

Risborough Carers Limited

Risborough Carers Ltd

Inspection report

1st Floor, 1 Thame Park Business Centre
Wenman Road
Thame
Oxfordshire
OX9 3XA

Tel: 01844212271

Website: www.risboroughcarers.org.uk

Date of inspection visit:
03 March 2016
08 March 2016

Date of publication:
21 April 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 3 and 8 March 2016.

Risborough Carers provides domiciliary care services to people who live in their own home. At the time of our inspection there were 101 people with a variety of care needs using the service.

The service had 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.

The registered manager promoted strong organisational values which resulted in a caring culture that centred on people using the service. People, their relatives, staff and health and social care professionals were complimentary about the registered manager, management team and how the service was run.

People felt cared for, valued as individuals and told us staff went out of their way to make them feel they mattered. Everyone we spoke with was exceedingly complimentary about the quality of care provided. People and their relatives spoke highly of the skills and knowledge of the staff. People told us staff were kind, extremely caring and regularly carried out extra acts of kindness when supporting them.

People were cared for in a respectful and dignified way. They were given choices about where they wanted their care, when they wanted that care and which staff they would prefer to care for them. Staff knew the people they cared for, understood their individual preferences and what was important to them. People were supported to maintain their health and were referred for specialist advice as required. People were encouraged to remain as independent as possible. Staff understood the importance of promoting independence.

People had a range of risk assessments in place. Associated care plans were personalised and contained detailed information to enable staff to understand people's needs and how those needs should be met. People were involved in their care and felt listened to.

People felt safe when being supported by staff. Staff told us there was an open culture at the service and were clear about the action they would take to keep people safe. People and staff were confident they could raise any concerns and these would be dealt with.

Staff were very positive about the support they received from the management and office team. Staff were encouraged to be open and felt able to ask for support whenever it was needed. Staff had access to development opportunities and training to ensure they had the skills and knowledge to meet people's needs. The registered manager ensured staff were competent before allowing them to work alone or carry out specialist tasks.

There were enough staff to meet people's needs. People received their prescribed medicines when they needed them.

The service looked for ways to continually improve the quality of the service. There were effective quality assurance processes in place to monitor the quality of the service.

People were asked for their consent before care was carried out. However, the registered manager and other senior staff were not clear on their responsibilities under the Mental Capacity Act 2005 to ensure the service completed their own mental capacity assessments if it was thought a person may lack the capacity to make certain decisions.

We have made a recommendation about seeking further training for the registered manager and senior staff around the completion of mental capacity assessments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were clear in their responsibilities to identify and report any concerns relating to abuse of vulnerable people.

There were systems in place to ensure people received their medicines safely.

Care plans contained risk assessments and where risks were identified management plans were in place.

Is the service effective?

Requires Improvement ●

The service was effective.

People were supported in line with the Mental Capacity Act 2005. However, where people were thought to lack capacity, the service did not complete their own mental capacity assessments.

People were supported by skilled, knowledgeable staff.

People were supported to have sufficient food and drink to meet their needs.

Is the service caring?

Outstanding ☆

People were supported by a service that was extremely caring.

People were treated as individuals and were involved in every element of their care.

Staff were caring and regularly carried out acts of kindness in addition to those required to meet people's identified needs.

The importance of building caring relationships was valued by everyone in the service.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture where people felt included and their views were sought.

Staff felt valued and supported and the registered manager and other senior staff were open and approachable.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Risborough Carers Ltd

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 3 and 8 March and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available.

The inspection was carried out by three inspectors.

Before this inspection we reviewed all the information we held about the service. The registered manager 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners of the service to gain their feedback as to the care that people received.

During the inspection we spoke with 14 people who used the service, two relatives and two health and social care professionals. We spoke with the provider, the registered manager and five care staff. We looked at ten people's care records. We reviewed five staff files, recruitment procedures and training records. We also looked at further records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. Comments included: "I feel quite safe thank you", "I have no concerns about my safety", "I feel safe with every one of them (staff)" and "No concerns about my safety at all, very happy with the care".

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. One staff member said, "I would raise any concerns with the office". Another staff member told us, "I have raised a safeguarding concern because I was worried about one person". Staff were aware of types and signs of possible abuse and their responsibility to report any concerns promptly. The service had a safeguarding policy and procedure in place. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the Care Quality Commission (CQC).

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls. One person said, "I have never had a missed visit". Another person said, "Very reliable". People told us staff mostly arrived on time. If staff were running late people told us the staff member or someone from the office called them so they would not worry. One person said "Once they were a bit late but another carer came. They called first to make sure that was ok". Another person said "They have already let me know my visit Thursday will be late due to sickness".

Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a hoist. Records showed two staff always visited this person.

People's medicines were managed safely. Staff received training in medicines administration and where people's medicine required staff to be trained in line with the local authority shared care protocols this was completed. Staff were assessed as competent before being able to administer medicine unsupervised. People's care plans contained details of their prescribed medicines. Where people were being supported with medicines outside of a monitored dosage system (MDS), a printed medicines administration record (MAR) was provided by the dispensing pharmacist. Medicines records were all completed accurately and where medicines had not been administered a code had been entered to indicate why.

People's care plans contained risk assessments. Where risks were identified care plans contained information in relation to how risks would be managed. For example; one person's care plan identified the person needed to use a hoist to move from their bed to a chair. The care record contained a risk assessment relating to using a hoist and slings. The care plan detailed how the person should be supported to move, included the type and size of the sling that should be used and what coloured straps should be used to attach the sling to the hoist. The risk assessment included guidance for staff to check the stitching of the sling at each use to make sure it was in good order. Staff were able to describe how this person should be

supported in line with instructions in their care record.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

The registered manager, provider and staff had a good understanding of the Mental Capacity Act 2005. 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 were supported in line with the principles of the mental capacity act. However, if it was thought a person may lack the capacity to make certain decisions the registered manager and other senior staff relied on other professionals to complete people's mental capacity assessments. The registered manager and other senior staff were not clear on their responsibilities to ensure the service completed their own mental capacity assessments.

We recommend the registered manager and senior staff seeks training and support from a reputable source around the completion of mental capacity assessments.

People we spoke with were confident staff had the skills and knowledge to meet their needs. One person said, "Staff are very well trained indeed, they relate to me well". Another person said, "All (staff) seem very experienced their training must be very good". A relative said, "All (staff) seem impeccably trained".

Staff were positive about the training they received and told us they could request any training they felt would improve their skills and knowledge. For example, one staff member said, "There's lots of training. You just ask if there's anything you want to know about. I wasn't sure I was doing something right so I asked the manager and she arranged for a nurse to come and give us all training. It's very reassuring". Staff had been individually trained to ensure they knew how to meet a specific care need such as applying prescribed topical creams or carrying out catheter care.

Care staff felt supported and told us they valued the support they received from office staff and the management team. Comments included, "They deal with things really well" and "You always feel you have back up from the staff on call".

Staff completed an induction period. New staff completed five days training from a certified external training agency which included safeguarding, infection control and moving and handling and was linked to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. During their induction week a senior member of staff from the office contacted staff on a daily basis to make sure they felt supported and there were no worries or concerns as a result of the training. When the initial weeks training was completed staff worked alongside more experienced members of staff until they were confident to work alone.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received their annual appraisal as well as a one to one supervision meeting with their line manager twice a year. This gave staff the opportunity to discuss their performance, raise

concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Spot check records recognised good practice as well as identifying any areas where the quality of care people received could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could.

People were supported with their healthcare needs. People had access to appropriate professionals when required. People told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of people's care. GP's, district nurses and an occupational therapist were involved when concerns about people's wellbeing was raised.

People's care plans contained information relating to nutritional needs. For example, one person sometimes forgot to eat and drink. Staff encouraged this person to eat and drink at each mealtime visit and recorded what the person had consumed. Staff liaised with the health and social care professionals who were involved in this person's care in relation to meeting their nutritional needs. Staff we spoke with had knowledge of the person's needs and how they encouraged the person to eat.

Is the service caring?

Our findings

People were complimentary about staff and the care they received. Comments included: "They would do anything for you, they care", "Excellent carers, not enough pleasantries' to describe them", "Carers are fantastic, friendly and smiley", "Excellent, really fabulous" and "Very caring. I can't believe they (staff) are so lovely". A relative told us, "Very, very satisfied, excellent service". A professional told us, "Risborough Carers is the service I would choose for myself and my family".

People spoke with us about the positive, caring relationships they had developed with staff. One person said, "They have become family really", another person said, "Staff are wonderful they are good company. Lovely, each and every one of them". A relative said, "We like the carers very much they are very good to him".

There was a strong caring culture throughout the organisation. Staff spoke with us about the values and ethos of the organisation. Comments included: "My job is to make sure people are well looked after", "It's about putting people at the centre of care" and there's a line between being professional and friendship but we are connected to the people we care for".

Staff were positive about the caring nature of the management team. One staff member said, "They are genuinely nice people who care about the people we look after". An example of this was when one person who received care, lived in a road that needed repairs. The nature of the repairs meant it was very difficult for staff to drive down the road. The provider drove staff to the person's house in a four wheel drive vehicle to ensure the care was delivered to the person. The provider also lobbied the local authority until the repairs were made. This person and their family were very appreciative of the help the service gave them. They told us their wellbeing had improved as a result of the help from the service because it had been very stressful trying to get the road repaired themselves. They said, "It was great, cars were getting damaged and they helped a lot. It meant a lot. I don't think the repairs would have happened without them".

Staff told us they were always given the time to ensure people felt cared for. If staff felt they needed more time to meet people's needs they contacted the office and the registered manager would support them in staying with the person over their allotted visit time at no additional cost. For example, one staff member told us, "I found one person on the floor. I rang the ambulance, then the office. I was told don't worry stay as long as you need. We'll sort out your other visits". Another member of staff had been encouraged to spend extra time with a person when they were feeling anxious. During these times office staff, who were also trained and experienced care staff, the registered manager and provider would cover the other calls so that people did not experience missed visits. The registered manager told us, "Staff will exceed the time they should spend with their client because the client is taking just a little longer today or because they wanted to finish the visit with a friendly chat and leave the client feeling well cared for". A person said, "They take the time to make sure I'm happy, It's lovely".

People were treated as individuals and made to feel like they mattered. For example, one person told us how one staff member had found something on the internet for them that they particularly liked but could

not find in the shops. They said, "It was such a kind and thoughtful gesture. I can't think of anyone else who would do this". Another person told us staff had given them a framed photo of themselves and a family member after their photograph had appeared in the local paper when they had attended a charity event at the service. They told us, "I was really taken aback. I was charmed, it means a lot". Another person told us they were pleased to have been chosen to be in the services promotional brochure. They told us "It was the most exciting thing I ever had happen". They told us they had been thrilled when they had been presented with all of the photographs that had been made into a personalised book so they could remember the day.

Staff and people gave examples of how the service had provided support that was additional to the support identified in people's care plans. Examples included; calling to buy fresh bread for a person on the way to the scheduled visit; giving someone a lift to the hospital so they were able to visit their wife; visiting the people they cared for in hospital when staff were off duty; putting the rubbish bin at the end of the driveway ready for the refuse collectors and bringing it back afterwards; and, staying with a person after their shift had finished to play dominoes because the person thought they had forgotten how to play. People received birthday cards from the provider and cards and flowers if it was a 'special birthday'. People valued the extra things staff did for them. One person said, "It's those little things that make them truly outstanding. It shows they care about you and you're not just a number on their list".

Staff knew people well and told us about people's health and personal care needs. Staff spoke about people in a respectful and caring way, referring to them by their preferred name.

People told us they were treated with dignity and respect. One person said, "They have absolute respect, it's very heart-warming". Another person said, "Privacy and dignity are respected yes, all very good with that". Staff understood how making sure people were cared for in a dignified way was essential to the delivery of person centred care. One staff member said, "It's about letting people choose where they want to receive their care, the room of their choosing, where they are most comfortable, how they want their care done and making it as private as possible". Another staff member said "Because we are helping them it doesn't mean we have to take over and do everything. We give people as much space and privacy as they need to do what they can themselves". People confirmed staff helped them remain independent and respected their privacy. One person said, "I need help to make sure I'm safe when having a shower because I have fallen when getting out. Staff wait outside whilst I'm in the shower and come in when I'm ready to get out". Another person told us staff assisted them to the toilet but then left them to have some "private time" which respected their dignity.

The registered manager told us it was important for people to be involved in making decisions and planning their own care and respecting people meant people should be able to choose who delivered their care. People were able to request specific staff to deliver their personal care to ensure they felt comfortable. New staff were introduced to people over several weeks to build relationships and people were asked to confirm they were happy with the staff member who would be visiting them before regular visits were commenced. One person told us, "I always get to meet the new staff before old ones leave, it's good like that".

Staff were aware of people's unique ways of communicating and how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, one person could not speak with staff verbally. Staff told us how the person used noises and eye movements to speak with staff and to make choices about their care. This showed people's individual needs were recognised and staff were able to care for people in a person centred way.

The service supported people to remain in their own homes at the end of their life, where they wished to do

so by providing additional care and support. Staff understood that good communication with other agencies was essential to ensure people were well cared for at that time in their life. Staff worked with health care staff and staff from care charities to provide support and care for people and their families in the final stages of their lives. For example, being flexible about the timings of visits to accommodate visits from other agencies and to undertake joint visits with health professionals as required. Although we did not speak to people about end of life care we saw many thank you cards that showed people felt staff had exceeded their expectations in demonstrating an empathetic and caring nature to both the person and their family.

Is the service responsive?

Our findings

Before people started to use the service they had an assessment. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People's care record had detailed routines for staff to follow for each visit. This ensured people received the care they wanted in the way they wanted it. People spoke positively about the personalised care they received at the service. One person told us, "They look at my care and ask me what I want". Another person said, "They'll do everything and anything I want".

Staff were responsive to people's changing needs. For example, staff had noticed one person's skin had become red. Staff had recognised the redness to be on an area of the person's body where pressure ulcers could develop. Staff had contacted the district nurse. The person was assessed by the district nurse and was provided with some equipment to stop a pressure ulcer developing. Information regarding this person's care and needs was updated in their care record in a timely way.

Changes to people's care needs was also notified to staff via a daily news line which was a secure recorded telephone message. Staff contacted the news line at the beginning of each shift and were given a full handover about the people they were looking after that day. One staff member told us, "It's really good. You know exactly what's happened and if you need to do anything differently. It means I can spend longer talking to clients instead of spending the visit reading the care plan".

Staff completed records of each visit to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. For example, staff collected one person from a social activity most evenings and drove them home before delivering their care. When planning visits, the service worked in a flexible way to take account of existing social commitments as well as family visits or meeting with friends. At the initial assessment and on going care reviews staff spoke with people about details of local events, any clubs, suitable community groups and other organisations that people might be interested in. For example, volunteers to take people to Church, the local garden centre, and friends for trips out. The service liaised with these organisations on behalf of people. The service also organised events such as charity fundraising and parties. Transport and care staff were provided for people to make sure they were able to attend. One person who had attended a recent party told us "it was great fun".

People were encouraged to provide feedback about the service through telephone reviews, spot checks and care reviews. People knew how to make a complaint and the provider had a complaints policy in place. The service welcomed and encouraged people to raise any concerns and made it clear concerns would be dealt with promptly and there would be no recriminations. One person told us they had made a complaint about their morning visit time because they felt it was too early for them. They said "It felt like it was a long day. I complained to the office and the visit time was changed straight away". We looked at the written complaints that had been received since our last inspection and saw they had been responded to in a sympathetic

manner and in line with the services policy on handling complaints. The registered manager discussed concerns with staff individually in supervisions and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. Since our last inspection there had also been many written compliments in the form of thank you cards and letters.

Is the service well-led?

Our findings

The service was well led by a registered manager and team of senior staff. The registered manager had been in post for a number of years. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service people received.

People and their relatives were extremely complimentary about the registered manager and management team. Comments included, "Managers seem good", "Excellent management" and "The management is reflected through how excellent everything is, just wonderful".

Health and social care professionals were positive about the registered manager and management of the service. One professional told us, "It is not to say they (the service) never have any issues, but if and when they do, these are identified quickly and appropriate remedial action is taken swiftly. They take a very proactive approach to the service and take action over even the slightest adverse comment made by service users, families or care workers".

The registered manager and provider promoted a caring culture that put people at the centre of everything the service did. The culture was based on strong values that were underpinned by the organisations service user guide and statement of purpose. During the inspection we saw many examples of where the registered manager, nominated individual, management team and staff displayed the values of the organisation.

The culture of the service valued staff and we saw examples of the support offered to staff throughout the day. The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff meetings were detailed and important information relating to peoples care or the running of the service was discussed. Staff saw themselves as one team and valued the support of the management team and their colleagues. Staff felt listened to and able to make suggestions to improve the service or care people received. Staff were encouraged and supported to be open, own up to any mistakes and to use the whistleblowing policy. One staff member told us when they had made an error with a person's medicine the management team had supported them in taking the appropriate action to make sure the person was safe and suffered no ill effects. They said, "We managed the scenario together. It was seen as a learning curve. I didn't double check but I do now".

There were a range of quality monitoring systems in place to review the care and treatment provided at the service. This included regular audits of medicine administration records, care plans, observing care practice and gathering peoples experience of the service through satisfaction surveys and other feedback. Where any issues had been identified, an action plan was put into place to address them and this was followed up to ensure actions had been completed. For example, when reviewing the results of the quality assurance survey the provider and registered manager had noted that people were not always happy with the times of their visits. People were contacted and visit times and plans were discussed. Where possible peoples visit times were changed to suit them.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to

people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked by the registered manager and provider to identify any trends or what changes might be required to make improvements for people who used the service.