

Mrs Carole Ann Williams

Carroll's

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

This inspection was announced and took place on 7 December 2015, 8 December 2015 and 10 December 2015. Carroll's provides personal care services to people in their own homes. At the time of our inspection 35 people were receiving support from the service. 25 people were receiving personal care. Other people received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them.

The agency was established by the provider some years ago and provided a service to people in the Minehead area. In May 2015 they moved to an office in the centre of Minehead.

The last inspection of the service was carried out on 18th May 2014 when the service was at the previous location. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. The registered manager is also the provider. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission to manage the service. 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.

People told us they felt safe receiving care and support from the agency. One person told us, "What can I say? I am safe because they are reliable. They have always looked after me. I'm happy with the service." Another person said "I have no worries. They never let you down" Relatives told us they could rely on the service to keep their family members safe.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People knew staff who visited them regularly. Staff told us their rotas were well planned and there was sufficient time to get from one care visit to another.

People received effective care and support from staff who had the skills and knowledge to meet their needs.

When people were unwell extra support and care was provided. Staff were pro-active in reporting when people were unwell and after establishing their wishes took action. They communicated with relatives and health and social care professionals so people had appropriate additional care and treatment.

People who used the service were happy with the staff and got on well with them. Everyone we spoke to was satisfied with the care they received and was positive about staff who visited them. Staff were always kind and polite to them. One relative said there had been many occasions when they had been delighted by the kindness shown to their family member by staff who always "went the extra mile."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They or their relatives were able to commission the services required. People were able to choose how much support they required and when it was delivered.

The manager had a clear vision of the service they wanted to supply to people. They provided a service that was reliable and employed staff who were kind and conscientious. There were systems in place to monitor the service supplied to people and to address any issues raised by people.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their needs and wishes.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People who used the service and their relatives felt the staff and manager were approachable. There were regular opportunities to express their views and opinions about the service.

Good



Is the service well-led?

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good



Summary of findings

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Carroll's

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.

The inspection of Carroll's took place on 7, 8 and 10 December 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. It was carried out by an adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the last inspection.

At the last inspection on 18 May 2014 we found the service had met the regulations we inspected.

Carroll's provides personal care services to people in their own homes. At the time of our inspection 35 people were receiving support from the service. 25 people were receiving personal care. Other people received help with cleaning or shopping. This part of the service is not regulated by us and was not part of this inspection. The majority of people received regular short support visits at a time to suit them.

The agency was established by the provider some years ago and provided a service to people in the Minehead area. In May 2015 they moved to an office in the centre of Minehead.

We went to the provider's office and spoke with the manager and two office managers. We reviewed the care records of four people that used the service, reviewed the records for two staff and records relating to the management of the service. We visited four people in their own homes. After the inspection visit we undertook phone calls to two care workers, five people, and the relatives of three people that used the service.

Is the service safe?

Our findings

People told us they felt safe receiving care and support from the agency. One person told us, “What can I say? I am safe because they are reliable. They have always looked after me. I’m happy with the service.” Another person said “I have no worries. They never let you down”

Relatives told us they could rely on the service to keep their family members safe. One relative told us how pleased they were with the support offered because they did not live very close to them. They told us about the things the agency did to keep their relative safe. They said this varied from giving them help to get home from hospital to arranging assistance for a broken roof tile.

Another relative said the staff from the agency were “always looking out” for their relative. One relative said they had been able to go away for a family holiday because they could rely on the service to keep their family member safe.

Staff had received training in safeguarding vulnerable adults. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The manager informed us that any concerns regarding the safety of a person were discussed with their family, social worker and additional support from other services as required. For example concerns were growing about staff gaining access to a person’s home. The manager and office managers were working with the person, their relative and appropriate agencies to resolve the situation. The manager was aware of the procedures for reporting safeguarding concerns and had worked with local authority staff when concerns were expressed about one person’s safety at home.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. People had walking frames and their homes had been adapted when appropriate.

Staff informed the registered manager if people’s abilities or needs changed and risks could be re-assessed. We saw care plans had been up-dated following changes in the risk assessments.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the manager so that appropriate action could be taken. For example when there was no response at a person’s home action was always taken to ensure they were safe.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff told us there were people they visited regularly. They told us their rotas were well planned and there was sufficient time to get from one care visit to another. They said that if there were changes to people’s rotas due to illness or sudden absence they would cover calls whenever they could. The manager and office managers were also able to provide additional back up support in an emergency. Staff and people receiving a service confirmed the service was safe because there were no missed calls.

Staffing levels were determined by the number of people using the service and their needs. The manager was always careful to start support to people when they were sure they could meet their needs safely. Staffing levels could be adjusted according to the needs of people using the service using a combination of guaranteed and additional staff hours. One member of staff told us “They are very good. They ask if you can help but they understand if you are not able to. They don’t expect too much.”

Staff were trained to assist people with their medication when it was required. The manager and office manager talked to us about the need to monitor people’s medicines safely in their own home. The agency recommended that people who received prompting or assistance with medicines had their tablets in individual dose dossette boxes. Not all people wanted to do this and the staff were trained to follow safe procedures. When senior staff observed staff working they checked their ability to administer medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

Staff confirmed they had undergone an induction programme which gave them the basic skills to care for people safely. New staff told us they felt they had been well supported after joining the agency and additional help had always been available. There were always senior staff on duty or on call to make sure help was available to staff when meeting people's needs.

The manager arranged training for staff through an external trainer. Training was delivered when all staff were able to attend. Records confirmed staff had recently attended training in safeguarding, first aid and manual handling. Further training had been booked in the coming months. One office manager had recently attended a train the trainer course in manual handling to enable them to train staff and re-assess people's manual handling needs. Some staff had accessed on-line training in medication administration and nutrition and health.

In addition to the mandatory training staff were encouraged to gain external qualifications to further increase their skills and knowledge. The office managers were working towards qualifications in health and social care management.

Staff received regular supervision from the office managers. Staff were assessed working in people's homes against a standard observation sheet. Staff also called into the office every Friday to collect rotas and had an opportunity to discuss any issues that had arisen. Staff meetings were held monthly and staff received a regular up-date.

Staff were aware of, and had received training in the Mental Capacity Act (MCA) 2005 as part of their safeguarding training. The 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. One office manager was in the process of accessing training to further their knowledge of the MCA policy to reflect current good practice. The

manager had experience of providing support to people who had been assessed as not being able to make decisions for themselves. They were working with other agencies to ensure care and support was delivered in the person's best interest.

Staff were matched to the people they supported according to the needs of the person and when occasionally a person expressed a wish not to be further supported by one carer this was acted upon.

Some people received help from the agency to maintain their nutritional requirements. When their care commenced the arrangements to provide them with a diet that met their needs and wishes was assessed. This meant some people received meals from a family carer whilst others were independent following assistance with shopping. Some people had a regular lunch visit from care staff to provide them with a hot meal, some company and a daily check on their well-being. Occasionally people needed their food intake closely monitored. For example in the care plan for a person who had found it difficult to maintain their weight we saw very clear guidance about how a person's meals were to be presented to encourage them to eat. Care plans instructed staff before they left their visit to ensure people were comfortable and had access to food and drink.

Most people were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. Some people were reluctant to always accept care. Staff were instructed to encourage and to persuade the person to receive some personal care. The manager clearly understood how important it was to balance people's wishes with a need to maintain hygiene. Regular staff who knew people well were usually able to deliver the support required.

The agency ensured people using the service were able to access health and social care appointments. Most people had relatives to assist them however, staff were available to support people if help was needed. When a member of staff noticed a person was unwell they took action. After talking with them to establish their wishes they rang the office who spoke to relatives or arranged a visit from a doctor if appropriate. When people were unwell or had been in hospital additional care and support was organised until they were "back on their feet." One relative told us

Is the service effective?

about the care and support provided following one person's illness and stay in hospital. They said the agency went "above and beyond the line of duty" in the care they had provided.

Is the service caring?

Our findings

People who used the service were happy with the staff and they got on well with them. Everyone we spoke to was satisfied with the care they received and was positive about the staff. They told us staff were always kind and polite to them. One relative said there had been many occasions when they had been delighted by the kindness shown to their family member by staff who always “went the extra mile.”

People received care, as much as possible, from a regular team of care workers. When the care provision started people were introduced to staff, so when cover was required due to sickness or leave the person knew other staff that might come to support them. One relative told us, “We have three very good carers. We couldn’t have a nicer three. We are fond of the carers.” One person spoke to us about their regular care staff. They said they enjoyed seeing a cheerful face coming through the door. Staff often supported both family carers and the person receiving a service. “They are very good. It takes the weight off my shoulders. They are nice girls who cannot do enough.”

A relative of another person who used the service told us, “They are absolutely delightful. I cannot say anything bad about them. [The manager] really cares about people. They will go out of their way to do things.”

Staff were respectful of people’s privacy and maintained their dignity. One person told us they could “never have imagined” being supported with personal care. However the helpfulness and attitude of care staff had enabled them to receive support to shower and maintain their dignity and self-respect.

The majority of people who received personal care made their own decisions about the amount and timing of their care. Most people were funding their own care and had made the choice to use Carroll’s. One relative told us how they and the person using the service had been involved in developing the care and support plan. They identified what support they required from the service and how this was to be carried out. They said the service communicated with them regularly to make sure everything was alright. People who wished to have additional support whilst making decisions about their care often spoke with their social worker. The manager liaised with health and social care professionals to ensure the support they offered was right for the person.

A person using the service told us, “They do exactly what has to be done. We’ve got our routine.” One member of staff told us, “I make sure they are happy and safe and have what they want.” Another member of staff said “They want to see a friendly person. Someone who cares. We do all care about them. We do what is needed and we help people to maintain everything they can.”

People often began receiving a limited amount of care from Carroll’s when they were mobile and independent. As their needs increased the support was increased. The agency tried to support people to the end of their lives if possible. The manager told us they liked to care for people for as long as they could meet their needs. They worked with other professionals and “did their best” to meet people’s wishes to stay at home if possible.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. They or their relatives were able to commission the services required. People were able to choose how much support they required and when it was delivered. People received support up to four times a day seven days a week. Others requested a single regular daily visit for care or assistance once or twice a week. The agency aimed to accommodate people's wishes. Personal care was supplemented by support with cleaning and shopping which is not inspected by us.

Each person had their needs assessed before they received the service. People were always visited by the manager. This was to make sure the service could meet the person's needs and expectations. The manager said they explained the range of support they were able to offer. Following the initial visit care plans were developed outlining how these needs were to be met. One person said they had been having care for many years. The manager had come to see them and they had explained they needed a small amount of regular care. They said this had kept them independent. They had been able to continue doing many things for themselves because they had been helped for half an hour three times a week. They said "It has made a huge difference. I like to do as much as I can."

Another person had support once a week. They said they found the support "indispensable." The once a week visit gave them a "general overhaul" by truly delightful people.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One plan stated how important it was not to rush the person. There were detailed instructions to staff on how the person wanted their care delivered. The person had signed their care plan and agreed it had been discussed with them.

The staff responded to changes in people's needs and most documents were promptly up-dated. A new and detailed care plan for one person had been circulated to staff to ensure they were aware of the changes.

The service communicated with friends and family to support people. Some people lived with their family or they were close and involved with their care. The service worked closely with families whenever possible. When people had less contact with family they particularly appreciated talking with the care staff. One person said they "particularly enjoyed the cup of coffee and the chat." Another person said they could have "a bit of a laugh with staff." They said they were easy to talk to.

The registered manager sought people's feedback and took action to address issues raised. During the inspection a relative called into the office to raise an issue. The manager addressed this promptly. People told us they found it very easy to talk to the manager. They said "little things" were quickly sorted out. There was an emphasis on regular communication between people who used the service, the staff and their relatives. Regular contact kept all parties up-to-date with any issues and ensured support provided was still appropriate.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People told us staff knew them well and understood their ways.

The service was flexible and responsive in changing the times of people's appointments and accommodating last minute additional appointments when needed. People were encouraged to maintain their independence and many people went out and about. One person told us "I do my own shopping. I have my own buggy." The support they received from the service enabled them to "continue with their own life."

Is the service well-led?

Our findings

The registered manager was also the provider. They had managed the service for many years and had moved into new premises in May 2015. They had a clear vision for the service they wanted to supply to people. They provided a service that was reliable and employed staff who were kind and conscientious. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service.

Since the last inspection a staff structure had been implemented and two office managers with specific responsibilities had been appointed. They were undertaking training relevant to their roles. One office manager was working with the registered manager on assessment of new people requiring care and on the construction and implementation of care plans. The other manager had staff responsibilities and was developing the quality assurance of the agency. Having been solely responsible for all aspects of the agency the registered manager was planning to further devolve aspects of the running of the agency to the two office managers.

Staff received regular support and advice from their manager via phone calls and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, "I know if I have any problems I can phone the office. There is always support." Staff and people using the service told us they had the office phone number but also had a mobile phone number for the manager. They said they were "always available." Staff said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had been developed to include observed practice. Staff confirmed they had been visited in people's homes. Staff had previously received annual appraisals and paperwork was being further developed.

There were systems in place to develop and monitor the quality of the service. Staff regularly spoke with people to ensure they were happy with the service they received. The office managers undertook a combination of announced reviews and unannounced spot checks to review the quality of the service provided.

Following the questionnaire one business manager had visited all people receiving a service and discussed the outcome of the survey. There were also plans to see all staff to seek their views on the supervision and training offered to staff. The questionnaire confirmed people were very pleased with the support they received. Comments included "An excellent service" and "I have high praise for this company" and "I am very pleased with all aspects of the service."

The registered manager was also the provider and had a clear vision for the service they wanted to supply to people. Their vision and values were communicated to staff through regular contact and often by going out and working with staff or meeting with people receiving a service.

Staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff received regular support and advice from their manager via phone calls, texts and face to face meetings. Staff felt the manager was available if they had any concerns. They told us, "I know if I have any problems I have that support, that back up." They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a

Is the service well-led?

combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care.

All accidents and incidents which occurred in the home were recorded and considered to see if any further action was needed. .

The registered manager kept their skills and knowledge up to date by on-going training and reading. They told us the office managers were beginning to take on aspects of the running of the service as they considered “stepping back” in the future.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.