

Casbrook Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Casbrook Home Care is a domiciliary care service providing care and support to people living in their own homes. The office is located in Romsey, Hampshire and the service currently provides care and support to people living in the surrounding area. At the time of our inspection Casbrook Home Care provided 677 hours of care to 80 people living in the community.

The inspection took place on the 27, 28 and 29 September 2016 and was announced.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were confident in the staff that provided their care and supported them.

People were safe because staff understood their role and responsibilities to keep them safe from harm.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

People were supported by staff who received regular training, support and supervision to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People had good relationships with the staff and were treated with dignity and respect.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly.

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 systems in place to ensure the safety of people. Staff were aware of their responsibilities should they suspect abuse was taking place.

The provider had a system of checks to recruit only safe and suitable staff.

Risk assessments had been carried to minimise the risk to people receiving care and the staff supporting them.

Is the service effective?

Good ●

The service was Effective. People were supported by competent staff who understood their needs.

Staff had access to the training and support they needed.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Good ●

The service was Responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process

and timescales for dealing with complaints.

Is the service well-led?

The service was Well Led. The provider sought people's views about their care and support and responded to their feedback.

Staff felt supported by the registered manager and deputy manager.

Records relating to people's care were accurate, up to date and stored appropriately.

Good ●

Casbrook Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27, 28 and 29 September 2016 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 the people we needed to talk to were available.

The inspection was carried out by one adult social care inspector.

Before our inspection we contacted one health and social care professional in relation to the care provided by Casbrook Home Care Limited. During our inspection we spoke with six staff including the registered manager. We also visited and spoke with five people including two relatives in their own homes. Following our inspection we spoke with four people and one relative by telephone.

We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This 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 last inspected this service in November 2015 when we identified two breaches in relation to Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities).

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. One person told us, "They know how to care for me and I feel quite safe". Another person said, "I feel very safe. I look forward to them coming". A third person commented, "I feel very safe with them (carers). On the whole they are very gentle and caring". Relatives were confident their family members were safe when receiving care. One relative told us, "I've never had any concerns about safety. They look after him very well. They did risk assessments before they started providing the care to make sure everything was done safely".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. For example, one person's care plan and visit notes indicated they were refusing part of their care and they had therefore put themselves at risk of self neglect. We saw evidence that the provider had contacted the local authority to seek their in-put, guidance and support in ensuring the person remained safe.

We reviewed the staff rota for the previous two weeks. There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel easily to the next person's home. A health and social care professional told us, "I've never become aware of anyone not having care because the carer didn't turn up. They seem to have enough staff to cover the work they do". The registered manager told us, "We are constantly advertising for staff like most providers in this sector. We have on some occasions had to speak with the local authority and return care packages simply because we cannot meet people's needs. It isn't ideal but we really don't want to say we can do something when we can't".

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

Some people's care involved support with medicines. People who received this support told us that staff helped them to take their medicines safely. All staff responsible for administering medicines had been

trained and their competency had been assessed by the registered manager or deputy manager. Each person whose care involved the administration of medicines had a medicines administration record and the registered manager or deputy manager carried out regular audits to ensure that people were receiving their medicines correctly.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The registered manager demonstrated that risk assessments had been carried out to identify those people most at risk in an emergency, such as those living alone, and plans put in place to prioritise those at risk. There were arrangements in place to ensure that staff had access to management support out of office hours. The registered manager told us either he or the deputy manager was always available outside these hours should staff or people need advice or support.

Is the service effective?

Our findings

At our inspection in November 2015 we identified one breach in relation to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. Persons employed by the service provider in the provision of a regulated activity had not received appropriate training as is necessary to enable them to carry out the duties they are required to perform.

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in dementia awareness and diabetes. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

People told us that they were supported by staff who understood their needs. They said that staff always followed the instructions in their care plans and recorded the care they had provided in their care log. Most people told us they received their care from regular staff, which was important to them. One person said, "I'm very happy with my young lady (care worker). She is very pleasant and brightens my day". Another person told us, "I've got two of the best carers who look after me. I miss them when they are off". One relative told us, "We get the same carers every time, which is something we were clear was important to us. Our son has complex needs and consistency is really important. Thankfully we have that". Another relative told us, "I can't fault them. We had another agency before this one and we are so glad we changed. This service has been extremely good".

Most of the people we spoke with told us staff generally arrived on time. They said that if they were running late, they always received a telephone call from the agency's office or member of staff to let them know. One person said, "They're always here within five minutes of the scheduled time". Another person said, "I can set my watch by them. They call at virtually the same time every morning". However two people told us that on occasions staff were late in arriving and they had not received a courtesy call to that effect. The deputy manager told us, "Sometimes staff do get delayed for a variety of reasons and this has a knock on effect. Whilst we accept this does sometimes happen we do try to make people aware if their carer is running late". People said staff always stayed the correct amount of time for each visit and that they did not feel rushed when receiving their care.

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff employed by the agency had undergone an induction which included the standards set out in the Care Certificate. Training undertaken included for example, moving and handling, safeguarding, medicines management, dementia awareness and dignity and respect. Staff told us that they had received additional training. For example, the safe use of hoists, shower chairs and catheter care.

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare. The deputy manager told us supervisions for staff were arranged regularly and she kept in contact with staff to ensure they felt supported and valued.

The Mental Capacity Act 2005 (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. Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) never come in and assume or take over. They always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "I've been here many times when the carers visit. They always start by asking how (person) is and how they can help them today. They never assume anything".

The provider encouraged people to make decisions about how their care was provided and respected their choices. People were asked to record their consent to their care and we saw signed consent forms in people's care records. One person's condition was such that they were unable to record their consent. This was signed by the person's mother and clearly evidenced why this had been undertaken. Relatives told us they had been consulted about their family member's care plans. These had been developed in a way which gave people as much choice and control over their care as possible.

Staff understood the importance of notifying the office or health care professional's if people's needs changed or if they appeared unwell. For example, the care plan for one person who was diabetic stated, "Staff are to support (person) to do their own blood sugar levels twice a day and record them. If blood sugars drop below six staff are to call the GP immediately". We noted that on two occasions in the previous four weeks the persons levels had dropped below six and staff had sought intervention from the persons GP. A relative told us "The girls (care workers) noticed a change in my wife's breast when bathing her recently and called the doctor who visited later that day. The doctor told us it was "the big C", but at least it is being treated. If the girls hadn't noticed I don't know what would have happened".

Staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly. At each of the people's homes we visited we noted that ample supply of fluids had been left in accessible places for people to ensure they remained hydrated and reducing the risk of urinary tract infections (UTI's).

Is the service caring?

Our findings

People told us staff were kind and caring. They said staff were polite, courteous and treated them with respect. People also told us that they had developed good relationships with staff and looked forward to their visits. One person said, "She (carer) is a really nice person. It's so nice to see her smiling face in the morning. I do look forward to her visits. She brightens up my day".

Relatives also provided positive feedback about the quality of staff supplied by the provider. They said that staff were kind and caring in their approach and sensitive to their family members' needs. Relatives told us staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "We're more than happy with the carers". Another relative said "Very pleased with the care. It is probably the best she has had I can't praise them enough".

The provider had received a number of compliments from people and relatives. For example, "Thank you for all you have done for my dad especially (carer)", "Thank you all very much for the care and attention given to my father following his illness and recent falls. It was very much appreciated" and "Thank you all for your care and support. The last few months became difficult for us but you eased the way".

People told us staff treated them with respect and provided care in a way that maintained their dignity. Relatives said that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. One relative told us, "The carer certainly treats (person) with respect, I have no concerns about that, and she always provides her care in private".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. One person told us, "They are very respectful and they know how to help me". A relative told us, "The carers that look after (person) are very respectful towards him and us. They always ask me how he is each time they visit. He has complex needs and has highs and lows and this can affect how he needs to be cared for. Yes I'm very happy". Staff explained to us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care.

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I treat everyone as a family member. I mean you wouldn't want anything but the best for your own mum or dad would you". Another member of staff said, "We have to remember it's not our home and need to understand and respect that".

People's independence was promoted. They told us that staff encouraged them to do things for themselves. They had been involved in developing their care plans and identified what support they required from the service and how this was to be carried out. Care plans we looked at showed that people had been involved

in planning their own care. Care plans were updated when people's needs changed. One person told us, "The care they give me is excellent. They are polite and courteous and totally respectful and always make sure that I do as much as possible myself".

People and their relatives were encouraged to contribute to their care plans. People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and what they could expect from the provider.

Is the service responsive?

Our findings

People told us they received care that was responsive to their needs. One person told us, "They're very good they do everything I ask of them". One relative told us, "They've been very good if we've ever needed to change the day or time of a visit". Another relative told us their family member's needs had changed recently and the provider had responded to this change appropriately.

Care plans were completed with the person or their relative, to ensure the provider understood each individual's own needs and how they wanted their care delivered. People told us their wishes and views were respected by the staff.

People's needs had been assessed before they received any care and support. Assessments were undertaken by the registered manager or deputy manager to identify people's support needs and the information obtained was used to develop a plan of care that outlined how those needs were to be met. Assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration, medicines and personal care.

There was a continuous assessment process carried out by staff and this was reflected in people's care plans. We saw there were systems in place for staff to report their concerns to senior staff who responded by visiting to reassess the person. This showed the provider fully understood and responded to people's needs.

Care plans were easy to read and contained detailed information to inform the staff of each person's individual needs and wishes. People told us their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs.

Care plans kept in people's own homes included the initial needs assessment, a daily log, risk assessments, personal history and what they required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines or preparing and eating meals. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. Care records were fundamental to providing person centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care.

People and their relatives told us that the provider had encouraged their involvement in the development of their care plans. Records contained evidence that people had been consulted about their care and their consent to their care had been recorded. People told us the provider reviewed their care plans regularly to ensure that they continued to meet their needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

This was provided to people when they started to use the service. The provider had received two formal complaints since our last inspection. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the agency would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received. One relative told us, "If there's ever been a problem, I've called them up and they've sorted it out straightaway".

Is the service well-led?

Our findings

At our inspection in November 2015 we identified one breach in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users receiving those services).

Following our inspection the provider sent us an action plan detailing the improvements they would make. These actions have now been completed.

The provider had established systems of quality monitoring which included seeking feedback about the service annually. The provider also sought the views of people each time a review of care was undertaken. People told us they were asked for their views and felt involved. Annual surveys were used to formally gather the views of people and this was last completed in August 2016. Eighty questionnaires were sent out and at the time of our inspection the provider had received 17 responses. The deputy manager told us, "We do find it difficult to get feedback this way which is why we talk to people each time we review someone's care".

Staff and people told us they felt the service was well led and spoke positively about the management. One person told us, "Yes I think it's well run. I've certainly had no issues". Another person told us, "I find the deputy manager very approachable. She always returns my calls and if I have a problem she comes to visit me and we sort it out. If I'm honest it hasn't always been that way but I can't fault them now". A member of staff said, "I feel valued working here. The registered manager and deputy manager are very supportive and always at the end of a phone if I need help or guidance".

People and their relatives told us they were able to contact the office when they needed to and had been satisfied with the service they received. One relative said, "I've always been able to get hold of someone if I've needed to". Another relative told us, "We have a very good relationship with them. Their communication is very good".

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties. For example, supervisions, appraisals and spot checks. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care.

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the

registered manager and deputy manager were readily contactable for advice and support. One member of staff said, "We can speak up about any issues. We have a good team at present". Another told us, "Yes I enjoy working here. I feel supported and the managers are always accessible if I need advice or support".

Staff told us they felt able to raise concerns. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored.