

Caresta Limited

Caresta Limited - Unit 2 Penwith Business Centre

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

We inspected this service on 29 May and 30 May 2018. The inspection was announced because we wanted to ensure a manager was available to meet with us. At the last inspection, in February 2016, the service was rated Good. At this inspection we have rated the service as 'Good.'

Caresta Limited (trading as West Cornwall Care), provides people with personal care in their own homes. At the time of the inspection the service provided support for approximately 38 people for people in the Penzance, St Ives, Hayle and St Just in Penwith areas. The service works primarily with elderly people.

The service had 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. However a manager had recently been appointed, and an application had been submitted for the person to be registered with the Care Quality Commission. This was in order to meet its conditions of registration.

The service had satisfactory safeguarding policies and procedures to keep people safe. Staff were trained to recognise abuse, and what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed. Where appropriate management and staff had submitted safeguarding referrals to the local authority.

Recruitment checks for new staff were satisfactory. For example, the registered provider obtained a Disclosure and Barring Service check and written reference check when the member of staff was recruited. When staff started to work at the agency they were required to complete a staff induction programme, which included relevant training which assisted the member of staff to carry out their job. The registered provider had a suitable system of staff supervision and annual appraisal.

Medicines procedures were safe, and we saw evidence that supported this, including administration records and systems to support people with medicines. Staff were trained in procedures to minimise the risk of infection. People and their relatives said staff were always well presented in their individual roles.. Staff said they were provided with disposable gloves and aprons to support them in their roles.

There were satisfactory procedures to assess people to check they were suitable to receive support from the service. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

Where people received support to prepare meals. Procedures to monitor food eaten and fluid intake, if and where necessary, were satisfactory.

Where people lacked mental capacity, the agency provided people with the correct support to ensure their

rights were protected.

Staff worked with people to maximise their independence. We received positive support about staff attitudes. Comments included; "They are very good," "They are excellent, " "I love them they are all very accommodating."

The service had a complaints procedure. People said they would approach staff or management if they had a concern. People told us where they had raised concerns or complaints these had been managed sensitively and resolved appropriately.

Management were viewed positively by the people who used the service and staff who we contacted.

The staff team told us they worked well together. People and their relatives viewed staff positively and staff were viewed as caring.

Quality assurance processes were satisfactory to monitor the service was working effectively, and pick up and address shortfalls in service provision.

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

Suitable systems were in place to protect people from abuse

Employment checks were satisfactory to check staff members were suitable to work with vulnerable people.

There were suitable procedures to ensure people received their medicines safely and on time.

Is the service effective?

Good ●

The service was effective.

Staff induction and training were satisfactory to enable staff to carry out their roles.

People were happy with the food and received suitable support with eating and drinking where this was necessary.

The service had suitable policies and procedures, if people lacked mental capacity, to help ensure people's rights were protected

Is the service caring?

Good ●

The service was caring.

People said staff were caring, kind and respectful.

People were involved in making decisions for themselves.

Is the service responsive?

Good ●

The service was responsive.

Each person had a care plan and these were regularly reviewed.

Staff provided people with support at a time they wanted. Staff arrived on time, stayed the correct amount of time, and did not miss visits. Most staff did not appear to be rushed.

There was a complaints procedure. People said they would approach staff or management if they had a concern.

Is the service well-led?

The service was well led

Management were viewed positively by people who used the service, their relatives and staff who worked for the service.

Staff worked well as a team, communication was good and staff appeared happy working for the provider.

Quality assurance processes were satisfactory to ensure the service was delivered effectively.

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 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.

This inspection took place on 29 and 30 May 2018 and was announced. The inspection was announced so we could ensure the nominated individual was available to meet with us. The inspection team consisted of a lead inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned a sample of people and their relatives to check they were happy with their care.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, speaking with staff members, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including six care plans, six personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with twelve people who used the service and six people's relatives. We also spoke with three staff members.

Is the service safe?

Our findings

The service had a satisfactory safeguarding adult's policy. All of the staff had received training in safeguarding adults. The manager said safeguarding processes were discussed with staff at team meetings and in supervision sessions. We were told staff understood how to safeguard people against abuse. Any allegations staff reported were be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. Staff told us they had a good understanding of how they would recognise if someone was being subjected to abuse and knew what to do if they suspected abuse was occurring. Staff had confidence the management would take suitable action if abuse was suspected.

Risk assessments were in place for each person. For example, to prevent poor nutrition, hydration and falls. Risk assessments were reviewed monthly and updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills.

In order to minimise the risks of lone working, the service had put plans in place to minimise any risks. These were discussed with new staff when they started working for the provider. Staff also undertook formal training about working safely when they were working alone. A training record showed us staff had completed this training.

All records were stored confidentially. Staff could access people's records either at the service's office. An up to date care plan was also stored in people's homes. Records we inspected were up to date, and were accurate and complete.

The service had a whistleblowing policy. This supported staff if they had concerns. Staff felt confident they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

We were told none of the people who used the service had any behaviours which the service found challenging.

People who used the service, their relatives, and staff thought there were enough staff available to support them. Women said they always received personal care from female carers. People said they were always supported by the same group of staff members. People and staff members said visit lengths were satisfactory to provide care needed.

Staff recruitment procedures were satisfactory. For example, a Disclosure and Barring Service (DBS) check was obtained for all staff before they worked on their own. At least two satisfactory written references were obtained for all staff members. Staff members had a copy of an application form on file, and proof of their identity. This ensured necessary safety checks had taken place so people were protected.

The registered provider has a suitable policy regarding the operation of the medicines system based on

current guidance such as issued by the Royal Pharmaceutical Society and NICE. Depending on the care package in place staff either administered people's medicines or reminded them to take their medicines. Staff had received suitable training about handling medicines. People were responsible for ordering and storing their own medicines. Medicines were usually stored in pre-packed blister packs.

The service had suitable systems to manage people's money. For example if staff did shopping on people's behalf. Suitable records were kept when staff handled people's money, and receipts were always obtained for any expenditure undertaken on people's behalf to ensure there was a clear audit trail.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Is the service effective?

Our findings

When a service was contracted from the local authority the service received some information about the person's needs from either the health service or local authority. Before providing a service, a manager from the service also went to meet with the person, and /or their representatives, to find out about their needs and whether the service could meet these. Copies of assessments were kept on people's files. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

Nobody we spoke with, for example people who used the service and staff said they felt they had been subject to any discriminatory practice. This included gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy.

When staff started working at the service they were provided with a satisfactory induction to assist them to learn their roles, and provide care according to an appropriate standard. This included completing on line training, and shadowing more experienced staff. All new staff new to a role in the care sector were required to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care. Staff induction records were satisfactory. There was a record of shadow shifts completed by the member of staff before they worked on their own.

We checked to see if staff received training required by health and safety law such as moving and handling, fire safety, infection control, first aid and food hygiene. Care staff should also receive training in safeguarding, mental capacity and managing medicines. Records showed staff had received most of this training, although some staff had some gaps about the delivery of this training.

Care staff were positive about training they had received. For example, staff described training was described as, "Good. Last year I completed the Care Certificate and my Diploma in Care."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. The staff we spoke with said they could approach senior staff for help and support if they had a problem. Staff told us the support they received was , Good. One staff member told us "They (managers) will help out if there are any problems."

Some people received support preparing food and help with eating their meals. The people we spoke with said food prepared was always well prepared and hot.

The manager said the service had established links with external professionals. The service worked closely with a wide range of professionals such as community matrons and general practitioners to ensure people lived comfortably, and received suitable healthcare support. The manager said relationships with local GP surgeries was satisfactory.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager told us, where people did not have capacity, the service had suitable policies and procedures in place to ensure people's rights were protected. For example there was evidence of suitable liaison with the Office of the Public Guardian, and evidence that multi-disciplinary best interest meetings were taking place where necessary. Approximately half of staff had also received training about mental capacity.

Is the service caring?

Our findings

We received positive comments about the attitudes of staff. For example, staff were described as, "Marvellous. They are angels," "Excellent," "Very good. Very adaptable," and "I am really happy with them and would be lost without them." Staff told us they thought the care standards of the provider were good and all the people who used the service were very well cared for. Staff also said they had confidence in their colleagues' practice. An external professional told us, "We have worked together to provide a service to support complex situations they have been very supportive, (and my patient) always remarks how pleased he is with them...I have no negative feedback from patients from the service." Another external professional said, "I feel carers and the management go above and beyond their remit in supporting (my client)."

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting. We were told when care plans were drawn up managers would meet with the person, or their relative, and discuss with them their needs so information within the care plan was accurate. Everybody we spoke with said they had a copy of a care plan in their home, and they could look at this at any time. People signed the care plans once these had been written. People said staff always completed records at the end of the visit. Staff said care plans provided them with all the information they required and also enabled them to feed back to management if they had any issues or concerns about people's wellbeing.

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People told us that staff always asked them how they wanted their care delivered. Staff also would ask permission for example if they needed to do a specific task. People felt staff were honest and they trusted them in the care and support being delivered..

People told us when staff visited their homes, they always asked if the person wanted anything else completed before they left. We were told staff always ensured people had things that were necessary to them, including, glasses, remote controls and walking sticks, left near at hand when the staff left.

Staff told us they had enough time to work with people and deliver the care they needed. People told us they did not think the majority of staff were rushed, although some said at times some staff did seem to be rushed. We were told people's privacy and dignity was respected.

Is the service responsive?

Our findings

Everyone who used the service had a care plan which instructed staff how to respond to their individual needs. A copy of people's care plans were kept in their homes so staff had the information they required. Where possible people, and their representatives, were consulted about their care plans and reviews. Care plans were detailed and included information about people's physical and mental health care needs. Care plans also included risk assessments, for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences, interests and aspirations.

Where people did not have representatives to help them read documentation, staff were happy to assist them by reading it to them.

People using the service told us that staff were seldom late for care appointments. Always stayed the correct amount of time for visits and care appointments were not missed. For example, people said, "They [staff] are very good with their timings " and "They [staff] keep to the allotted time." Care staff told us visit schedules were worked out in a logical manner so they were not too rushed in order for staff to respond to their needs.

The service had a complaints procedure. People told us if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. They told us they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service provided end of life care. If somebody, used the service did need end of life care, the service had a suitable care planning system to ensure people received suitable support. We were also told staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives.

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the management of the agency. The service had a clear management structure. The current manager, was also the director of the company and had been in post since the beginning of 2010. Other managers were in post to assist with the day to day operation of the service. For example, to assist in the day to day management of people's care arrangements and scheduling visits. The service had a 24 hour on call service which operated seven days a week. People and staff said the on call service was effective and on call staff available if required.

People were positive about how the service was managed. For example an external professional told us, "We have found management at the office very helpful and professional when assisting with any issues there may be, regarding any patients we may jointly have." People said when they telephoned the office staff on the telephone were always supportive and helpful. The office staff were described as, "Lovely," "They have their fingers on the pulse," and "If you need something they will go out of their way to do this (for me)."

Staff told us they worked well as a team. Staff said they communicated well. They told us, "We work well as a team." Staff said they were provided with their work schedule in good time and any changes were communicated in a timely way. There were records that staff were consulted through staff meetings. For example, three had occurred in the last year. The last meeting occurred in May 2018. Operational issues were discussed at these meetings which ensured staff were up to date with any changes taking place.

The staff members we contacted were all positive about working for the provider. Comments included, "I have no problems with them [managers]. They are fair," "Management are approachable. They will respond immediately to any issues" and, "I get on alright, fine, I enjoy my work." An external professional said "The team are very supportive. I know they are willing to engage with some complex situations. They [managers] are very pleasant and engaging.

The manager told us both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The registered provider had a quality assurance policy to ensure people's views and the services operations were evaluated.. The service's approach to quality assurance included a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Managers carried out 'spot checks' on individual staff to check care was delivered to a good standard. Audits were completed of care records; medicines management; care plans; staff training; monitoring accidents and incidents. A survey was also completed to check people were happy with the service they received. People's relatives, staff and external professionals were also surveyed. All the people we spoke with said they would recommend the service to other people.