to do their jobs. All new staff completed a three day induction, one care worker told us the induction was "amazing, the best I've ever had." New care workers were also supplied with a pocket sized manual which contained information about procedures and information about care as well as equipment and products. New care workers were allocated a mentor who provided support during the probationary period; they would ensure the care worker had met the competencies required before they could complete their probation.

Care workers received supervision which included a face to face meeting with their supervisor and two monitoring visits a year. The monitoring visits were carried out by a senior member of staff and were an opportunity to observe care workers during a visit. We saw monitoring visits had taken place and care workers had been provided with feedback, such as one care worker had demonstrated that they had offered one person choice. All staff received an annual appraisal and were supported to carry out further training such as a health and social care diploma.

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 by 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.

During people's initial assessment there was consideration of people's capacity to make certain decisions. For example if they were able to consent to receive care and support. This was recorded in their care records. Care workers told us that they encouraged people to make decisions such as what clothes to wear or what to have to eat. Peoples care plans were based on their personal choices. One person told us care workers "Ask me what I want." When a person had nominated a power of attorney to manage their affairs, the service had a record of who this was and what it was for; finances and/or health and welfare.

People had sufficient food and drink. One care worker told us they had concerns about one person's appetite. They talked with a relative to plan different ways of encouraging the person to eat. One person told us the care workers asked them what they wanted to eat and left them snacks within reach so they had access to food and drinks between visits. A care worker told us they checked people's care records to establish what they have eaten previously to monitor if the person is "Just having an off day or if there is a problem." Care workers told us they would escalate concerns to senior staff if necessary.

Healthcare professionals confirmed that care workers followed recommendations and sought their advice if needed, such as the agency had requested advice regarding how to ensure one person was supported with moving and handling appropriately.

## Is the service caring?

### Our findings

People were cared for by care workers who were kind and caring. One person told us "Carers are always friendly." Another person described care workers as "Very polite and caring." A relative told us "Staff are gentle and kind."

We saw care workers had got to know people well and had formed positive relationships with them. For example we saw care workers interact with people in a way which demonstrated they knew them, which included appropriate use of humour. One person had difficulties in communicating and care workers had got to know their particular nonverbal ways of expressing their needs. One person told us that care workers had a good attitude to caring and described them as "genuine."

The agency had set up a project which offered people additional care hours. It was referred to as the Smile Project; the locality manager told us the aim of it was to "Put a smile on people's face." People who were categorised as red, that is they were assessed as being unable to go without a care visit were offered an additional two hours per month, at no extra charge. They could choose to use this two hours in any way they liked for example knitting or being supported to go out. We saw three people had participated in the Smile project.

One person told us that they had preferences for certain care workers. The registered manager told us they were respectful of people's rights to choose. One person told us "They let me choose the carers."

Care workers talked warmly about people and were enthusiastic and talked positively about their work. One care worker told us "I absolutely love my job; I love to make a difference to people's life."

People told us they were involved in planning their care. One person told us "They do the job that I want them to do-It's my decision." People told us they could contact the office if they wanted to make any changes. One relative told us the office were responsive when they wanted to make any changes to the care plan, for example they had requested a change of visit time and this had been arranged.

People were supported to maintain their dignity. The locality manager told us they checked how staff maintain people's privacy and dignity during the staff monitoring visits. They gave an example of when they had identified improvements could be made and one member of staff had received feedback about closing curtains. This was followed up in supervision. People told us care workers were respectful.

## Is the service responsive?

### Our findings

People received a responsive service. The office manager told us they allocated approximately one and a half hours to visit people in their own home, to establish how they were and to ask what they wanted. They carried out a full assessment which included the person's likes, dislikes and preferences. People confirmed they had been involved in their assessment and that care workers followed the support plan based on what they had said they wanted. The care plans provided staff with detailed guidance on how they provided care such as step by step instructions on how one person liked to be assisted to have a shower. A care worker told us they followed guidance in people's care plans and also got to know people so they were able to monitor if there were any changes to the person, such as if they were feeling unwell. They were able to describe to us actions they would take to ensure people received the care and supported they needed.

People had an annual review of their care plan or sooner if they experienced a change in their needs. There was a system for ensuring that the annual reviews were carried out as required. As part of the review process people were encouraged to contribute. One person confirmed they had been involved in a review of their care plan and felt they had been listened to.

There was a culture of openness within the local community and the agency had initiated a meeting with local businesses to promote dementia friendly awareness. This meant that local businesses and the wider community had an awareness of how people living with dementia were impacted and how they could support people if needed. The agency had also been instrumental in setting up other community groups such as a chit chat group, pamper days and a men's woodworking group. These were provided initially in partnership with community groups. There were links to a befriending service which had been set up with the local church.

There was a complaints policy and people were provided with information on how to make a complaint in a welcome brochure which they received when they began to receive support from the agency. The registered manager told us they had recently designed leaflets on how to make a complaint, which included a separate one for staff. They hoped the leaflets would be easier for people and staff to read and understand. People told us they were confident that they could contact the office and talk with a manager if they had any concerns. One person told us they had contacted the office to make a complaint and the complaint was investigated and was followed up by a visit from a senior manager.

## Is the service well-led?

### Our findings

The service was well led. One person told us the service was well organised and they described the staff in the office as responsive and "On the ball." There was a registered manager who covered three locations therefore was not based within the local office on a daily basis. There was an area care manager who spent at least one day a week in the office. They were line manager for the office manager and locality managers. They told us "I oversee the service," and had a key role in liaising with people, their families and healthcare professionals. The day to day cover was provided by an office manager. They were the first point of contact, they told us they had a number of aspects to their role which included compiling the weekly rota, booking people's reviews and staff monitoring visits

There had been a change to the management arrangements within the agency. There had been a full time locality manager in post but that had now changed to having part time locality manager cover from two other locations for two days a week. Their role included carrying out new assessments, developing care plans and carrying out staff monitoring visits. This meant there were robust management arrangements in place and senior staff understood their roles and responsibilities. Senior staff were visible and people and relatives knew who managers were by name. There were on-call arrangements from 6.30am – 11pm covered by senior staff. There was a log of all calls, for example a care worker rang for advice as a person did not answer the door when they visited. The on call manager gave advice and it was followed up. This meant people and staff were supported by senior staff.

People's voice was listened to and they were encouraged to contribute to how the agency was run. There was a client forum which had representatives from people who used the service. They were influential in decision making, for example at a meeting in March 2016 the forum discussed the wording of the mission statement. They had requested for it to refer to "empowering people."

Accidents and incidents were reported in accordance with the service policy. Care workers completed an incident or accident report and it was followed up by a senior member of staff. For example one person slipped out of bed, this was reported and followed up. Action was taken to refer the person to a healthcare professional for advice on safer ways to transfer the person from bed.

There were systems in place for monitoring the quality of the service. The registered manager told us they aimed to continually make improvements to the service and were open to receive feedback. There was an annual quality survey for both people who used the service and staff. The results of the most recent survey had been assimilated, the registered manager told us they had recently received them and had not had the opportunity to address any feedback. The majority of respondents replied that they considered the agency either excellent or good. There was a small number of negative comments, for example one comment was there were too many care workers going in to visit one person. The registered manager told us they would be looking at the results and would develop an action plan to ensure feedback led to improvements.

There was a quality and compliance meeting, the agenda of which included the risk register. The last meeting was held in January 2016. Included in the agenda was an independent investigation into home care services. The provider had been represented in the report and feedback had been received from people who

used the agency.