Castle Home Care 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

Overall summary

Castle Home Care Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection the service provided approximately 84 packages of personal care and support.

The inspection took place on 7 and 12 January 2015.

The service had a registered manager. 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.

Staff were able to describe what they considered to be a safeguarding concern and demonstrated that they understood how to protect the people they supported from abuse.

Summary of findings

People felt safe and staff treated them well. Staff managed risks to promote people's safety, and balanced these against people's right to take risks and remain independent.

Staff numbers were based upon the amount of care that people required, in conjunction with their assessed dependency levels.

Staff had been recruited using effective recruitment processes so that people were kept safe and free from harm.

Systems were in place to ensure that medicines were administered and handled safely.

Staff were knowledgeable about the specific needs of the people in their care. People's personal views and preferences were responded to.

Staff received a robust induction programme with additional training and on-going support. The systems in place made them feel well supported and enabled them to meet people's needs appropriately.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected.

People were supported to attend health appointments when required and to see social care professionals as and when they needed. Prompt action was taken in response to illness or changes in people's physical and mental health.

Staff were friendly and ensured that people's privacy and dignity was respected at all times.

People knew how to make a complaint if they needed to and were confident that the service would listen to them.

The registered manager and senior staff consistently monitored and reviewed the quality of care people received and encouraged feedback from people and their representatives, to identify, plan and make improvements to the service.

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?
This service was safe.

Staff knew how to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns to ensure that people were protected.

People had risk assessments in place that regularly reviewed, in order that staff had up to date information to meet people's needs.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Good

Is the service effective?
This service was effective.

Staff had completed an induction and they were up to date with their essential training.

Staff provided people with support with meals where required.

There was an out of hours on call system in operation so that management support and advice was always available for staff.

People were supported to access health care professionals when required.

Good

Is the service caring?
This service was caring.

Staff were caring and respected people's privacy and dignity.

People who used the service received care and support that met their needs.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Good

Is the service responsive?
This service was responsive.

People and their relatives were involved in decisions about their care and their care planning.

People's wishes were documented and they received their care in the way they preferred.

People knew how to make a complaint if they needed to.

Good

Is the service well-led?
This service was well led.

The service was led by a registered manager who had vision and values for the service.

Good

Summary of findings

Staff received good support from the registered manager.

Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

Castle Home Care Limited

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 7 and 12 January 2015 and was announced. We gave 48 hours' notice of the inspection to ensure that people were at home and that staff were available.

The inspection was undertaken by one inspector and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. They supported us during this inspection by making telephone calls to service users.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views.

We spoke with six people who used the service and two relatives in order to gain their views about the quality of the service provided. We also spoke with four care staff; a care co-ordinator, the registered manager and the director, to ensure that the service had robust quality systems in place. We reviewed the care records of six people who used the service and the recruitment and training records of three members of staff.

Good

Is the service safe?

Our findings

People felt safe and considered that the actions of staff kept them free from harm. One person told us, "I feel safe, I feel comfortable with staff because I know them."

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. They were aware of the reporting process that should be used and were confident that any allegations would be fully investigated by the registered manager and the provider. Staff also told us that where required they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC.) Staff explained to us they had access to safeguarding guidance and information via the provider's website and that this was a useful resource to consolidate their knowledge. Staff had attended training on protecting people from abuse, and the staff training records we reviewed confirmed this.

The registered manager and staff told us that they identified safeguarding concerns from their observations when providing people with care, from reviewing people's records and analysing incidents and accidents. The provider had taken appropriate action in response to safeguarding concerns and investigations and the registered manager confirmed that the service had been able to use the findings to improve future practice, for example in respect of manual handling and medication administration. There were robust systems in place to assist staff in keeping people safe.

People were involved in the initial assessment visit undertaken by the service and understood that risks had to be assessed before the service agreed to provide care. Staff told us there was sufficient information within the risk assessments for them to be able to understand what people's needs were and how they wanted their support to be provided. Risk assessments guided staff as to the support people needed if they had an increased risk of falls, or experienced reduced mobility. They allowed staff to balance the support people required against their right to take risks and remain independent. People's care and support plans and risk assessments were kept under regular review by the registered manager and senior care staff so that risks had been assessed and minimised through proper risk assessments being in place.

Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. Accidents were reported directly to the registered manager so that appropriate action could be taken. For one incident where a person had been found with a small bruise, we found that this had been body mapped and action taken to monitor the site for future deterioration. Staff felt that the system of reporting accidents or incidents helped to keep people safe and free from harm because it meant that they were vigilant to any changes which occurred.

Staff had been through a robust recruitment process before they started work at the service. The registered manager explained the importance of using safe recruitment processes and detailed the information obtained before staff commenced employment. Records were well organised and new staff had completed application forms which included a full employment history. We saw interview questions and answers and completed skills tests. Staff files included evidence of criminal record checks, proof of their identification and two employment references. There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

Staff told us that there was enough staff on duty to meet the needs of people safely. One said, "We normally have our own patch of people to provide care for, so know who needs double up visits and go from there. If someone needs two carers then that is taken account of in the rotas." Another member of staff told us, "There are times when I would say we are short staffed as we always seem busy, but we get by." Staffing levels within the service were flexible to accommodate busy periods or cover sickness and were reviewed regularly and adjusted when people's needs changed. There were sufficient numbers of staff available to keep the current group of people who used the service safe.

People told us they received their medication on time and were supported by staff to understand why they needed to take them. The level of support people required with medicines varied, some required minimal prompting and some more support and guidance. Staff told us that they always signed the medication administration records (MAR) after giving medication. We looked at five MAR charts and noted that there were no gaps or omissions. The correct

Good

Is the service safe?

codes had been used and when medication had not been administered, the reasons were recorded. People received their medicines when they should and were kept safe, and protected by the safe administration of medicines.

Good

Is the service effective?

Our findings

People felt that staff knew what they were doing when they delivered care and provided them with support. They received good care and were supported by well trained staff.

Staff had received an induction and explained that this was beneficial in giving them experience of the work they would go on to do. The initial shadowing visits with experienced members of staff helped them to understand people's needs and to get to know them before they began to work independently. All new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with relevant training to ensure that they could meet people's assessed needs.

Staff had access to a regular training programme and on-going support provided by the registered manager and senior staff. They confirmed that they had a range of training to support people and keep them safe, including first aid, infection control and mental capacity. Staff told us that they had annual refresher training to update their skills and knowledge and were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. The service had started to implement dementia training to enable staff to meet people's changing needs. Training records we looked at confirmed that staff had received appropriate training to meet people's assessed needs.

Staff received supervision and attended regular staff meetings. Those that had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager, who they said was very supportive and accessible to them. Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings. The registered manager confirmed that there was an out of hours on call system in operation, that ensured that management support and advice was available for staff when needed. There was always a senior person available to support staff and give advice in times of emergencies.

People said that staff always asked them if they could give them support them before they gave care. One person said, "They never just start doing things, they always ask me." Staff obtained people's consent before assisting them with personal care and knew that people had the right to refuse or accept their support. In the care plans we examined we found that people had signed an agreement for staff to support them with their personal care and to assist them with their medicines.

The registered manager and staff had an awareness of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and the steps that should be followed to protect people's best interests. We were told by the registered manager that there was no one currently receiving support that lacked capacity to make their own decisions at the time, but that this was something that was reviewed on a regular basis. We found that staff had completed training in both MCA and DoLS.

People explained that the support they required with nutrition and meal preparation was incorporated into their care plans so that the food they received was to their preference. One said, "Staff always ask me if the food is ok before they leave." Details of people's dietary needs and eating and drinking needs assessments were recorded within care records and indicated people's food likes and dislikes and if they needed any support with eating and drinking. Staff confirmed that they provided support in this area if it was an assessed part of a care package. Much of the food preparation at mealtimes was completed by family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

People told us that most of their health care appointments and health care needs were managed by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care if their health or support needs changed. The registered manager confirmed that if staff were concerned about a person, they would support them to contact a GP or district nurse. Where people had seen health professionals and the advice had an impact upon the care package, care had been reviewed to ensure that it met people's assessed needs.

Good

Is the service caring?

Our findings

People and their relatives were happy with the care they received and the way in which staff treated them. One person said, "I get enough support from the carers." Another person told us, "They are all kind and caring." People were treated with kindness and compassion by staff that had their best interests at heart. They said that where they required a female carer, the service ensured this was provided. Where specific carers were requested, we were told that this would be accommodated where possible. People appreciated that this was not always possible but expressed that when they saw the same staff members, this made them feel valued. Staff explained that the office staff worked hard to ensure that people were known to them and regularly attempted to allocate the same group of staff to people. Where possible, people received continuity of care from the service and were supported to build up caring relationships.

People were supported by staff in a patient and encouraging manner when they received care. One said that staff showed concern when they felt ill and helped them to do things that were not always in their care plans. For example, bringing milk when they had run out or taking out rubbish. Where people were upset or anxious about things, staff took the time to engage with them and discuss their concerns. Staff told us that they worked hard for the people they supported and tried to ensure that they had a good quality of life. One said, "If I did not believe in the care I give, then I would not be working here." Staff were motivated to provide good care for people and aware of how to approach people, to ensure they felt valued and cared for.

People were involved in assessing and planning for their individual care needs and how staff could best meet them. They felt involved and supported in making decisions about their care and treatment and were listened to when they contributed an idea. It was apparent from our discussions with people that they were given the information they needed to make required changes or discuss any issues that they had.

Advocacy services were available for people who used the service and the service had available information on how to access the services of an advocate. Although no-one was using advocacy services at the time of our inspection, information on how to access their services was accessible if it was required.

People confirmed that staff made an effort to protect their privacy and dignity by making sure they were covered when receiving personal care and by ensuring that doors were always closed. Staff understood the importance of maintaining people's privacy and dignity in their own home. One member of staff said, "I always close the door." Another said, "I always draw the curtains and I knock or ring the doorbell before I enter the house." Staff worked hard to promote people's independence, privacy and dignity whilst providing care and to protect people's confidentiality.

Good

Is the service responsive?

Our findings

People received the care they wanted and needed to meet their needs and felt they received individual care because they had been involved in their care planning before the service began. They were asked their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. Pre admission assessments of people's needs were carried out prior to a package of care being commenced which helped the service to ensure they could meet people's needs.

Assessments that had been undertaken detailed people's past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. Information was obtained about people's allergies and their level of independence was assessed so that suitable care could be delivered. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support.

One person told us that they and the staff had realised the timings of their support was not enough in the morning. This information had been given to the registered manager and the timings increased to a more appropriate amount. The staff rota and the person's care plan had been changed to reflect these changes. The provider listened to people and responded to any changes required and the service was flexible to accommodate extra visits where people requested them.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with meal preparation and medication. During our conversations with staff it was evident that they had a good awareness of people's needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

The registered manager provided people and their families with information about the service when they were assessed in a format that met their communication needs. It included a welcome pack which provided information about the services, the costing's of the care and the support offered and provided people with sufficient information to determine if the service was right for them.

Where following a particular interest or activity was an assessed part of someone's care needs and package of care, then people were encouraged to maintain their interests. Staff told us that even though they might not be able to help people attend activities, they felt it was important to talk about them to stimulate people's interests and to develop an effective bond.

People told us that on occasions they had experienced delays in calls but said that if care staff were going to be late they were always informed by the office. Although some people had experienced late calls, staff were always attentive to their needs and ensured the care people received met their needs. When issues arose in respect of changes to people's routine, the service reacted to them and ensured that where possible, alternative care was provided so that people were not affected in a way that was detrimental to them.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. At the time of our inspection people told us they had nothing they needed to complain about. However, they told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. Although some people had previously had concerns about the level of communication they received from office staff, since the provider had employed a care coordinator, communication had improved and people had reported they had received a more organised service.

Good

Is the service responsive?

There was an effective complaints system in place that enabled improvements to be made. We looked at the complaints file and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider policy. A system was in place to analyse the trends and patterns of complaints, so the provider could learn lessons and act to prevent similar complaints from occurring in the future.

People were supported to express their views through means of reviews of their support packages and annual surveys. They could contact the office at any time if they wished to discuss anything about their support with the registered manager. There were procedures in place to obtain people's views and monitor and improve the quality of the service provided. The registered manager sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements.

Good

Is the service well-led?

Our findings

The service had a registered manager in post in accordance with their requirements. Information CQC held also showed that we had received all required notifications and that these had been submitted in a timely manner by the registered manager.

The values and philosophy of the service were explained to staff during their induction training. Staff said there was an open culture and they felt confident that if they raised any concerns or questioned practice with the registered manager, that they would be acted on appropriately. Staff received constructive support from the registered manager and senior care staff. One told us, "The registered manager is very supportive; I can always come in if I have an issue. I would rather get it sorted and know that I can ring or come into the office." Another member of care staff said, "There is an open door policy, the manager will act on things and I think we are a good team." We were also told, "I get good support. I can ring the office whenever I need to if I need any help." Staff were clear about their roles and responsibilities and enjoyed working for the service.

Staff had access to the provider's website where they could locate policies and procedures, which included safeguardings, complaints and reporting accidents and incidents. Incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. There was a system in place for reporting accidents and incidents to the registered manager and we found that they logged these appropriately for investigation. All possible action had been taken to review risk factors to minimise the risk of reoccurrence.

Staff told us they were aware of the service's whistle-blowing procedure and were able to tell us who they would escalate their concerns to. They said that they would not hesitate to use this process if they felt it appropriate. This meant that any incidents of poor practice would be reported by staff to the registered manager.

Senior staff carried out unannounced checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans. The registered manager talked to people who used the service at quality monitoring visits to find out if they had any problems with the care and support they received. This ensured that feedback was used to improve practice and the overall service provided.

Staff told us regular staff meetings were held. They told us the meetings were useful and enabled them to raise issues within the team and to challenge areas that could be improved. They told us these were particularly useful for issues that involved the whole team. Topics discussed included the change of rotas and the annual Christmas celebration to which all people using the service were invited to attend.

The director and registered manager told us that they wanted to provide good quality care and to strive for future improvement. From our discussions it was evident they were continually working to improve the service provided and to ensure that the people who used the service were content with the care they received. We were told that CM2000 (a call monitoring system) had recently been installed for call monitoring purposes and that from this, it was easy to identify whether carers were on time, how long they attended a call for and whether the call had been missed.

The registered manager and director discussed other improvements that the service had made, the lessons that they had learnt from complaints and concerns and the direction in which they wished to take in the future. It was clear that they had a clear vision for where they wanted to be and the action they needed to take to achieve this. They spoke of a plan to provide additional support for staff in the form of a mentoring system and had identified the resources that would be required to achieve this and knew what needed to be done to implement this.

A variety of audits were carried out on areas which included health and safety, care plans and medication. Daily care logs and medication records were returned to the office for the registered manager to monitor and review on a regular basis. There were systems in place to monitor the quality of the care provided and we found that the findings from the audit checks, monitoring visits, complaints and compliments were used to identify areas for improvement; action plans were put in place with realistic timescales for completion. The service continued to review matters in order to improve the quality of service being provided.