

The Care Workshop Limited

The Care Workshop

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 22 July 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available.

The Care Work Shop is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection 72 people received support from this service.

There was not a registered manager in post as they had recently left the organisation. 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.

All staff spoken with knew how to keep people safe from abuse and harm because they had received training and knew the signs to look out for.

Summary of findings

People were not always protected because management plans were not in place to manage risks based on people's individual assessed care needs.

There was enough trained staff to meet people's care needs in general but further training was required for medical conditions that required specialist training.

Most checks were made to ensure staff were suitable to work with people in some instances where risk assessment was required these were not always completed.

People were supported with their medication and staff had been trained so that people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People told us that they had made no complaints, but all said that they felt that if they did they would be listened to and action would be taken.

People were supported by staff to reduce the risk of poor nutrition by encouraging and supporting people to have adequate food and drink as part of their assessed care needs.

People were supported with their healthcare needs because the agency involved family members if concerns were identified.

Processes were in place to monitor the quality of the service provided and on-going monitoring for improvements were acknowledged and action plans implemented.

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 not consistently safe.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse. Risk assessments were not individualised to ensure staff had the information and instructions to ensure risks were reduced.

Staff recruitment showed that not all checks were completed in-depth to ensure people were always protected. People were supported to take their medication where required so they remained healthy.

Requires improvement



Is the service effective?

The service was effective

People told us they received care in a way that they wanted. Staff were trained to support people to ensure that their care needs were met.

People were supported with food and drink as required. People's health care needs were monitored and relatives were contacted if staff had any concerns about people's health.

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was respected and promoted.

Good



Is the service responsive?

The service was responsive

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and there were clear procedures in place to ensure that the service learnt from people's experiences.

Good



Is the service well-led?

People told us they received a service that met their care needs and their views were sought about the service provided.

There were systems in place to monitor the service provided to people but these did not always identify areas for improvement.

Requires improvement



The Care Workshop

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 was 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 took place on 22 July 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector. This was the service's first inspection since it was registered with us on 29 April 2014.

During our inspection we spoke with eight people who used the service or their relatives and nine staff that included five care staff, three office staff and the registered provider.

We looked at three people's care records and the recruitment records of four care staff. We also looked at quality assurance records, complaints and compliments.

Before our inspection we received concerns in relation to staff being employed without Disclosure and Barring checks, and staff not being trained to meet peoples care needs.

We reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that they received a safe service. One relative told us, “I have no worries at all. I know that [named person] is being looked after.” Another relative told us, “Yes [named person] is safe when I ask are you okay, [name person] tells me he is safe with the girls [staff].

People were protected from the risk of abuse because staff had received training that enabled them to identify the possibility of abuse and the provider had procedures in place for reporting any concern if signs were noticed. Staff spoken with confirmed that they had received training and knew who they would report concerns to. For example, one staff member said, “Believe me if I thought that any one was being mistreated, even by family members, I would report it.” and, “If the office did not listen then I would report it to a social worker or to CQC. I would make sure someone listened.” We had not received any notifications about safeguarding before our inspection and the provider told us no safeguarding’s had been raised.

Staff told us that they were aware of the risks to people and knew how to provide safe care. One staff member told us, “We know what to do, we report anything new to the office so they have the information to assess if anything else is needed.” However; care plans looked at were not always reflective of how staff said that they supported people. For example, information was missing in one care plan in relation to the support a person had with eye drops. In another care plan, We saw that a piece of equipment was required to support a person safely. However, this equipment wasn’t available. Staff were improvising and an assessment of the risk of doing this had not been completed so staff had the information they needed to keep people safe.

Staff spoken with were able to demonstrate that they were familiar with what was required to be done to keep people

safe. However; this information was not available in risk management plans to ensure that staff who were not familiar with the individual’s care needs had the correct information to reduce the risk of potential harm. All staff spoken with knew what to do in the event of an emergency and how to report accidents or incidents so these could be managed effectively.

People spoken with felt that there was enough staff to ensure people received a reliable and safe service. People told us that the majority of the time the staff arrived on time. All the people spoken with told us they had not experienced a missed call. One person said, “Sometimes if the traffic is bad staff could be ten minutes late but they always arrive.” All staff felt that they had enough time to ensure people care needs were met. People confirmed that the majority of the time the same staff supported them, apart from when new staff commenced employment, or when their regular care staff were on holiday.

Before our inspection we received a concern that staff was commencing work before the provider had undertaken all the required recruitment checks. Records looked at showed that there was a recruitment process in place and that the provider had followed this process. However; some staff had started work with previous Disclosure and Barring Services check (DBS), This meant that staff had undergone police checks in their previous employment. However the provider had not completed a risk assessment to show that extra checks had been made since the DBS was originally issued to ensure their continued suitability to work with people.

All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. People and relatives spoken with confirmed that staff supported them to take their medication safely.

Is the service effective?

Our findings

People told us that they thought the staff was trained in what they did. A relative told us, “They [Staff] do a good job.” Another relative told us, “When they [Staff] first came I watched and I felt that they were skilled and knew what they were doing so I feel that they have had training. I am happy for them [Staff] to look after [named person].” Before our inspection we had received some concerns about staff not being trained. All staff spoken with confirmed that staff had undertaken training.

Staff told us that before they started working they received training in areas such as safeguarding, infection control, medication and moving people. The provider told us that they were introducing ELearning in addition to practical training. [This is training staff can complete on a computer as refresher course to update their knowledge and skills]. The provider told us that it was the intention to train staff in relation to people’s specific medical needs for example, supporting people with diabetes. Staff told us that they had one to one meetings with the manager where they could discuss their personal development and training needs, so that they maintained good working practices and met people’s care needs effectively.

People we spoke with felt that staff listened to them and consulted with them about their care, and how they wanted to be supported. This included encouraging people to make choices about their care. Staff told us that they informed the office staff if there were any changes about people’s day to day care needs. Staff spoken with were knowledgeable about the care people required and the things that were important to them. One staff member told us, “We are guided by the people we look after; they tell us how they would like things done. It’s their choice.” People told us and their relatives confirmed that the staff knew how to support people with their care. One relative told us that their relative looked forward to staff coming and said, “He smiles when they arrive, which is pleasing because I know he is happy with them.”

People told us that they received support from regular staff who they had built relationships with. There were occasional changes when staff were on leave or holiday or if staff left but they felt they were kept informed about any staff changes. One person told us, “They [office staff] ensure that carers have been introduced. Carers are quite regular. Overall It’s been the same carer. I know usually who is coming what days.” Staff confirmed that they had regular calls and had got to know the people they supported.” Everyone spoken with said staff sought their consent before providing care. One person told us, “I agree and gave consent to my care.” Another person said, “They always ask for my consent.”

All staff spoken with said they ensured that they explained things to people and always sought their consent before providing care and support. A relative told us, “They [staff] support [person] and he is very happy with the staff who come, he asks when they are coming and is comfortable with them, which is the main thing, so I am very happy with the support he gets.” Another relative said, “We’re comfortable with the carers. They are cheerful and will have a laugh. They stay more than the allocated time. Don’t rush [person receiving support]”

We spoke with the relative of a person who received support with eating and drinking. They told us that staff offered the support their relation needed and had no concerns about how the person using the service was supported in this area. Staff told us that if people were not eating as usual they would record this in the person’s records so that all staff were aware and they would let the office staff know so that they could contact families.

People told us that staff would assist them to receive medical care if needed. Staff told us that they would inform the office staff if someone was unwell so that they could liaise with family members to arrange for health care professionals to visit if needed. Staff told us they would have no hesitation in calling emergency services if needed.

Is the service caring?

Our findings

All the people we spoke with said they were treated well by staff and that the staff were caring. People said that staff listened to their wishes and did as they asked, so people were involved in their care and how they wanted to be supported. One person said, “They definitely provide the care that I want. They are caring.” A relative told us, “Everything that needs doing is done.” One person told us, “They are kind and respectful.” People have care from the same staff where poss. so that they can build relationships.

All the people we spoke with said their privacy, dignity and independence were respected. Staff spoken with gave good examples of how they supported people’s privacy and dignity. This included, ensuring doors and windows were kept closed and people kept covered up when providing personal care. Staff said they always respected people’s

wishes when supporting them and gave people the time and space to do as much as possible for themselves. One member of staff said, “I only do as much as what the person wants with their personal care.” Another staff member said, “I always ask people how they want me to do things, and never do anything that they don’t want me to do.” Care plans we saw guided staff to respect and promote people’s privacy and dignity.

A relative told us, the staff always sought [named persons] consent and explained what they were doing, before they provided any care and support. Another relative told us, “[Staff name] is lovely, always asks what needs doing, [named person] thinks she is my friend and asks when she is coming so I know that he approves. He has always been independent and staff promote this which I am pleased about”

Is the service responsive?

Our findings

People said they and their relatives were involved in planning and agreeing their care. One person said, "Someone came out to assess and plan what I wanted." A relative said, "They know we need flexibility to support [named person] and this is provided." Another person told us, "They are absolutely wonderful I can't complain."

People spoken with told us they were involved in assessing their care needs with staff and were involved in planning their care, so they decided how they wanted their care and support to be delivered. One person told us, "They did an assessment and we were involved all along." People spoken with said they had regular care workers so the service they received was consistent. People told us their needs were reviewed with their involvement. Care records looked at contained information about people past history and lifestyle.

Staff spoken with told us that they read the care plan and consulted with people about how they wanted their care to

be provided. One staff member told us, "The information is not always in the care plan, some information is personal to the individual and they don't want it written down but we know and they can share this with us if they wish."

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One person told us, "No complaints, if any queries I would phone the office, they are receptive." Another person said, "If I have any issues I just phone them up and they take care of it." No complaints had been recorded at the time of our inspection. The provider had clear procedures in place to respond to complaints. The provider told us that telephone calls were made to people to ensure the service provided met their needs. The provider told us that this ensured that people were able to voice their concerns to prevent issues escalating. People spoken with confirmed that office staff contacted them to make sure that they were happy with the service.

Is the service well-led?

Our findings

People and relatives spoken with were complimentary about the care provided by the staff and felt supported to be able to live in their own homes. People told us that the staff always asked if they were happy with the care they provided and confirmed that they received regular telephone calls to ask if they were happy with the care they received. Relatives told us that there were regular reviews of care and they were able to say if they were happy with the care or not. Staff told us they would have no concerns about raising anything they were worried about with the management.

Staff said they had regular supervision and were able to put ideas forward for improvement in these sessions. All staff said they could speak with senior staff openly about any ideas they had on how the service could, For example, One staff member told us, "They do listen and consider our suggestions to see if they can be done. If they cannot then they tell us why" One staff member told us, "[Senior manager's name] is very helpful and supportive and is at the end of the phone at any time". Another staff member told us, "I would like communication to improve and more spot checks so we know we are doing the right things."

Records confirmed spot checks were completed to assess staffs performance and practices were in line with the organisations aims and objective. Staff spoken with were aware of their roles and responsibilities to ensure that care was provided that met peoples care needs.

The registered manager had recently left the organisation. The interim arrangements were that the director would oversee the running of the service until a new manager was appointed. The provider understands their legal responsibilities to ensure that a registered manager is appointed as part of their registration with us.

The provider had internal quality assurance processes. We saw that some audits had been completed, particularly in seeking feedback from people and relatives. One person told us, "I get a phone call to ask me if I am happy with the service." However, the quality assurance processes and audits in place had not identified the shortfalls we saw through the inspection visit. The provider took immediate action to address the issue we had raised and an action plan was completed as to how these would be managed.

We discussed with the provider the attention to detail regarding care plans. For example care plans were not clear and factual and centred on the individual who considered all aspects of their individual circumstances and their immediate and long term care needs. Risk assessments were not always completed in relation to people's individual risks associated with their care. Recruitment process did not always eliminate risks when employing people with previous police checks that had been completed by previous employers. In some instance there was a significant time gap in the checks that had been completed. Some daily records were not personal and not always clear about the tasks staff undertook when supporting people.