

Certain Care Ltd

Certain Care Ltd

Inspection report

26 Brighton Road
Purley
Croyden
Surrey
CR8 3AD

Tel: 02084075420

Website: www.certaincare.co.uk

Date of inspection visit: 6 March 2015

Date of publication: 07/05/2015

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



Overall summary

This was an announced inspection that took place on 6 March 2015.

The service provides live in care for people in their own home. This is the first inspection since registration.

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 and associated Regulations about how the service is run.

People said the service provided was good. They were satisfied with the service and thought it felt safe, was effective, caring, responsive and well led.

The records were kept up to date and covered all aspects of the care and support people received their choices and

Summary of findings

identified and met their needs. They contained clearly recorded, fully completed, and regularly reviewed information that enabled staff to perform their duties well.

Staff were knowledgeable about the people they supported, the care they required and got support from the agency to provide it. They had appropriate skills and provided care and support in a professional, friendly and supportive way that was focussed on the individual. The staff were well trained and said the organisation was flexible, a good one to work for and they enjoyed their work. They had access to training, and support.

People were encouraged to discuss health and other needs with staff and had agreed information passed on to their GP's and other community based health professionals, as required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. People were positive about the choice and quality of the service provided. They said the manager was approachable, responsive, encouraged feedback from them and consistently monitored and assessed the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe and staff had their best interests at heart.

There were effective safeguarding procedures that staff understood.

The service was suitably staffed. The staff were security checked and well-trained.

People were supported to take medicine in a timely manner and records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Good



Is the service effective?

The service was effective.

People's support needs were assessed and agreed with them. Their needs were identified and matched to the staffs skills. If people required access to other community based health services the agency liaised with the appropriate service or supported people to do so.

People's care plans regarding food and fluid intake and balanced diets were monitored to promote healthy living.

Good



Is the service caring?

The service was caring.

Staff provided support in an appropriate way.

People's opinions, preferences and choices were sought and acted upon.

People's privacy and dignity were respected and promoted by staff.

Good



Is the service responsive?

The service was responsive.

The service re-acted appropriately to people's changing needs. Their care plans identified the support they needed and records confirmed they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Good



Is the service well-led?

The service was well-led.

The service had an enabling culture that was focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

Staff were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Good



Certain Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 6 March 2015. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector.

Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

There were 19 people receiving a service. During the inspection, we spoke with two people using the service; others either did not answer the telephone or declined to comment. We also spoke to four relatives and three staff who provided direct care and the registered manager.

During our visit we looked at copies of three care plans that were kept in the office as well as on site. We also looked at records, policies, procedures and spoke with staff. Information also included needs assessments, risk assessments, feedback from people using the service, relatives, staff training, supervision and appraisal systems and quality assurance.

Is the service safe?

Our findings

People said they thought the service was safe. One person told us, "I feel safe using the service." Another person said, "I feel safe with them."

The service had policies and procedures that enabled staff to protect people from abuse and harm. Staff were trained in abuse and harm recognition. They understood what constituted abuse and the action to take if it was encountered. The agency's staff were security checked.

There was no current safeguarding activity. There was a policy and procedure for reporting, investigating and recording safeguarding. Staff had received appropriate training. This included situations that required raising a safeguarding alert and how to raise one. This knowledge was also tested as part of the recruitment process. Further safeguarding information was contained in the staff handbook.

There was a thorough staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of learning disabilities. References were taken up and security

checks carried out prior to starting in post. The service had a policy of not taking on staff who did not have previous experience in the adult social care field. The staff handbook contained the organisation's disciplinary and whistle-blowing policies and procedures.

People's care plans contained risk assessments that enabled people to take acceptable risks and enjoy their lives safely. The risks assessments were monitored, reviewed and adjusted as needed. They were contributed to by people and staff. Staff encouraged input from people whenever possible. Staff were trained to assess risk to people. People's consent to the service provided was recorded in the care plans.

Staff shared information as appropriate. There were accident and incident records kept. Staff said they knew people well, were able to identify situations where people may be at risk and take action to minimise the risk.

Staff prompted people to take medicine or administered it as appropriate. The staff who administered medicine were appropriately trained and this training was updated annually. They also had access to updated guidance. The medicine records for all people using the service were checked by the service to make sure they were appropriately and accurately completed.

Is the service effective?

Our findings

People told us they made decisions about their care, when they wanted it and who would provide it. We were told that staff were aware of people's needs and met them in a skilled, patient, relaxed and enjoyable way. They said the type of support provided by staff was what they needed. One person told us, "I'm happy with the service." Another relative said, "The carer is good and I would soon let you know if I wasn't happy."

Staff were well trained and received induction and refresher training. The induction was person focussed and further training provided depended on the content of people's individual care plans and their needs. Staff were trained in areas such as infection control, lone working, medicine, food hygiene, equality and diversity and end of

life care. Staff training needs were highlighted on the database. Staff supervision and appraisals provided an opportunity to identify group and individual training needs. There were staff training and development plans.

Care plans included sections for health, nutrition and diet. Food and drink dietary evaluation sheets and nutritional assessments were updated regularly as required. Where appropriate staff monitored what and how much people had to eat with them, to promote a healthy lifestyle and diet. They also advised and supported people to prepare meals and make healthy meal choices. Staff said any concerns were raised and discussed with the person's GP with their permission. People were also enabled to have access to other community based health services that were regularly liaised with. People's consent to receive a service was recorded in their care plans and they had service contracts with the agency.

Is the service caring?

Our findings

People told us that they were treated with dignity and respect by staff. They listened to what people said and valued their opinions. They provided support in a friendly and helpful way. People said they were treated with kindness, compassion and care workers showed concern for their well-being. One person we spoke to told us, “The care provided is wonderful.” A relative said, “Can’t fault them.”

People told us the agency provided enough information about the service. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them. The philosophy of the service was that people made their own decisions regarding the support they required, when they needed it and they were self-funding.

People told us there was frequent telephone communication with the office and they completed an

annual feedback questionnaire. This enabled them to put their views and any concerns about the service forward.

The staff training records showed that staff received training about respecting people’s rights, dignity and treating them with respect. People said this was reflected in the caring, compassionate and respectful support staff provided. Staff confirmed they had received this training. Staff knowledge about respecting people’s rights, dignity and treating them with respect was tested at the interview stage of recruitment.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. People and their relatives confirmed that they were made aware of advocacy service available should they require them. There were no people currently using advocacy services.

Is the service responsive?

Our findings

People said that they were asked for their views by the agency. Staff enabled them to decide things for themselves, listened to them and action was taken if required. They also felt fairly treated and any ethnicity or diversity needs were acknowledged and met. One person said, "They listen to what I have to say."

People using the service were fully consulted and involved in the decision-making process before a service was provided. The agency confirmed the tasks identified in the care plan with people to make sure that they were correct and met the person's needs. They also carried out risk assessments and these were discussed with the person. Staff told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs.

People's personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled care workers to understand people's needs, their preferences, choices, respect them and better provide the care and support needed. The service had an equality and diversity policy and staff had received training.

Staff were matched to the people they supported according to their skills and the person's needs. Where possible placement continuity was promoted so that people using the service and staff could build up relationships and develop the service provided further.

The agency monitored and reviewed the care packages with people using the service and staff. This included spot checks. The monitoring information was recorded in people's files and regularly updated. Feedback was requested and there were annual satisfaction questionnaires sent to people.

The care plans were reviewed throughout the term that a service was provided. They were individualised and person focused. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There were no current complaints. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns.

Is the service well-led?

Our findings

People told us that they felt comfortable with and were happy to speak to the manager and staff if they had any concerns. It was also made clear what the service did and did not provide. One person told us, “I can get hold of the office when I need to.” Another person said, “What I could expect was explained to me”.

The agency’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during interview and induction training. There was a culture of supportive, clear, honest and enabling leadership.

Staff told us the support they received from the manager was good. They felt suggestions they made to improve the service were listened to and given serious consideration.

The agency operated a policy of flexibility that enabled staff to decide if they wished to take placements that fitted in with their lifestyle and requirements after discussion with people who use the service. They said they really enjoyed working for the agency. A staff member told us, “If I knew it was this good, I would have come to work for them sooner.”

The manager was in frequent contact with staff and this enabled them to voice their opinions and swap knowledge and information. A member of staff said “They are at the end of the phone when I need them.”

The records demonstrated that regular staff supervisions, post placement de-briefs and annual appraisals took place. This included input from people who use the service. Records showed that spot checks took place. There was a whistle-blowing procedure that staff felt confident in.

There was a policy and procedure in place to inform other services of relevant information should other services within the community or elsewhere be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

There was a robust quality assurance system that contained performance indicators that identified how the agency performed, areas that required improvement and areas where the agency performed well.

The home checked a range of areas to identify service quality. These included audits of, people’s and staff files, care plans, risk assessments, infection control and medicine recording.