

# Elaine Frances Sadler

## Care Services

### Inspection report

15 Ravenscroft Road  
Olton  
Solihull  
B92 8AH  
Tel: 0121 706 9444

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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 took place on 9 March 2015. The inspection was announced. The provider was given four days' notice of our inspection. This was to ensure the registered manager was available when we visited the agency's office, and staff were available to talk with us about the service. At the last inspection on 9 January 2014 we found there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

Care Services is a small domiciliary care agency which provides care for people in their own homes. Some

people received support through several visits per day, for a few hours per week, and some people were receiving support 24 hours a day. On the day of our inspection the agency was providing support to 13 people.

A requirement of the provider's registration is that they have 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

# Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service.

People and their relatives told us they felt safe using the service and staff treated them well. Staff understood how to protect people they supported from abuse. People and their relatives thought staff were kind and responsive to people's needs.

Management carried out regular checks on care staff to observe their working practices and to ensure records were completed accurately. There was an out of hours on call system in operation, this ensured management support and advice was always available for staff.

Staff were well trained and could meet the complex needs of people they cared for.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. Where people had been assessed as not having capacity, best interest decisions had been taken on their behalf.

People told us they knew how to make a complaint if they needed to. They were confident that the service would listen to them and they were sure that their complaint would be fully investigated and action taken if necessary.

Staff, people and their relatives felt the management of the service was open and transparent. Positive communication was encouraged and identified concerns were acted on quickly.

The vision and values of the service was to encourage independence, respect and dignity.

There were procedures in place to check the quality of care people received, and where systems required change the provider acted to make improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe. People received support from a consistent team of care workers, who understood the risks relating to people's care and supported people safely. Medicines were managed safely and people received their prescribed medicines.

Good



### Is the service effective?

The service was effective.

People were supported by a team of care workers who had received training and good management support to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected. People were supported to access healthcare services to maintain their health and wellbeing.

Good



### Is the service caring?

The service was caring.

People felt very well supported by staff who they considered kind, caring and professional. Staff ensured people were treated with respect and maintained their dignity at all times.

Good



### Is the service responsive?

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to access interests and hobbies that met their preference, and to maintain links with their local community. The Management dealt with any concerns raised immediately.

Good



### Is the service well-led?

The service was well-led.

Management supported staff to provide a high level of care which focused on the needs of the individual. The vision and values of the service was to encourage independence, respect and dignity. Staff felt fully supported to do their work, and people who used the service felt able to contact the organisation and speak to management at any time. There were good systems to ensure people received quality care.

Good



# Care Services

## 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 took place on 9 March 2015 and was announced. The provider was given four days' notice because the agency provides care to people in their own homes. The notice period gave the manager time to arrange for us to speak with people who used the service and staff who worked for the agency.

We visited the agency's office and looked at the records of four people who used the service and looked at a sample of three staff records. We also reviewed records which demonstrated the provider monitored the quality of service.

We spoke with the registered manager and five members of staff. We spoke with one person who used the service, the relatives of five people and a lay advocate for one person. A lay advocate is a designated person who works as an independent advisor in another's best interest.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from staff they knew well and trusted. One relative told us, “We have a regular group of support workers, I feel my relative is very safe with staff.” Another relative said, “I never have any concerns; I know [Name] is safe and well cared for.”

We found the provider protected people against the risk of abuse and safeguarded people from harm. One relative told us, “We’ve had no safeguarding concerns with this service.” We saw any concerns about abuse were appropriately reported, and actions were taken by the manager to protect people from the risk of abuse. Staff attended regular safeguarding training. Staff told us the training assisted them in identifying different types of abuse, and they would have no concerns about raising issues with the manager, if they were concerned about anyone. Staff we spoke with had a good understanding of the different types of abuse. They were confident the manager would act appropriately to protect people from harm, and protect staff members if they raised any concerns. All the staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm.

Staff told us and records confirmed suitable recruitment practices were followed. Before staff started work, checks were made to make sure they were of a suitable character to work with people in their own homes.

The manager had identified potential risks relating to each person who used the service, and plans had been devised to protect people from harm. For example, one person needed support with moving. Risk assessments detailed how the person should be moved, and that two members of staff were needed to help support the person safely. We saw staffing was arranged so two members of staff were available to assist moving the person. This minimised the risk of harm.

The manager was a member of The Royal Society for the Prevention of Accidents (RoSPA), and an accredited trainer in safer people handling and risk assessment. RoSPA is a charitable organisation which aims to prevent accidents occurring. They promote safety and the prevention of

accidents at work, at leisure, on the road, in the home and through safety education. We saw the manager used the information they received from RoSPA to manage risks and train staff effectively in identifying and managing risks.

The provider had contingency plans in place for managing risks to the service which minimised the risk to people’s support being delivered consistently. Emergencies such as fire or staff absences were planned for. For example, there was a daily procedure to backup records and files, so that any disruption to people’s care and support was minimised in the event of a fire.

We found there were enough staff to care for people safely. People told us there were enough staff available to meet their needs. People and records confirmed staff visited people at the right times, and for the correct period of time, according to their care plans. People received care from staff they knew well and trusted. People told us the same staff visited them regularly. One relative told us, “It’s always regular staff. If anyone new starts, they come with staff we know first.”

Staff administered medicines to people safely. Staff had received training to support them in administering medicines including checks on their competency. The care records gave staff information about what medicines people were taking, why they were needed and any side effects. The manager told us they or senior staff undertook regular checks to ensure medicines were managed safely. This was confirmed by staff, one of whom said, “They do visit and check the medication.” Staff knew to contact the manager if they had made a mistake with medicines, and told us they would feel supported to do so. One relative told us, “Medicines are always given professionally.” Another relative told us, “Medicines are managed safely. They give [Name] pain medicine, but this is only when it’s needed. They always record things properly.”

Accidents and incidents were reported to the manager when they occurred, which included any immediate actions taken. Where required staff contacted senior staff immediately for advice and support, including out of office hours. Accidents and incidents were reviewed by the manager, who took any further actions needed to reduce risks. Staff confirmed incidents were discussed at meetings, to identify how staff could enable people to reduce the recurrence of incidents.

# Is the service effective?

## Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One relative told us about how staff used their moving and handling skills. They said, “Staff use a slide sheet and a rolling technique, they’ve also used specialist hoist equipment in the past. Everything is done correctly.” Another relative said, “They are very professional.” A person who used the service told us, “The service is really keen on training their staff.” Another person said, “I checked their staff training before I used the service, and I’m confident they have the skills they need to support people.” An advocate told us, “The service has helped [Name] to improve their quality of life, in my opinion it’s excellent.”

The staff told us they received an induction into the service that met people’s needs when they started work. The manager explained the service used a recognised induction programme designed by Skills for Care, which is an organisation that provides information to employers, and sets standards for people working in adult social care. The induction standards used were based on a 12 week programme to ensure staff had the skills they needed before they could safely work unsupervised. Staff told us in addition to completing the induction programme; they had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes for the people they supported. One staff member told us, “We receive at least two weeks of shadowing with an experienced member of staff during induction. We’re trained in the skills we need, and training is then always kept up to date.”

The manager was a member of the British Association of Social Workers (BASW). They had experience in working as social workers, and brought their knowledge and skills with them to support people. The manager told us, “As a social work orientated organisation we adhere to BASW’s Code of Ethics.” The code explains how registered professionals are expected to maintain integrity and have respect for human rights, social justice, and respect for the equality, worth, and dignity of all people. The manager explained that care delivery was tailored around these principles.

We saw the manager maintained their professional registration with the Health and Care Professions Council (HCPC) as a registered social worker. This meant they kept their skills up to date and continued to develop their

knowledge. The manager told us maintaining their professional qualifications, and keeping up to date with working practices meant they could share their knowledge with staff at the service and promote high quality care.

The service had a comprehensive programme of staff training to ensure staff kept their skills up to date. The service was a member of a local authority workforce development programme. The programme was designed to ensure business sustainability by investing in staff training and development. Senior managers were qualified trainers, and trained staff themselves in how care should be delivered. The manager also used local authority training courses to access training that was recognised by the local authority as being of a high calibre, for example, training in safeguarding.

Staff said the manager encouraged them to attend regular training sessions. We saw the manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, “Training is regularly organised through qualified trainers.” They added, “They also support me to take nationally recognised qualifications.” Staff told us the manager observed their practice following training to ensure they used their knowledge effectively.

We found staff were supported using a system of supervision meetings, and yearly appraisals. Staff told us regular supervision meetings provided an opportunity for them to discuss personal development and training requirements. Regular supervision meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. We also found management undertook regular observations on staff performance to ensure high standards of care were being met. The manager told us they regularly went to people’s houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by the relatives and staff we spoke with.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. We found staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Staff demonstrated they understood the principles of the MCA and DoLS. For

## Is the service effective?

example, staff understood people were assumed to have capacity to make decisions unless it was established they did not have capacity. They gave examples of when they had applied these principles to protect people's rights, for instance, asking people for their consent and respecting people's decisions to refuse care where they had capacity to do so.

Where people had been assessed as not having capacity to make decisions, the manager had worked with relatives and health care professionals to ensure decisions were taken in the best interest of the person. For example, the manager told us about how they were involved in supporting a person to make an informed choice about personal relationships. They told us how they had spoken with other health and social care professionals and researched all the relevant legislation in relation to this. This resulted in involving the person and other professionals in a 'best interest' decision. One relative who was involved in decisions about their relative's care told us, "They are really good at keeping me up to date with any changes, I'm involved in all decisions."

Staff we spoke with told us they had had an opportunity to read care records at the start of each visit. These care records included information from the previous member of staff as a 'handover' which updated them with any changes since they were last in the person's home. Staff explained this supported them to provide effective care for people because the information kept them up to date with any changes to people's health. One relative we spoke with confirmed staff always checked the records before they began work. They said, "Staff always fill in the records before they leave, to keep them up to date. Sometimes [Name] refuses personal care, and they write this down. Then the next person comes in knows to encourage [Name] again."

Staff and people told us the service worked well with other health and social care professionals to support people. An advocate for one person told us, "The service helps people access other health care professionals. They added, staff are so tuned in to [Name]'s needs they often anticipate problems before they become an issue." One relative told us "Staff work with the district nurses well, they share information, and they update each other. The information is always there for me to review if I need to check anything." We found the service also supported people to see other health care professionals such as the GP, dentist, and nutritional specialists. One relative told us, "Staff will support [Name] with hospital visits if we want them to." Another relative said, "We work in partnership together. I feel we work as a team to support [Name]." This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

The service supported people with specialist dietary needs. For example, one person needed to have food and drink given to them through a specialist device called a PEG. Staff had received specialist training in how to use the equipment, and the service had worked with the Speech and Language Team (SALT) to support the person with their needs.

People told us staff supported them by preparing meals, so that people had access to nutrition that met their health needs. Staff explained how they encouraged people to make healthy choices and to vary their diet by supporting them to prepare a range of foods, for example, foods with low sugar content for people who had diabetes to help maintain a healthy diet.



# Is the service caring?

## Our findings

People and their relatives told us staff treated them with kindness and compassion. The relative of one person told us, "I'm very pleased with them." Another relative told us, "They are very good with [Name], staff are really caring."

Everyone we spoke with told us they were always introduced to staff before they provided support to them, and they were happy with the care they received. Staff were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One relative told us, "They sit and chat with [Name] and keep her company, and offer her social contact." One member of staff told us, "Because you have regular clients you build up relationships with them." Another staff member said, "I really like it [the job], and the clients are really great to work with."

People told us staff listened to them, and supported people to maintain their independence. One member of staff explained how they supported one person. They told us they made sure the person was encouraged to do what they could do themselves, and the staff member supported them only with tasks they could not manage. One relative told us, "They try to help [Name] keep their independence by encouraging them to do as much as they can, and they assist when necessary."

People expressed their views and were actively involved in making decisions about their lives. For example, one

person told us they were able to decide which members of staff gave them the support they needed. Another person told us, "My relative was able to choose staff of one gender to support them." Staff explained how they supported people in respectful, positive ways using their preferred name and asking people's opinion and preference before supporting them with tasks.

People and their relatives were involved in planning and agreeing their support. We saw that most people had a relative involved in care review meetings. For people who did not have relative involvement, we saw some people had an advocate. An advocate told us how the service involved them in supporting people to express their views when decisions were being made about their future. For example, they were involved in regular review meetings with the person they supported to help plan support that met the person's individual needs. An advocate is a designated person who works as an independent advisor in another person's best interest.

People told us their dignity and privacy was respected by staff. Staff understood how to provide care to people whilst retaining dignity and privacy. People said staff always explained what they were doing. People told us staff ensured doors were shut for privacy. People told us staff offered them support discretely when they needed support with their personal care. One relative told us, "I was never there when they gave [Name] personal care, they would always do this discretely to respect their privacy."



# Is the service responsive?

## Our findings

People who used the service and their relatives told us they knew how to make a complaint if they needed to. The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. People told us they felt confident about raising any concerns they had with the manager. One advocate told us, "Care Services always respond in a transparent and timely manner." One relative told us, "The manager is very approachable and I can raise concerns with her when I need to." We saw one relative had raised a concern, which was investigated and responded to in a timely way. The manager had apologised and made a plan to prevent the issue happening again. The relative told us, "I raised a concern about a staff member who came once at the wrong time, this was sorted out straight away."

We found people who used the service and their relatives were involved in planning and agreeing their own care. Care plans were comprehensive and had been written in partnership with people and their relatives. Records detailed people's likes and dislikes, their needs, preferences and choices. People told us all their likes and dislikes were discussed so that their plan of care reflected what they wanted. We saw these differed from person to person meaning people's individual needs were listened to and supported. For example, one person did not like smoking. We saw a plan was in place to minimise the person's exposure to the smell of smoking by ensuring staff did not smell of smoke. In another care plan we saw one person was visually impaired, we saw there was a detailed plan in place to instruct staff on the best ways to support and interact with the person.

We saw the service responded to people's specific needs, by maintaining links with groups in the local community which could increase people's access to local services. For example, one person had obtained assistance from a local church group to improve the maintenance of their home. Another person accessed information from their local fire brigade to assist them with enhanced access to the home, with the use of a safety report.

People's preferences were being met by staff. Staff we spoke with had a good understanding of people's needs

and choices. Staff knew all about each person, their likes and dislikes, interests and hobbies, what each person could do independently and when they needed staff support. One staff member told us, "One person likes support to look after their pets." They added, "Our job is all about what's important to the person." Another staff member told us, "We try to meet people's needs whatever they are, I feel we go the extra mile." We saw that the information staff told us matched the information in people's care records. For example, one person had been asked whether they preferred male or female care staff, their decision was respected. Staff knew the person's preference and calls were organised accordingly.

We saw care plans were up to date and reviewed regularly. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and was changed if required. We saw formal reviews had taken place for each person.

Staff encouraged and supported people to follow their interests and take part in social activities. Staff knew people well, and could describe the different activities people enjoyed. One staff member told us, "We can change our contracted support times to suit people, depending on their wishes, and the seasons. Some people are supported to go on holidays with 24 hour support." Relatives told us they were pleased their relatives had active social lives. Social activities included going on walks, the cinema, shopping, and taking part in sports such as archery. One relative told us, "They take [Name] shopping every week, this gets them out and about in the community."

The manager told us the service maintained links with other organisation's in their local community to enhance the support people received to take part in interests and hobbies. For example, the service maintained links with several charities which gave people access to religious groups, specialist religious holidays, and access to transportation to take part in interests outside their home. Links with other organisation's also included a specialist holiday company that provided adaptive holiday homes for people, so that they could take a holiday in a home designed to accommodate their specific needs. We saw people used this service to take regular holidays.

# Is the service well-led?

## Our findings

People who used the service, relatives and staff told us they could speak with the manager when they needed. People described the manager as being open and honest. One relative told us, “The service is well run.” One advocate told us, “Care Services offer an exceptional standard of service. We work with several people whose care package is provided by them. This standard of care and commitment runs right through the company and is reflected in the service provided to all of the people they support.”

The service had identified its aims and values and communicated them to people who used the service. We saw the aim of the organisation was clearly stated in the service user guide, that each person received when they began using the service. The aim of the organisation was to provide a reliable, supportive service to meet the needs of people and to enable them to reach an attainable degree of independence. The service aimed to provide person centred care, putting the person at the heart of what they did. Staff told us the values of the service were communicated to them through training and the staff handbook. The manager told us, the service’s work was based around the recognition of the value and dignity of every human-being, irrespective of origin, race, status, sex, sexual orientation, age, disability, belief or contribution to society. For example, the manager used a disabilities employment service to gain advice and support for issues with disabilities, and for advice about employing staff with disabilities to ensure people were not discriminated against.

The manager explained the service also used a recognised code of conduct for staff to follow when they provided care to people. Information about the code of conduct was on display in the office where staff had access to the information. Staff told us the values and aim of the organisation and the code of conduct gave staff a clear guide about how care should be delivered to people consistently.

The manager was in day to day charge of the service. Other managers were also available for staff to speak with if they needed to. The service was owned by the manager, however, an additional operations manager and senior manager worked alongside them. Staff told us they worked

together as a team to support each other. This meant staff were able to access support and information from managers at all times, which supported them in delivering consistent care to people at the service.

Staff told us the manager had high standards for staff and the quality of care provision. There was a clear management structure in place to support them, and staff said the manager was always approachable and led by example. One staff member told us, “The manager is very approachable, I can ask anything.” Staff told us they received regular support and advice from managers via phone calls and face to face meetings. Staff felt managers were available if they had any concerns.

We saw that out of office hours’ staff had access to advice and support from senior staff at all times via a telephone on call arrangement. On call staff could access each person’s care records so they had up to date information and could document advice given, and any changes to care and support arrangements. One staff member said, “Management are so good, they really help you.”

Staff were encouraged to challenge and question practice and were supported to change things that weren’t working well and try new approaches with people. We saw staff had regular meetings with the manager and other senior team members, to discuss how things could be improved. For example, a recent meeting showed staff had discussed the needs of people in their care, and how to improve one person’s access to social activities. Minutes of senior management team meetings showed feedback from staff was discussed and that ideas and suggestions influenced changes and improvements.

Recruitment of staff was designed to ensure people were cared for by staff who were of a high calibre. Recruitment tested staff competencies, but also their values, and whether potential staff had a caring attitude. The manager explained no external agency staff were used at the service, which meant people were provided with support by trained and competent staff who knew people well. There were good systems in place to cover staff when they were sick or on annual leave to ensure continuity of care, as managers and senior staff were available to cover staff absences. There was a policy that no new people were taken on by the service, unless suitably qualified and skilled staff were available.

## Is the service well-led?

The manager kept their professional skills up to date by maintaining their registration as a social worker. This involved being registered on a professional register, and taking part in continuous professional development to keep their skills up to date. The manager explained this assisted them to transfer skills and knowledge to the staff at the service, and to keep up to date with the latest guidance and information to provide support to staff.

Staff told us the manager supported them by giving them the time they needed to complete their work. We saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. This ensured staff had the time they needed to support people.

The manager had an improvement system in place to ensure that no calls to people were either late or missed. This was being introduced following a missed call to one person. The service used a paper based system to allocate staff to calls. However, the manager had a plan in place to use an electronic system which would monitor the arrival of staff at people's home.

We saw people were asked to give feedback. One person told us, "We're asked to regularly feedback, and complete feedback questionnaires." 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 explained any feedback received was acted upon. We spoke to one relative who said, "The manager comes out every week and sees how things are going, if we have any concerns we can raise them directly with her."

The provider used a range of systems to monitor the quality of the service provided to people. Locally, staff undertook a

range of daily and weekly checks which included medicines and care records checks. All checks were documented and showed corrective actions were taken such as following up on any missing information in records. Senior staff members and the manager also undertook regular 'spot checks' on the performance of staff to ensure people received good quality care. The spot checks included reviewing the care and medication records kept at the person's home to ensure they were accurately completed.

Quality assurance audits were performed by the provider to make sure procedures were followed, and care was delivered consistently. For example, the manager completed audits in medicines management, care records, and timekeeping. Where issues had been identified action plans were put in place to make improvements. For example, we saw timekeeping queries were checked with staff to ensure staff arrived on time and people received care in accordance with their agreed contract. Staff were given training in the use of codes on medicine administration records, where incorrect codes had been used. Action plans were monitored to ensure actions had been completed. This ensured that the service continuously improved.

The manager had sent notifications to us about important events and incidents that occurred. The manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. These investigations showed the manager made improvements, to minimise the chance of them happening again.