

Careview Caring Support Services 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

The inspection took place on 9 March 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides a domiciliary service and we wanted to make sure that staff would be available. This was the first inspection of the service.

Careview Caring Support Services is a domiciliary care service registered to provide personal care to people living in their own homes. On the day of the inspection there were 29 people receiving a service.

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.

Audits had been completed by the registered manager and issues identified were acted upon but records kept on accidents and incidents that occur at the service were not analysed to identify trends or patterns to reduce the risk of incidents reoccurring.

Staff were aware of the types of abuse people may be at risk of and knew the actions to take if they suspected someone was at risk of harm.

People received their care on time but did not always have support from the same members of staff. This had been identified by the registered manager who had begun taking action to address this.

People were given their medication in a safe way by staff who had received training in how to do this.

Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff employed by the service received appropriate training and support to carry out their role.

People told us that staff sought their consent before providing their care. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

People were supported with meals where required. Staff had a detailed knowledge of people's dietary requirements.

Staff worked alongside health professionals to promote the health and wellbeing of people and knew the action to take if someone became unwell.

People told us that staff were kind and treated them with dignity. People were encouraged to maintain their independence where possible.

People and their relatives were involved in planning for their care and took part in reviews to ensure that support continued to meet their needs.

People had been informed how to make a complaint. Where complaints had been made, these had been investigated fully by the registered manager.

People, their relatives and staff all spoke positively about the registered manager and the leadership of the service.

There was an open culture at the service. Staff were confident to raise concerns and whistle blow if required.

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 knew the types of abuse and how to report concerns.

Staff were able to identify and manage risks to keep people safe.

People were given their support on time.

Medication was given in a safe way and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision to support them in their role.

People were supported to make their own decisions in line with the Mental Capacity Act (2005).

People were supported with meals by staff who had detailed knowledge of their dietary requirements.

Staff worked alongside healthcare professionals to ensure the health and well-being of people.

Is the service caring?

Good ●

The service was caring.

People told us that staff were kind and caring and treated them with dignity.

People and their relatives were involved in their care.

The registered manager knew how to access advocacy services for people if required.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care.

Staff had a detailed knowledge about people including their likes and dislikes and how they like their care to be delivered.

Complaints made were investigated fully by the registered manager.

Is the service well-led?

Good ●

The service was well led.

Audits were completed by the registered manager and any actions following audits had been acted upon.

The registered manager sought feedback from people and where concerns were raised, these were investigated by the registered manager.

People spoke positively about the registered manager and staff told us they felt supported in their role.

Careview Caring Support Services

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 9 March 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We looked at information we held about the service. This included notification's sent in to us by the provider. Notifications are forms that the provider is required to send to us about accidents and incidents that occur within the service. We asked the local authority for their feedback about the service.

We spoke with the registered manager, three members of staff and two people who receive care from the provider. We spoke to one relative. We looked at care records for five people. We also looked at staff rotas, three staff recruitment files, complaints and compliments, accident and incidents records and quality assurance audits completed by the registered manager.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe when carers visited their homes. One person told us, "I am happy with carers". A relative we spoke with said, "Without a doubt [person's name] is safe".

Staff we spoke with had received training in safeguarding people and could explain the actions to take if they suspected someone was at risk of harm. One member of the care staff told us, "If I thought there was a safeguarding, I would inform the office and my manager. If I couldn't go to the manager, I would go above them and log everything". Records we looked at showed that the registered manager had taken appropriate action when concerns had been raised.

We saw that risk assessments had been carried out and that this had been done alongside people and their relatives. Care staff we spoke with had a good understanding of how to identify and support people to manage risks. Care staff gave examples of how to manage risks that included; ensuring there is the correct number of care staff with the person to deliver the care safely and ensuring that equipment is working and had been tested appropriately. One care staff member told us how they support a person safely who has specific health issues. The care staff member knew the risks posed to the person and could confidently explain how they support them to keep them safe. Records we looked at gave information to care staff about how to manage risks. We saw that one person was at risk of developing pressure sores. This person's care records informed staff of the signs to look out for and what action to take if they are concerned that a pressure sore was developing. We saw that accidents and incidents that occurred were recorded and that actions were taken to minimise the risk of these happening again. Staff we spoke with had a good knowledge on how to report accidents and incidents.

We saw that there were effective systems in place to reduce the risk of unsuitable staff being employed by the service. Staff told us that prior to starting work, they had been required to provide two references and complete a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks had taken place.

People told us that there were enough staff to meet their needs and that they never had missed or late calls. One person said, "They do come on time". A relative told us, "Staff are always on time". People told us that the same staff visit where possible. One person told us, "Sometimes the office change who is coming but they call me". A relative we spoke with said, "We always have the same carer". However, records we looked at showed that some people receiving care did not always have the same carers visit. We saw that in some instances, people had different staff visit their home regularly. We saw that one person had twelve different staff visit them in one week. We spoke with the registered manager about this. The registered manager told us they had identified that this was an area that needed to be improved on and was currently going through the system of allocating staff to ensure that people had regular care staff providing their care for consistency. Records we looked at confirmed this had been identified by the manager and that action was being taken to address this.

Care staff we spoke with told us they did not feel rushed to get jobs done and that they had one to one time with people. One member of staff told us, "I am not rushed. If I didn't have enough time [with people] I would call the office and tell them". Another staff member said, "There is enough staff, I get one to one time".

People told us that staff supported them with their medication if required. One person told us, "I get my medication on time – perfect". Another person said, "They [the staff] check my tablets day and night. I show them my tray and they mark it off [on the medication record]". Staff we spoke with confirmed they had received training in medication and knew how to support people to take their medications safely. We saw that where people had been prescribed 'as and when required' medication, guidance was issued to staff that informed them of when to give this medication and staff were aware of when this should be given.

Is the service effective?

Our findings

People and their relatives told us that they felt the care staff had the skills and knowledge required to support them effectively. A relative we spoke with said, "[Person's name] trusts them [the staff]".

Staff we spoke with told us that prior to starting work, they were given an induction to introduce them to the role. One member of care staff told us, "I did shadowing for two weeks. It was definitely helpful, they always put me with someone more experienced, they don't put new staff with new staff". Staff confirmed that they were given training to support them in their role. One member of staff said, "They showed me everything to do with the role". Records we looked at showed that staff had received ongoing training to support them to care for people effectively.

Staff told us and we saw that there were effective communication systems in place to ensure staff had the knowledge they required to support people. One member of staff told us, "If someone's care needs change, the office will call me before I go back to the person". Another staff member said, "The office will phone me if there are any changes [I need to know about]. Or they will call me into the office". Staff told us they were given all the information they needed before supporting people for the first time. One member of staff said, "Before a new package starts, I would read through the care plan, speak with the office and visit the person if they wanted me too".

Staff confirmed they received regular supervisions with their manager. One staff member told us, "I have supervisions. They ask me if I have any troubles and if I do then they sort it". Records we looked at confirmed that supervisions were held with staff.

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.

We checked whether the service was working within the principles of the MCA. People told us that staff supported them to make decisions. One person told us, "They [the staff] always ask 'Is it ok if..?'". Another person said, "They [the staff] do ask me what I would like". Staff we spoke with could explain how they sought permission from people before supporting them with their care. Staff had an understanding of how to support people to make decisions where they had problems with communication. One member of staff told us, "I make sure I speak to people in the language that they are most comfortable with". We saw one person visit the office with their member of staff. We saw that the staff member spoke to the person in their preferred language when seeking their permission to support them with tasks. This ensured that the person understood and had been supported to make a decision for themselves. People who lacked capacity to make a certain decision had decisions made in their best interests. We saw that one person received their medication covertly. Covert medication is medication that is hidden in food. Records sent to us by the

provider showed that a best interests meeting had been held alongside health professionals to ensure that this was the least restrictive option for the person. Authorisation to give medication this way had also been gained by a health professional. This meant that the appropriate steps had been taken to ensure that the person had their rights upheld in line with the MCA. Staff told us and records confirmed that staff had received training in the MCA.

People we spoke with told us that staff supported them with meal preparation. One person told us, "They always ask me 'what do I want for dinner?' They give me choices". One person told us that care staff supported them to visit the supermarket so that they could purchase their own food. All of the Staff spoken with knew the dietary requirements of the people they cared for and could give detail into people's likes and dislikes. One member of staff told us they always ask what people would like for breakfast. Records we looked at contained information on the support people required with meals and any specific dietary requirements. Records also contained information on the food people liked.

People told us that if they were unwell, staff would call the doctor out for them. One person told us, "The staff would get the doctor for me if I was unwell". One person told us how staff would be arranged to support them to go to health appointments. Staff we spoke with knew the action to take if someone was unwell. One member of staff told us, "If someone became unwell, I would speak with the family, call the office and get the doctor out for them". Records we looked at showed that staff sought support from healthcare professionals when required. We saw that for one person who had support from district nurses, there were records held that informed staff to look at the district nurses folder for any new instructions before providing care. This demonstrated that staff worked alongside other healthcare professionals to ensure the well-being of people.

Is the service caring?

Our findings

People told us that the staff were kind and caring in their approach. One person told us, "Staff are always kind to me". Another person said, "I am happy with the carers, they are kind". A relative we spoke with was also complimentary about the caring nature of staff. The relative said, "I have seen myself how friendly and attentive the staff are".

People told us that they were involved in their care. One person told us, "They [the staff] always ask me if I want ironing to be done or if I want my wardrobe tidying". Relatives also told us they were involved in their family members care. The relative told us, "They [the managers] come in and see us to make sure [relative] is happy with everything".

People and their relatives felt that staff treated them with dignity. A relative said, "They [the staff] are friendly, they don't just do the job and go, they have a chat and see if we need anything". Staff we spoke with was able to explain how they ensured they treat people with dignity. Examples staff gave included, knocking before entering a room, covering people up during their personal care and giving people privacy. We saw one person who had visited the office being treated with dignity by a member of staff. The staff member gave the person choices and privacy to talk to others as the person chose.

Staff told us and we saw that people were encouraged to maintain their independence. One member of staff told us, "I get people to do things for themselves if they can". One person we spoke with told us how staff supported them to shop for their own food to encourage them to remain independent. Another person told us that staff supported them to access dance classes so that they could maintain their hobby.

We saw that people were supported by staff that was able to communicate with them in their preferred language. We spoke with one person whose first language was not English. The person told us that they always had support from a staff member who spoke Punjabi and that this had helped them build a relationship with staff. This meant that the provider had been proactive in ensuring that people were supported in a way that met their preferences.

People who received care from the service did not currently require the support of an advocate. We spoke with the registered manager about advocacy. The registered manager had not had to support people with this before but knew the action to take to support people to access advocacy services if required.

Is the service responsive?

Our findings

People and their relatives told us that prior to receiving support from the service, they had an assessment to discuss their needs. A relative told us, "They [the staff] came in several times before the care started". Records we looked at showed that before providing care, the provider spoke with people and their relatives to discuss the person's care needs, likes and dislikes and any preferences they had about who would provide their care.

People told us that they were involved in reviews of their care to ensure that staff continued to meet their needs. One person told us, "We had a review with staff member, my relative and a social worker a couple of months ago". Staff we spoke with confirmed that reviews of care took place and that they were kept informed of any changes to people's needs. We saw records that showed that people and their relatives had been supported to make changes to their care when they requested this. We saw that where people and their relatives had identified areas that they wish to change, meetings had been held to look at the person's care and make changes where required.

People felt that staff knew them well. Staff we spoke with were able to demonstrate a detailed knowledge of the people they care for and how they supported them in a way that the person wanted. One staff member we spoke with described in detail a person's likes and dislikes and how they take this into account when providing support to the person. We saw that care records held personalised information about people including, how they would like to be addressed, what foods they enjoy and daily activities they would like to maintain.

Everyone spoken with knew how to make a complaint to the service. One person told us, "I would ring Careview if I wanted to make a complaint". Another person said, "[Staff member] in the office, I would tell her if I had a problem. Relatives we spoke with confirmed they had been given information on how to make a complaint. The relative told us, "Yes we were told how to complain". Staff were able to explain the actions they would take to support a person to make a complaint. One member of staff told us, "If someone wanted to complain, I would help them to contact the office". We looked at records kept on complaints. We saw that three complaints had been made and that these had been investigated fully. We saw that the provider had ensured that the person making the complaint had been kept informed of the outcome.

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was and spoke positively about the service. One person told us, "The manager is [registered manager's name]. She helps me if I have a problem". A relative told us, "If I needed support for someone else, I would only go to Careview" and "I couldn't ask for more".

Staff also spoke positively about the management and felt supported in their role. One member of staff told us, "I definitely feel supported by the registered manager, I can always call if I need anything". Another staff member said, "Everyone is supportive, You can give any problems to the office, they are very good". Staff confirmed that a manager had always been available outside of office hours if they had required support. One member of staff told us, "I have used the on call out of hours, and they do answer". Records we looked at showed that a manager was available over a 24 hour period. Staff told us and records we looked at confirmed that regular staff meetings took place. We saw that where areas for improvement had been raised, these were acted on by the management team.

We saw that there was an open culture at the service and that staff knew how to report concerns and whistle blow. One member of staff told us, "If I couldn't go to my manager, I would go above [to the Care Quality Commission] and log everything". We reviewed the notifications sent in to us by the registered manager and saw that they had notified us of incidents that occur at the service appropriately. The registered manager told us that they encourage staff to raise concerns with them. They told us, "I always ask staff when they pop into the office if they are ok, I let them know that if they don't want to tell us, they can tell Care Quality Commission". Staff confirmed that the registered manager did this.

We saw that audits were completed by the management team. The audits looked at the daily logs completed by staff and identified 'concerns found' and 'action taken'. Other audits looked at the calls received by managers on call. We saw that where actions had been identified, these were acted upon. Where accidents, incidents and complaints had been reported, we saw that there were no audits completed to identify trends and reduce the risk of these reoccurring. However, the registered manager told us and records we looked at confirmed that individual incidents and complaints had been managed appropriately.

We saw that the management team had completed some spot checks on staff to ensure the quality of the service, but these had not been completed recently. We spoke to the registered manager about this who told us that spot checks were intended to be carried out every two months but that this had not happened consistently. However staff told us that they were supported by the management team, had regular contact with the office and felt confident in addressing any issues with the registered manager.

The registered manager sought feedback from people using the service every six months. We saw that questionnaires had been sent out for people to complete. The feedback received from people was positive. We saw that where one person had raised a concern in their feedback, the registered manager had arranged to meet with the person to discuss their feedback and acted on this appropriately. We saw that feedback received by people was not analysed to identify patterns with a view to identifying areas for improvement.

However, this had no impact on people receiving care as feedback received had been mainly positive and any individual concerns had been acted upon by the registered manager.