

The Care Workshop Limited

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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

About the service

The Care Workshop Limited is a domiciliary care service providing a regulated activity of personal care to people in their own homes. The service provides support to people living with conditions including dementia, adults with a learning disability and older adults.

Not everyone who used the service received a regulated activity. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there were 17 people receiving a regulated activity from the service.

People's experience of using this service and what we found

People received their medicines as prescribed. We found people's care plans relating to 'as and when' medicines such as pain relief, did not always guide staff appropriately. We have made a recommendation about people's 'as and when required' medicines.

Staff had some knowledge around the Mental Capacity Act and told us they always asked for consent from people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

Staff provided people with good quality, person-centred care and people were protected from avoidable harm. The provider had an effective safeguarding procedure in place to manage safeguarding concerns promptly.

Staff were kind and caring. People and their relatives were happy with the care they received. One person said, "The staff have all been very helpful, very kind and nothing is too much trouble."

Staff were aware of risks to people's safety and wellbeing and how to manage them. Staff told us they felt supported in their role and received regular supervision, training and an induction when they started. There were sufficient staff to ensure people received punctual care which was not rushed.

Staff promoted people's choices and treated people with respect. Care plans guided staff to deliver effective care as they were detailed and personalised.

People and their relatives were asked for their views and knew how to raise a complaint if they needed to do so. Overall, the governance systems in place were effective and supported the staff to provide effective care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 December 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Care Workshop Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was completed 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We visited the office to review how people's confidential information was stored and to review documentation. We looked at 4 staff files and documents relating to the care of 5 people. We spoke to 9 people who use the service, 4 relatives and 7 staff members including the registered manager. We also looked at staffing rotas, training and supervision information, and records used to monitor the quality and safety of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines in a safe way. However, care plans used to guide staff on how to give medicines could be more robust. For example, care plans did not always detail when people needed 'as and when' medicine such as pain relief.
- Where people had regularly used an 'as and when' medicine, this was not always escalated by staff as outlined by the prescriber. We found no evidence to suggest people had been harmed.

We recommend the provider consider current guidance on giving people their 'as and when medicines' and take action to update their practice accordingly.

- Staff were trained in their role to administer medicines and their competencies were assessed before administering medicines unsupervised.
- The provider took immediate action to address the shortfalls identified at this inspection in relation to 'as and when' medicines.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm and told us they felt safe.
- The provider had established systems to identify and report safeguarding concerns and staff were able to demonstrate when and how they would raise a concern.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been identified and appropriately managed.
- Identified risks had been documented in detailed risk assessments which directed staff how to minimise these appropriately. These had been reviewed and updated regularly.

Staffing and recruitment

- Systems were in place to ensure people were recruited safely and were of suitable character.
- There were enough staff to ensure people received their care punctually and did not feel rushed by staff.
- People told us staff had time to complete all their allocated tasks and took their time. One person said, "I'm quite confident they would do above and beyond if they were able to and I asked them to, they don't rush me at all."

Learning lessons when things go wrong

- The provider had systems in place to share learning where an incident or accident had taken place.

- The registered manager told us they shared lessons with staff in both team meetings and on a one to one basis in supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff we spoke with had knowledge of the MCA and how this was relevant to their work. One staff member we spoke with said, "People should still be, and will be, encouraged to make smaller decisions themselves like what clothes to wear that day. Capacity is not a blanket thing. Its specific to certain decisions."
- At the time of the inspection, the provider had not needed to apply the MCA principles, but the registered manager was able to demonstrate how this would be documented when required.
- People's care plans recorded people had consented to their care.

Staff support: induction, training, skills and experience

- Staff received regular supervision, training and support to carry out their role effectively. Staff told us they felt supported and had daily communication with the manager to discuss any issues.
- Staff received a thorough induction and had their competencies checked before working alone.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they started receiving care. Assessments were used to develop detailed care plans which supported staff to provide care in line with people's preferences and personal routines.
- People received good care, which was delivered in line with best practice guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- People's preferences about what they liked to eat, and drink were recorded in their individual care plans.
- Staff were knowledgeable about people's dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access health care services when required.
- Where people had been given specific instructions by a health professional, these had been followed by staff.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people kindly and people said staff were caring. One person said, "They're so very kind and caring. They really are the top of the tree. I've been really lucky with the staff I've got."
- All of the staff spoke fondly of the people they cared for, and staff told us they treated people like they were caring for their own family members. One relative told us, "[Person's name] seems to have a bond with the carers and it's very good."

Supporting people to express their views and be involved in making decisions about their care

- Care plans were developed with people, and their relatives and they were involved in every aspect of planning their care as required.
- People were involved in reviews of their care and felt treated as "experts in themselves."
- Quality assurance feedback forms had been sent to all people receiving a service, and the staff. The feedback was consistently positive.
- People had paper copies of their care plans and daily records in their home, which they could access and were encouraged to read.

Respecting and promoting people's privacy, dignity and independence

- Staff were provided with time to develop trusting relationships with people and their relatives.
- Staff told us they were respectful with their practice. Staff told us dignity was promoted by ensuring all doors, windows and blinds were closed when delivering care and they always asked for consent before completing a task.
- People told us they felt supported by staff and their independence was encouraged. One person said, "They'll let me do what they know I can do, or they'll ask... So, they're not jumping in and doing things I can do myself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans outlined their communication preferences and any specific needs. These were detailed and gave staff clear instructions how best to support people.
- The registered manager informed us they were able to provide policies and care plans in different formats including 'easy read' and large print if this was required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and staff we spoke with were passionate and proud of this. Comments included, "The person comes first in everything." And, "I feel everyone's care is tailored to them."
- People were happy with their care, were offered choices and told us the staff knew them well. One person we spoke with said, "They just know what to do and if they don't know they ask me."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had used this effectively.
- People and their relatives told us they knew how to make a complaint and would feel confident doing so.
- We saw a relative had made a comment regarding their relative's care and this had been resolved quickly and professionally. Staff involved told us they felt supported and the manager's approach was kind.

End of life care and support

- At the time of our inspection, the service was not supporting anyone at the end of their life.
- Staff had not always received specific training in relation to end of life care but felt confident that they would be provided with the skills and support needed if this became relevant.
- People's preferences for the last stages of their life had not been discussed or documented. However, the registered manager told us they would start to have these conversations with people.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems in place to monitor the quality of the service. However, these had not always been completed in full and had failed to recognise the issues identified regarding 'as and when' medicines. The registered manager addressed this at the time of our inspection by reviewing and amending their policy and practice relating to medicines.
- The provider monitored punctuality of staff attending people's homes and ensured people received the full amount of allocated time. The local authority provided praise for the service's punctuality and compliance monitoring.
- Staff were clear about their roles and the expectations the registered manager held.
- The registered manager was clear of their responsibilities and understood the duty of candour and notifications had been submitted to CQC as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff provided people with good quality, person-centred care. Both the registered manager and the deputy manager completed shifts themselves to support staff and to lead by example.
- The registered manager told us they wanted to ensure staff enjoyed their work and be proud of their job. Staff we spoke with, felt the manager had achieved this.
- People, and their relatives, told us the registered manager was approachable and fair. Comments included, "The management are very supportive." And, "The management bend over backwards and keep the situation in hand. They've got some great staff and I've been absolutely delighted with them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider consistently engaged with people using the service, their relatives, the public and the staff.
- People and their relatives felt engaged and involved in their care. Everyone we spoke with felt they would be able to raise concerns and felt comfortable to do so. One person commented, "They keep me in the loop all the time."
- The registered manager held regular team meetings for staff. These were held at different times to ensure staff had every opportunity to attend. The registered manager also created a monthly newsletter for staff to keep them informed between meetings and promote 'policies of the month.'

Continuous learning and improving care

- The registered manager was committed to continually improving the care people received.
- Spot checks were completed in addition to the audit systems, supervision and surveys to ensure people were consistently receiving good care and any shortfalls could be addressed efficiently.