

Civicare (Beds Herts & Bucks) Ltd

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## Inspection report

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30 September 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

We carried out an unannounced inspection on 15 September 2016. Between this date and 30 September 2016, we spoke with people who used the service, relatives and members of staff by telephone.

The service provides personal care to adults and children with a variety of care needs in their own homes. Some of the 50 people being supported by the service at the time of the inspection were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were risk assessments in place that gave guidance to staff on how risks to people could be managed. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely. People's medicines were being managed safely.

The provider had safe recruitment processes in place and they had sufficient numbers of staff to support people safely. Staff had received regular supervision and support, and they had been trained to meet people's individual needs.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this had been managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by kind, caring and respectful staff. They were supported to make choices about how they wanted to be supported. People's health and wellbeing was promoted, and they were supported to access healthcare services when urgent care was required.

People's needs had been assessed and their care plans took account of their individual needs, preferences, and choices. The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service and their relatives, and they acted on the comments received to improve the quality of the service.

The provider had effective quality monitoring processes in place and these had been used effectively to drive continuous improvements. Most people described the service as 'very good'. They had no concerns about how their care had been managed and they found communication with office staff to be mainly good.

## 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.

The provider had robust recruitment procedures in place and they had sufficient numbers of staff to meet people's individual needs in a consistent manner.

There were systems in place to safeguard people from risk of harm.

People's medicines were being managed safely.

### Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, care had been provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access healthcare services when required to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were kind, caring and friendly.

Staff respected people's choices and involved them in making decisions about how they wanted to be supported.

Staff supported people in a way that maintained their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

Staff understood people's needs and supported them well.

The provider had an effective system to handle complaints and concerns.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider had robust systems to assess and monitor the quality of the service.

People who used the service, their relatives and staff had been enabled to routinely share their experiences of the service and their comments had been acted on.

Staff felt supported by the registered manager and other senior staff.

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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 inspection took place on 15 September 2016 when we visited the provider's office. We contacted the service on the morning of the inspection because we needed to be sure that there would be someone in the office when we arrived. The inspection was carried out by an 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.

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 also reviewed other information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the office, we spoke with a senior care worker, the training coordinator and the registered manager. We looked at the care records for eight people who used the service. We looked at six staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Between the date of the visit to the office and 30 September 2016, the expert by experience spoke with 15 people who used the service and two relatives, and the inspector spoke with five members of staff and one relative by telephone.

# Is the service safe?

## Our findings

People told us that they felt safe with how staff supported them. One person said, "Very much so, I feel at ease." Another person told us, "I have no worries on safety." A third person said, "I am very safe, I get on very well with all of them (staff)." This was supported by relatives who told us that they had never been concerned about their relative's safety.

The provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and they showed good knowledge of this. A member of staff said, "I have always felt that our clients are safe. I have done safeguarding training and I know that I need to report to the office immediately if I suspect that something is wrong." Another member of staff told us, "I have done safeguarding training and I will call the manager in the first instance if I was concerned about someone."

Some of the people we spoke with were able to tell us that the service completed risk assessments on their homes and care to ensure that they were supported safely. One person said, "They did a risk assessment." Another person said, "Risk assessment took place before carers came in." We saw that environmental risk assessments had been carried out to ensure that people's homes were safe for them and the staff who supported them. Additionally, there were systems to ensure that risks to people had been assessed, and they had risk assessments in place to minimise potential risks to their health and wellbeing. For example, we saw that people had risk assessments to manage risks associated with them being supported to move, mobility, falling, skin integrity, nutrition and diet, medicines, and mental health and behaviour. Each of the risk areas had been rated as being low, medium or high and the control measures were detailed enough for staff to know how to support people in a way that minimised the risks. We noted that the risk assessments had been reviewed regularly or when people's needs had changed.

We found the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each potential employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there was enough staff to support them because none of them had ever experienced missed visits. They also said that they were mainly supported by a consistent group of staff and that staff sickness or leave was normally covered in a way that had a minimal impact on their care and routines. The duty rotas we looked at showed that the provider had sufficient numbers of staff to support people safely and this was supported by staff we spoke with. However, some staff acknowledged that there were staffing challenges at times when other staff were unwell or during summer time when most members of staff with children took leave. A member of staff said, "We have enough staff and rotas are emailed to us weekly or we collect them from the office so that we know who we are supporting. My rota doesn't change much because I have the same clients all the time." Another member of staff said, "Staffing is generally ok, but we can be

asked to do more hours sometimes to cover. I have sometimes felt pressured to agree to this. Managers try their best, but it would be nice to have more staff." Apart from two people who told us that their visit times were not always adhered to, most people said that they were normally supported at their agreed times. Staff told us that they were normally punctual because the manager had allowed travelling time between each visit. One member of staff said, "I am given enough time between calls, which I'm happy about it. I hate being late. Another member of staff told us, "I'm slightly late at times because of traffic. We let the office know if we are running late so that they can tell the clients."

Most people told us that they took responsibility for their own medicines and some said that they were supported by their relatives. The four people who were supported by staff to take their medicines told us that this had been done safely. One person said, "They come to give me medication near enough on time." Another person told us that they were happy with how their medicines were managed. We noted that the service had not had any reported medicine errors and the medicine administration records (MAR) we looked at had been mainly completed correctly, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors. However, any recording errors identified during audits of MAR had been addressed with individual staff to ensure that this was consistently done properly.

# Is the service effective?

## Our findings

People told us that staff knew how to support them and they provided very good care and support. One person told us, "Yes, staff have the skills to meet my needs." Another person said, "They are trained in using equipment." A third person said, "Yes, I'm satisfied with the care." A relative told us, "They are so good and I don't know what I would do without them."

The provider had an induction for new staff and ongoing training programme for all staff so that they developed the skills they needed to support people appropriately. We saw that staff had been trained in a range of subjects relevant to their roles. The training coordinator told us that they mainly provided online training, with test questions to check staff's knowledge of what they had learnt. Practical training, such as using equipment to support people to move safely was provided by an external company. They also told us that they monitored staff training and always aimed to schedule refresher training before any staff training had expired.

Staff were complimentary about the quality of the training they received and they said this helped them to acquire the necessary skills and knowledge. A member of staff said, "We have sufficient training. [Training coordinator] in the office is always on top of it. It's pretty good the training we get. We do online training and some face to face for things like manual handling and basic life support." Another member of staff told us, "Training is good and we do this once a year." A third member of staff said, "Training used to be face to face, but it is mainly online now. It's good though, I can't complain." They further told us that when a person's needs had changed, they had been given information in order to understand their needs. They added, "I wanted to make sure I was spot-on with [person]. Previously, I wanted more information on the care of people living with dementia and they introduced a course for that, which I have done."

Another member of staff told us that they had found the training to be good and were particularly happy that they had been given training before supporting a person who required to take their food and medicines through a Percutaneous Endoscopic Gastrostomy (PEG), which is a tube passed into a person's stomach through the abdominal wall when oral intake is not possible. Other staff also confirmed that specialist training was provided if required. Some of the staff had achieved nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. One member of staff told us that they had requested to start NVQ training.

The records we looked at showed that staff received regular supervision, and they had reviews of their performance and competence to provide effective care to people who used the service. Staff confirmed that this included appraisals and 'spot checks'. One member of staff said, "We have supervisions and try to resolve any issues as soon as possible." Another member of staff told us, "I seem to have supervision all the time and it is good because I have opportunities to talk about other things too." A third member of staff told us that they had always found supervision useful in their development.

The Mental Capacity Act 2015 (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. Most people we spoke with told us that they were able to make decisions about their care and could give verbal consent to the support provided by staff. However, some of the people's health needs meant that they did not have capacity to make decisions about some aspects of their care. Where required, people's relatives or social workers were involved in ensuring that any decisions to provide support were in their best interest and that care was provided in line with the requirements of the MCA. A relative said, "I have made decisions in the past regarding my [relative]'s care. We also saw that staff had been trained to understand the MCA so that they supported people in a way that promoted their rights.

People who were being supported by staff to prepare and eat their meals told us that this had been done well. The majority of people told us that staff mainly warmed and served ready-made meals and they all said that they made choices about what food they wanted to eat. One relative told us, "Yes, [relative] chooses what to eat when offered breakfast." Staff we spoke with had no concerns about people not eating or drinking enough. A member of staff further told us that they would report to the manager if they noted that a person was no longer eating their food so that appropriate support could be sought from health professionals.

People were not normally supported by the service to access routine appointments with health services, such as GPs, dentists, chiropodists, opticians and to attend hospital appointments as they or their relatives managed this. However, staff provided support if urgent care was required when people became unwell. A member of staff told us that they had on occasions supported people to contact their GPs or the ambulance service. A relative was appreciative of this level of support when their relative was unwell. They said, "A carer was really brilliant when [relative] became ill and they stayed with [relative] while waiting for an ambulance to arrive. They even went in the ambulance with [relative]. Absolutely brilliant."

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the staff who supported them. Most people described staff as kind, caring and friendly. One person told us, "They are very sociable and they help me with my hearing difficulties." Another person said, "The carers are pleasant. I have never had words with anyone." A relative said, "They are just really nice. [Relative] looks ten years younger, they treat [relative] like a diamond."

People told us that staff interacted with them in a positive and respectful manner. Most people said that staff chatted with them while supporting them with their care and that they had developed good relationships with staff who supported them regularly. One person said, "I feel at ease with my carers." Another person said, "We talk more like friends." A relative said, "They are really lovely and not patronising when they speak to [relative]. They go to [relative]'s level to talk with [them]." People also said that they made choices about how they wanted to be supported and staff respected this. One person told us, "Yes, I have been involved in planning my care." A relative of another person said that they had been involved in all aspects of their relative's care and staff did not hesitate to contact them if there were issues to discuss. They added, "Communication is really good." People told us that staff respected and promoted their privacy and dignity by ensuring that personal care was provided in private. We noted that staff also understood how to maintain confidentiality by not discussing about people's care outside of work or with agencies that were not directly involved in their care. We also saw that people's care records were kept securely in the provider's office to ensure that they could only be accessed by people authorised to do so.

People told us that staff supported them to maintain their independence as much as possible and were appreciative of the support that enabled them to live in their own homes. One person told us "The carers are really helpful. They make it easier for me to manage things." A relative said, "They try to make sure [relative]'s life is as it should be." A member of staff said, "We try to make sure that we support clients to live as independently as possible. This is quite important for clients who live on their own so that they can manage between calls."

People had been given information about the service when they started receiving care. This included information about the times they would be supported, contact details of the service and the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authority that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

## Is the service responsive?

### Our findings

People's needs had been assessed prior to them using the service and this information had been used to develop their care plans so that they received appropriate care and support. We saw that people's care plans identified their needs in key areas including personal care, mobility, eating and drinking and medicines. The care plans showed that people's preferences, wishes and choices had been taken into account and that people and their relatives had been involved in planning and reviewing their care. Most people told us that they were always involved in planning and reviewing their care, and that their care plans had been reviewed in the last 6 months. One person said, "I was involved in planning my care and they asked what I felt was most important." Another person told us, "They always ask what I want." A third person said, "My care plan was reviewed a week ago." Although one person said that their care plans had not been reviewed since November 2015, records we saw showed that most people's care plans were reviewed regularly or when their needs had changed. Staff told us that people's care plans always contained enough information for them to provide safe and effective care. One member of staff said, "Care plans are pretty good and we always get told if a client's care has changed." Another member of staff said, "We always have enough information about clients to know what to do for them."

People told us that they received individual care that met their needs and expectations. Although two people said that staff did not always arrive at agreed times, most said that staff were normally punctual and supported them as agreed in their care plans. One person said, "They are brilliant with how they care for me. I couldn't be any happier." Another person told us, "I have nothing to grumble about, they do what they need to." One member of staff said, "Every client is different and we would need to support them in an individualised way." Four people told us that they preferred to be supported by staff of the same gender as them and they all said that their preferences had been respected in order to protect their privacy and dignity. One person said, "I wanted a female and there was no problem." Another person said, "I wanted a male carer in the mornings and this was provided." The majority of the people we spoke with were appreciative that they were supported by a consistent group of staff who had got to know them well and provided companionship when they visited. This was echoed by a member of staff who said, "Most clients have regular carers. We keep it as consistent as we can for them. A lot of the carers go out of their way to make sure our clients are happy. Staff told us that they were happy with the quality of care they provided to people, with most of them rating the standards of care provided by the service as being 'excellent'. One member of staff said, "Everyone I have spoken to seems to be satisfied with the service, I would say it is excellent." Another member of staff said, "I think we are doing a good job and I hope my clients would say the same."

The provider had a complaints procedure so that people knew how to raise any complaints they might have about the service. Most people said that they had not raised any complaints because they were happy with how their care was managed. Only one person said that their relative had complained about how their care was managed. They told us, "My [relative] complained and everything was dealt with ok after speaking to the manager." We noted that the provider had not received any formal complaints in the last 12 months prior to our inspection. They also had a system to record minor concerns and none had been recorded. The manager told us that people were mainly happy with the quality of the service and the service did not

receive many complaints because they normally dealt quickly with concerns people raised.

## Is the service well-led?

### Our findings

The service had a registered manager in post and some of the people we spoke with knew who the manager was. One person said, "The manger comes down sometimes." Another person said, "I know her and she's lovely. She came to see me in hospital." Prior to the inspection, we received concerns from a member of staff that the manager was not always supportive to staff. However, this was not supported by comments from staff we spoke with who all said that the manager was supportive and a positive role model to them. They all said that the service was well managed and the manager was approachable, which meant that they were able to discuss any issues they had about their work with them. One member of staff said, "The manager is very supportive. If we need anything done, she always does it. She is very good." Another member of staff said, "I have never had any concerns at all about the manager. She is pretty good." A third member of staff said, "The manager is experienced and always helpful."

Apart from one person who found office staff not always helpful, the majority of people, relatives and staff were complimentary about the support they received from office staff. One person said, "They are very pleasant." Another person said, "They are very helpful at the office." Staff told us that the support from the office staff made their work easier because they always had information they needed. One member of staff said, "Everyone in the office is great. As a team we do a great job. It's all about communication really. If I need anything for a client, they back me up." Another member of staff told us, "Office staff are supportive. They are quick to try and resolve issues for us." A member of the office staff said, "Office staff and care staff work well together. We are a good team and we try to support each other." Most people were complimentary about the quality of the service and the staff who supported them. One person told us, "Absolutely wonderful people." Another person said, "Good, nice people." A relative said, "Amazing service." Another relative said, "They are always professional." It was clear from the positive comments by people who used the service, relatives and staff that the provider promoted a caring and inclusive culture within the service.

We noted that regular team meetings were held to enable staff to discuss issues relevant to their roles and to contribute to the development of the service. A member of staff told us that they worked well as a team and that they found team meetings to be useful in discussing any issues they might have. Another member of staff said, "Teamwork is really good and I am happy to work flexibly to support fellow staff. I love my job and this is a great company to work for because they listen to me." We saw that the service produced regular newsletters to share information with staff. The manager also sent memos and group text messages to staff to communicate specific issues. For example, to highlight areas that needed improving such as staff not always logging in and out when they had visited people, which made it difficult to monitor if they had provided the planned care. The manager told us that this was regularly monitored by the commissioning local authority and they had previously achieved a lower rating in this area. The manager now produced and shared a weekly report with staff to show them how they were performing to motivate them to do better. The manager was considering introducing a reward system so that members of staff who consistently met the requirements would be acknowledged.

There was evidence that the provider regularly sought feedback from people who used the service and their

relatives so that they had the information they needed to continually improve the service. People told us that their views about the quality of the service had been sought during planned 'service reviews'. They also felt able to speak with staff or contact the office if they had comments to make. Some people remembered that they had completed annual surveys and the results of the survey completed in May 2016 showed that people were mainly happy with the quality of the service provided. In response to a person's comment that they were not happy with their visit times, we saw that action had been taken to change the times to suit the person's needs. The service had also received a number of compliments and this showed that people were mainly happy with how their care was planned and delivered. We noted that a review by the commissioning local authority had rated the service as 'excellent'. The manager and staff we spoke with were proud of this achievement.

The provider had effective systems in place to assess and monitor the quality of the service provided. The manager and other senior staff regularly completed various audits and these included checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information. The manager told us that senior staff always checked the quality of records when they completed 'spot checks' during visits to people's homes to assess whether care staff were competent in providing people's care safely and effectively. We saw that action plans were completed following each audit and any issues identified were addressed with each member of staff or discussed at team meetings to ensure that improvements could be made.