Ben Russell Carers Limited

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Inspection report

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Date of inspection visit:
17 May 2017

Date of publication:
19 July 2017

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

Summary of findings

Overall summary

This inspection was announced and took place 17 May 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection.

The service had reregistered with the Care Quality Commission (CQC) in 2016 because of a change in location. This was the first inspection since the new registration. The last inspection under the previous registration in March 2016 rated the service as 'Good' overall and across all of the domains. Ben Russell Carers Limited provides care and support to one person in their own home. The service was set up specifically to meet this person's needs in a house which had been purpose built to meet their needs.

When we visited there was a registered manager in post who had been working with the person for 17 years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider employed a registered nurse to oversee clinical decisions for the person. Since our last inspection a new registered nurse was working with the person and was the new nominated individual. They had responsibility for the clinical needs of the person and worked a minimum of five hours a week and ensured staff had the skills required to meet the person's health needs.

There were two staff allocated on duty throughout the day and night which was sufficient to meet the person's needs. The registered manager and staff delivered care to the highest standards, often undertaking additional tasks to ensure the person was protected and had a good quality of life.

Staff had a clear knowledge and understanding of the person's needs likes and dislikes. Staff involved the person in all decision making and included them in discussions. They had developed a relationship which was caring and supportive. They offered care that was kind and compassionate; they respected their privacy and dignity. Staff had supported the person to develop friendships with people and members of their families who regularly visited the person and had become good friends.

Staff had been recruited safely and their induction involved both training and shadowing more experienced staff. There was a small staff team, and no new care staff had been employed at the service in the last two years. This meant the person' received consistent care and treatment. Agency staff had needed to be used due to unexpected staff sickness. The registered manager said they worked with an agency and had consistent workers which the person was happy about. The registered manager was very clear staff would only be able to work with the person when they themselves said they were happy for them to work with them. Staff received regular training updates and had a clear knowledge of their responsibilities in respect of safeguarding vulnerable adults. They were confident that the registered manager would take action appropriately. Staff had a good understanding of the Mental Capacity Act (2005) and the impact this could have on the person they supported. Independent health care professionals had been involved when capacity assessments were required.

Staff received regular supervision and competence assessments. The person and their relatives confirmed they had confidence in staff and the management and were involved in developing their care plans and a regular review took place. Staff worked as a team and were positive about the open culture at the service. They said the registered manager and nurse who was also the nominated individual for the service expected high standards and led well. Staff were passionate about delivering a good service for the person.

Care files and medicine records were computerised and personalised to reflect the person's personal preferences. Care plans identified their needs and were very detailed to guide care staff to ensure they received safe care. There were safe procedures and systems in place to ensure medicines were administered safely.

The person received a personalised service which was responsive to their individual needs. Staff supported the person to take part in meaningful social activities of their choosing so they had a fulfilled and meaningful life. They were constantly looking at innovative ways to improve the service by exploring and implementing new ideas to improve the persons experience and wellbeing.

The registered manager had a quality monitoring system at the service. They spoke with the person each day and had formal meetings every three months to ask their views. There was a complaints procedure in place; however no complaints had been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were always sufficient staff to meet the person's individual needs and to keep them safe.

The person receiving the service said they felt safe.

Staff could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

The provider had effective recruitment process in place.

Medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, supervision and appraisals.

Staff received mandatory training program with yearly updates and regular competence assessments.

The person was supported to have their nutritional needs met. Staff liaised with health professionals in relation to this.

Is the service caring?

Good

The service was caring.

The person, their relatives and health and social care professionals gave positive feedback. They said staff were caring and kind and treated the person as an individual and with dignity and respect.

Staff were friendly in their approach and maintained the person's privacy and dignity while undertaking tasks.

The person was involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good

The service was responsive to the needs of the person they were supporting.

The person received a personalised service which met their needs and reflected their preferences

Staff made referrals to health services promptly when they recognised the person's needs had changed.

Staff knew the person they supported very well. They knew their personal histories and daily preferences and cared for them as an individual.

The persons care plans were personalised and provided a detailed account of how staff should support them. Their care needs were regularly reviewed and assessed.

The person and their family knew how to raise a concern or complaint. The registered manager dealt with any minor concerns as they occurred.

Staff supported the person to take part in meaningful social activities of their choosing so they had a fulfilled and meaningful life.

Is the service well-led?

Good

The service was well led.

The provider employed a representative who was a registered nurse to oversee clinical decisions for the person. They worked alongside the registered manager who was in day to day control.

The staff were well supported by the registered manager and the systems in place for staff to discuss their practice and to report concerns.

There were good quality monitoring systems in place. The person and their family along with staff were asked their views and these were taken into account in how the service was run.

There was an effective audit program to monitor the safe running of the service. Records for the safe running of the service were promptly accessible by the registered manager when requested.	

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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 was announced and took place on 17 May 2017. The registered manager was given 48 'hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. The inspection team consisted of one adult social care inspector.

The service had been registered in 2011 but had moved its office location in March 2015 and had a comprehensive inspection in March 2016. The provider had not reregistered for the new location with the Care Quality Commission (CQC) and submitted an application immediately after the inspection. They were reregistered in July 2016 and this was the first inspection since they reregistered. At the last inspection the service was rated as 'Good' overall and across all of the domains.

Before the inspection, we reviewed information we held on our systems. This included whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

Ben Russell Carers Limited provides care and support to one person in their own home. The service was set up specifically to meet this person's needs. We visited the person at their home and were able to ask them questions about the support they received. This was with the help of a care worker who was able to use an alphabet board the preferred communication method used by the person. We also spoke with two close relatives to discuss the support the person received from the service.

We spoke with four staff, including the registered manager and nominated person who was a nurse

employed by the provider to make clinical decisions.

We sought feedback from three health and social care professionals of the service and received a response from one of them.

We looked at care and medicine administration records on the computerised care system which related to the person's individual care. We looked at one staff recruitment record as there had only been one new staff member recruited in the last two years. We reviewed records which related to the running of the service, including staff schedules, supervision and training, records and quality monitoring audits.

Good

Our findings

The person and their relatives said they felt safe with the care provided by the service. They said they were happy with everything about the service and felt the person was well looked after.

Risks were assessed and managed so the person was protected. The computerised care records contained risk assessments which identified measures taken to reduce risks as much as possible. Risk management looked at all aspects of risks in relation to the persons care. This included, risks in relation to oxygen use, travelling with staff in the person's own vehicle, hydrotherapy pool, skin integrity, nutrition and manual handling. Staff were proactive in reducing risks by anticipating the person's needs and intervening when they saw any potential risks

The management team had undertaken an environmental risk assessment which considered the environmental risks. For example the assessment included slips and trips risks, identified hot surfaces and equipment which might cause a hazard. There were also procedures in place to guide staff about what to do in the event of electricity failures causing equipment requiring power to fail. The registered manager had also ensured the person's safety by having back up ventilators and suction machines in the event one should go wrong.

Staff were able to tell us about what they would do in an emergency. They showed us the backup equipment they took with them at all times when they left the house with the person. They were clear about what actions they would take and the backup they could call upon if needed. They also confirmed in the event of a significant event they would have no hesitation in calling for an ambulance.

The medicines at the service were well managed. Staff had all received training in medicines management and had their competencies assessed annually which included a written and practical test. The registered manager said they had built up a good working relationship with the pharmacy that supplied medicines to the person. Staff had received specialist training in order to administer their medicines safely. Where medicines were required to be crushed for administration staff gained agreement from the pharmacist that this would not compromise the medicines integrity. Medicine administration records (MAR) were recorded on the services personalised computer system. Staff had a unique access code and could record on the system when they administered medicines. The registered manager and nurse were able to monitor that staff were administering the person's medicines safely. The medicine policy required two staff to be present for all medicines administered, which was followed.

Staff had received training in safeguarding adults and had annual updates. They had a clear understanding of what might constitute abuse and knew how to report any concerns they might have. They had access to the organisation's policies on safeguarding people and whistle blowing. Staff said they were confident any concerns they raised would be investigated and actions taken to keep the person safe.

There were systems in place to keep the person's money for day to day activities safe. Money was counted daily and checked against the log by two staff to ensure it tallied. Any money used had to be signed out by two staff and receipts kept. The management team undertook a check of the money to ensure there were no discrepancies.

The person required two staff to support them through the day and night to meet their needs and this never varied. Where there were gaps in the rota staff would step in to cover. The registered manager said they had a full staff team and had a couple of staff on the bank who they could call upon to undertake duties. Due to recent staff sickness the registered manager had been working with a local care agency to use consistent agency care staff. The registered manager gave us many examples of when staff had changed their plans on their days off to undertake shifts because of the passion they felt for the person. The registered manager said how staff were there for the person and recognised the importance of them having consistent care. We were assured agency staff would always work alongside experienced staff and only if the person was happy to have the agency worker. The registered manager also made us aware that staff would not finish their shift until there were two staff to take over from them.

Recruitment and selection processes were in place to protect the person from unsuitable staff. There had been no new staff employed in the last two years. Records demonstrated that appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures.

Good

Our findings

The person's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of the person. The person and their relatives confirmed they felt the staff had the skills and were knowledgeable about their needs.

There had been no new care staff employed by the service in the last two years. Records demonstrated that staff had completed an induction when they started work at the service, which included training. The induction required new staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. The registered manager said that nobody would complete their induction if the person did not feel they wanted them to work with them. They said new staff would work supernumerary working alongside an experienced member of staff for a minimum of two weeks. The registered manager was aware of the new national Skills for Care Certificate, which is a detailed training programme and qualification for newly recruited staff. However they had not needed to implement the training as no new staff had started at the service.

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed and undertook annual updates of the provider's mandatory training which included, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and health and safety. As well as the provider's mandatory training, staff had received other specialist training to help them support the person and perform their roles. This included specialist feeding support, teeth cleaning, use of a specialist tilt table and nebuliser and oxygen administration. Owing to the person's medical needs the provider was required to employ a registered nurse (nominated individual) to oversee their care, so they could stay at home. The nominated individual supported staff with updating skills through in house training and working alongside them. They also completed competence assessments to ensure staff remained competent using the skills they had been taught. All staff had undertaken specialist training at the local acute hospital to ensure they had a comprehensive knowledge of how to manage a complex need the person had. The registered manager said they had a resuscitation mannequin at the person's house for staff to have training and be able to practice to increase their skills as they felt necessary. Staff said they found the training provided beneficial and interesting and that it helped them perform their role and were positive about the training they had received.

Staff received supervision every three months with the registered manager and an annual appraisal. Staff confirmed they felt supported by the registered manager and nominated individual.

Staff worked with health professionals to support complex physiological needs associated with food and drink. For example, staff had been trained to ensure the person's nutritional needs were met. They regularly monitored the person's weight and kept the dietician and nutrition team informed of the person's weight so they could monitor the amount of specialist food required. They supported the person to see appropriate health and social care professionals in order to meet their healthcare needs. Staff also supported the person to attend regular appointments with healthcare professionals.

A health professional said that the person was well cared for. Their comments included, "I have no concerns over the support provided to (person) by (their) carers … carers always provide me with an update prior to (persons treatment). We discuss (persons) care and they are very receptive to persons) needs…they are very well-informed, aware of and anticipate (person's) needs. (Person) always attends appropriately dressed and immaculate."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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. We checked whether the service was working within the principles of the MCA and found they were meeting these requirements. The registered manager had a clear understanding about the principles of the MCA. They would challenge health professionals to ensure the person's rights were upheld. They had used the service of independent health professionals to assess the person's capacity to make specific decisions. The health professionals had advised staff how to inform the person and then to check if they had retained the information to make an informed decision. This enabled staff to be aware of the person's understanding regarding the decisions they were making.

Staff had received training on the MCA and they demonstrated an understanding the person's right to make their own decisions. Before they delivered any care and treatment they asked the person for their consent and staff acted in accordance with their wishes.

Good

Our findings

The person was able to confirm that they were happy with the care they were receiving and were included in all decisions relating to their care and day to day living. A relative said, "Everything is working really well, I am happy and satisfied with everything."

Staff were patient, caring and kind whilst offering choices and involving the person. Throughout our visit staff involved the person in conversations we were having. The person confirmed their opinion was sought about how they wanted to be supported and felt listened to. They also confirmed staff cared for them in a way that respected their privacy. When we contacted the registered manager to make arrangements to visit the service, which has its office in the person's home, it was clear this could only be arranged with the person's agreement. They went straight away and asked if they were happy for us to visit. When we arrived we were taken straight to the person to make them aware we had arrived and they were happy that we were in their home. A health professional also confirmed that staff involved the person in decision making. Their comments included, "They communicate with (person) and pass on (person's) wishes."

The person was supported with their communication needs. To assist the person who was unable to verbally communicate staff used an alphabet system. They identified different sections of the alphabet to the person. The person would indicate which one and then the staff member said each letter in turn until there was recognition and words were formed. We discussed with the registered manager if more modern forms of communication support systems had been considered. They confirmed they had but this was the method the person preferred.

Relatives and friends were able to visit without being unnecessarily restricted. Staff made sure visitors coming to the person's home should not be shown in without first checking the person wished to receive visitors.

Staff spoke about the person as though they were a family member with compassion and respect and in a very caring way. They were very passionate about supporting the person in everything they chose to do. They treated the person as a friend and as an equal and saw past their disability. This was demonstrated by the way staff would accompany the person to the local pub quiz and cinema in their own time, as they saw the person as a friend and someone they were happy to spend time with. Staff took pride in their role and demonstrated empathy in their discussions with us about the person.

Good

Our findings

The person received personalised care and support specific to their needs and preferences. Staff knew the person very well and most had supported them for some time.

The provider had a computer data system developed to meet the person's specific requirements. All staff had a unique code to access the system. Care plans on the computer system reflected the person's health and social care needs and demonstrated that other health and social care professionals were involved. There were detailed care plans for each element of their needs. For example, staff had step by step guidance how to undertake clinical procedures specific to the person. Care plans were up to date and gave care staff information about the care required. There were care plans regarding nutrition, continence, emotional, skin care, hygiene and health needs.

Care staff had an excellent understanding of the person's personal needs. When asked the person indicated that they were involved with the support they received and were involved throughout with developing their care plans. A health professional told us, "(Person) is always beautifully cared for and appears happy and relaxed with (their) carers who genuinely appear to care for (person). It is always a pleasure to see (person) and their carers. It would be lovely if all patients had the same high level of care which (person) receives. They (staff) are all interested in (persons) care and put (person's) needs first. (Staff) are very well-informed, aware of and anticipate (person's) needs.

Care plans were fully reviewed annually with on-going changes made by the registered manager and nurse as needed. Staff had a daily task list populated which they were required to record once they had completed the task. We were made aware that most of these were not time specific as it was dependent on the person's wishes although the person recognised they needed to be undertaken each day for their complex needs.

On the system there was clear information about the person's life history, care needs and wishes. They had also recorded the relevant people involved in the persons care, such as their GP, dietician and head and neck specialist nurse. Relevant assessments were completed and up to date and were reviewed if changes occurred. The person and their relatives were given the opportunity to be involved in reviewing their care plans and could look at them whenever they chose.

Staff were required to record care provided on each shift on the computer records. This included what the person had been doing, their medicines and what clinical support they had required. The computer systems would add this information to the daily session report where staff could also record any changes which had

occurred.

There were regular opportunities for the person and people that matter to them to raise issues, concerns and compliments. The person saw the registered manager every day they were at the service and were happy they could raise concerns with them. Relative said they were happy they knew how to raise a concern and were confident it would be dealt with. The registered manager was in day to day control at the service and any issues were dealt with immediately before there had become a concern.

There was an extensive and varied range of activities that met the person's individual needs. The person was supported to engage in activities to stimulate and promote their overall wellbeing. The registered manger and staff were exceptional in enabling the person to achieve an active fulfilling life and to achieve things they wanted to do.

Some staff were able to drive the person's personal vehicle and took them out on outings of their choosing. They attended the Calvert Trust where they could undertake outdoor leisure pursuits. This included sailing, canoeing, rock-climbing and horse riding. They also supported the person to enjoy family time, watching football and films, playing on the play station, going for walks and riding on a specially adapted pushbike.

The staff enabled the person to attend the local pub quiz each week and visit the cinema whenever there was a film of interest to them. The registered manager said the person usually went on six holidays a year where staff were present to support their care needs.

The person had a love of cooking and loved watching cooking shows on the television. Staff had supported the person to attend cookery classes. Many of the staffs' families were welcomed into their home by the person and were regular visitors. On the day of our visit two children were due to arrive with plans for them to play on the games machine with the person. The person had a love of dogs, so staff would bring their dogs in and take them for a walk with the person. The registered manager had recently had an injury which had meant they needed to use a mobility scooter. They told us about having races down on the seafront with the person which they had all really enjoyed.

It was evident the person was able to make decisions about all aspects of their life. When speaking to a relative they gave an example that the person had just put a post on a social media site of themselves enjoying an outing with two staff, which they were thrilled about.

Staff involved the person in decision about the decoration in their purpose built home. The registered manager said they had involved the person throughout the building of the house and with ongoing refurbishment. One staff member explained the person had recently made changes to the lounge and wanted to redecorate the kitchen. Staff had supported them to visit local stores to look at paints and furniture. The registered manager said the person had a good eye and knew what they liked.

Staff had been asked to bring in ideas which might be of interest to the person. The person was a very keen football fan which the staff enabled them to enjoy. Throughout the person's home staff had supported the person to access memorabilia of their favourite team and they had also met some key personalities.

The registered manager could oversee and monitor the activities undertaken, the frequency and location. This was because all activities were recorded on activity care plans with details about whether the activities were initiated by the person or staff and whether the activity was inside or outside of the persons home or in the community.

Good

Our findings

The person was supported by a team that was well-led. The provider employed a registered nurse to oversee clinical decision for the person. Since our last inspection a new registered nurse was working with the person and was the new nominated individual. They had responsibility for the clinical needs of the person and worked a minimum of five hours a week and ensured staff had the skills required to meet the health person's needs.

There were a small consistent team of staff who all had clear lines of responsibility. Staff completed all tasks within the person's home which included their personal care and laundry and housekeeping. Relatives said they had no concerns about the management team and confirmed as they had at the previous inspection that they were kept informed.

Staff were positive about the management team and their leadership style. They felt supported and valued and that there was good team working and an open culture at the service. Comments included, "We are just like one big family here."

The person, their relatives and care staff were actively involved in developing the service. The person had a formal review with one of the management team every three months. They were asked their views on the service and the care they had received. There were also meetings with relatives which the person could also attend to review the service and discuss any concerns and ideas.

Care staff attended regular staff meetings, which were held in two parts so all staff could attend. Meeting were an opportunity for staff to air any concerns, as well as keep up to date with working practices and issues affecting the service.

Care staff had a handover meeting at the changeover of each shift where key information about each person's care was shared. There was a thirty minute overlap between shifts for staff to discuss any concerns or suggestions. Staff could also leave messages to each other on the computer system. The computer system could send alerts to staff so they were informed of changes. The management team could monitor if staff had read the alerts. This meant care staff were kept up to date about changing needs and risks.

Quality assurance checks were completed on a regular basis. The management team undertook weekly checks of care plans and daily records. They also pulled off reports from the computer data base to assess care delivered. This helped them identify where improvements needed to be made.

All accidents and incidents which occurred were recorded and analysed. The registered manager completed a report every three months about accidents and incidents. Primarily these relate to staff incidents. They looked at the time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. The registered manager was in regular contact with their Care Quality Commission (CQC) inspector. They were aware of the significant events which they had legal responsibilities to notify CQC of. Although the registered manager had not needed to notify CQC of any significant events which had occurred.