

Caring Support Limited

Caring Support Office

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 February 2016 and was announced. We told the provider two days before our visit that we would be coming.

Caring Support is a charitable co-operative society that provides personal care for people in their own homes. At the time of our inspection 24 people were receiving a personal care service and were either privately funded, helped with the cost of care through direct payments from the local authority or through continuing care funded by the NHS. At our last inspection in June 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. 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.

Care was tailored to meet the needs of each person using the service and people were complementary about how the service recognised and responded to their needs. Staff knew the people they were supporting well and provided a personalised service for them. People and their relatives were involved in creating their own care planning records. These focused on people as individuals and gave clear information and guidance to staff about how they would like their care delivered.

Staff used information in people's care plans to help involve and encourage people to follow their own activities and interests both at home and in the wider community. The service worked with volunteers to help befriend those people who were at risk from social isolation and invited people to various activities arranged at certain times of the year.

People told us they felt safe and that they trusted staff. There were processes in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported. Staff were up to date with training and the service followed appropriate recruitment practices.

People were happy with their care and liked the staff that supported them, they told us staff were caring and respectful. People had the same staff to care for them and staff were introduced before they started to work with them. When there were changes to staff people said the service would let them know. Staff explained the methods they used to help maintain people's privacy and dignity.

Any risk that people may face was identified by risk assessments and appropriate plans were put in place to help keep them safe. Care records and risk assessments were regularly reviewed. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

People were asked about their food and drink choices and staff prepared and cooked meals for people when required. People were supported to take their medicine when they needed it.

People and their relatives told us they would complain if they needed to, but most had never needed to. Everyone we spoke with knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

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 processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures. Systems were in place to report accidents and incidents.

People using the service had detailed risk assessments and these were kept under regular review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good ●

The service was caring. People and their relatives told us they were very happy with the standard of care and support provided by the service. Staff knew people well, their likes and dislikes and how they wanted to be cared for. Staff always respected people's privacy and dignity.

Care records were written with people to make them tailored for each individual.

Relatives complemented the service for the care and support

they gave when their loved one required end of life care.

Is the service responsive?

Outstanding ☆

The service was responsive. People felt involved in the planning of their care and care records were individualised and person centred. Staff were knowledgeable about people's support needs, their interests, preferences, and history and used this information to involve and empower people.

People were encouraged to access the community and engage in activities that were important to them. The service and staff supported people to live as full a life as possible and reduced the risk of people becoming lonely and socially isolated.

People who used the service and their relatives all felt the staff and manager were approachable knew how to make a complaint if they wished to.

Is the service well-led?

Good ●

The service was well-led. People knew the manager well and were comfortable speaking with her if they needed to. People's views and comments were listened to and acted upon in order to improve the quality of the service.

Staff felt supported by their manager and were encouraged to report concerns.

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

Caring Support Office

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 24 February 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

The inspection team consisted of one inspector. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We sent 35 questionnaires to people and their relatives asking them to tell us about the care and support they received from the service, 18 people responded and they told us about the care provided to them. We also received feedback about the service from five staff members and two community professionals.

Before our inspection we spoke to one person who used the service. During our inspection we spoke with two staff members and the registered manager. We examined four people's care plans, three staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with two more staff members, five people using the service and one person's relative.

Is the service safe?

Our findings

All of the people that had completed our pre inspection questionnaire and all of the people we spoke with said they felt safe. One person said, "It's good for me to have a regular person coming that I trust and gives me security."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to their manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and we noted the most recent refresher training that had taken place in June 2015. We also noted safeguarding adults and whistleblowing were a discussion topic during staff supervision.

Staff followed effective risk management strategies to keep people safe and support their independence. People's care records contained risk assessments, which were up to date and detailed. This included environmental risks and any risks to the health and support needs of the person. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances, for example, where people had reduced mobility which could put them at risk of falls. One staff member explained how one person had recently had additional equipment installed in their bathroom to reduce the risk of falls. Identified risks were reviewed annually or sooner if there were any changes to people's care and support needs.

Emergency 24 hour on call numbers were given to staff and people who used the service, information included the name of the person on call and their number so people knew who they should call in an emergency. All the care staff we spoke with were aware of how to respond in the event of an emergency to ensure people were supported safely.

The service had systems in place to manage and report accidents and incidents. The manager told us where incidents had occurred the management team and staff had learnt from these and taken action to improve the safety of people. Staff told us any learning and ways of improving were discussed and shared with them to inform their care practices.

Everyone we spoke with told us staff arrived promptly and would stay the allotted amount of time. If there were any problems they said the member of staff would call them. One person told us, "My carer is very reliable she will phone me even if she is going to be 5 minutes late." Another person said, "I'm always informed if there is sickness or they are running late...even today my carer phoned to tell me how bad the traffic was and they were running late, I managed to give them an alternative route."

We spoke to the manager who told us they always introduced carers to people before they started working with them and tried to keep the same team of carers working with the same people. People told us they had the same staff to assist them and they were usually notified of any changes. One person said, "They try hard to match up my requirements with the right carer...I'm pleased to say they got it right." The manager

explained staffing levels were determined by the number of people using the service and their needs. They told us they were currently recruiting but ensured there were sufficient numbers of staff available to keep people safe. This meant that occasionally they and office staff who were also trained care staff and were able to cover staff leave and sickness.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People were supported to take their medicine safely. Where people needed prompting or assistance with their medicine care records contained details of prescribed medicine and this was reviewed when necessary. Where staff provided this support the service requested that medicines were supplied in MDS (Monitored Dosage System) packs. Staff noted each time medicine had been taken by the person using a Medication Administration Record (MAR) and we were shown the system used for recording any changes in a person's medicine including short term prescriptions such as antibiotics. Staff were trained in medicine awareness and the manager explained each staff member had their competency assessed during regular spot checks although this was not formally recorded when we inspected we were advised this would be noted in the future.

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs and all of the people who answered our questionnaire told us they were happy with the skills and knowledge of care staff. One person told us, "They encourage staff to further their knowledge and take various courses such as NVQ." NVQ is a nationally recognised qualification and courses are available for staff that deliver health and social care.

All new staff attended an induction which followed the framework of the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults and children, basic life support, health and safety, medication and infection and prevention control. Staff completed workbooks to support their learning both during the induction and over the following weeks. After the initial induction staff completed refresher training, this was updated on a regular basis depending on the type of training required. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed.

Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills. Staff told us about the additional training they received such as training in mental health awareness and person centred dementia care. One staff member told us about the level 3 diploma in health and social care they were completing and how this helped in their day to day work.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis every 3 months with appraisals completed each year. From the sample of records viewed we saw supervision provided an opportunity for learning and development with discussions taking place around various topics including signs of abuse and whistleblowing, end of life care and nutrition and hydration.

People were asked to give their consent for care and we saw examples of consent in people's care records such as consent to have assistance with medicine administration or consent for staff to provide care in accordance with the agreed care plan. Staff told us how they always asked people for their consent before assisting them and respected the choices people made. One staff member explained one person sometimes wanted to wash independently and in private, they described how they were able to let them to do this safely while remaining close in case help was required.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training was given during their initial induction. Staff told us they were aware of situations that may influence a person's capacity to make decisions for example if a person was living with dementia. The manager confirmed that no one currently using the service lacked capacity and that there had been no applications made to the court of protection. They explained that they would contact the person's family, social worker, relevant healthcare professionals if they felt there were any issues with a person's capacity to make a decision and would work to provide care in that person's best interests.

Where required people were supported to eat and drink appropriately. One person told us "We order frozen meals, [staff] give me a choice then we sort it out together." Another person explained how their care worker would cook with their health needs in mind they told us "[Staff member] will cook special meals for me... they cook in batches and freeze meals which is really good for me."

One staff member explained the ways they encouraged one person to eat a varied healthy diet by involving them in their food preparation when they were able to. People's dietary needs were assessed before they started using the service this included people's likes and dislikes and their cultural and religious needs. People's allergies were noted in their care records and staff confirmed they would always ask what people wanted before preparing a meal. Care staffs had received training in food hygiene and were aware of safe food handling practices.

People's personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people's care, for example, information from the GP and occupational therapists. Staff told us how they would notify the office if people's needs changed and how this information was highlighted in people's records for other staff members to be aware of. We noted examples of how additional support from various healthcare professionals helped people maintain good health, for example, the service had liaised with the occupational therapist to obtain equipment for one person when they had problems mobilising.

Is the service caring?

Our findings

All the people we spoke with told us they liked the staff that cared for them and all of the people that had completed our pre inspection questionnaire told us staff were caring and kind. Comments included, "Very caring", "[Staff name] has a brilliant attitude, she is friendly and caring", "[Staff] have always been very good", "Caring Support has been a revelation ...very caring" and "I would recommend the service because the ladies are so nice and [my relative] get on with them so well."

People told us they felt fully involved in making decisions about their care. One person told us, "I have the same carer most days, she knows what I like and how I like things done and sets about it, gets things done... I am very pleased." Three people gave us examples of the support staff gave them and how staff went the extra mile for them. For example, one person told us how their care worker was flexible with their working hours so they could support the person to attend social events. A relative told us how their family member was accompanied to a social centre they told us, "It was beyond the call of duty ...these additional services have made all the difference to [my relative mental and physical wellbeing]." The manager told us about events they organised over the year such as Christmas dinner, they explained it was important that people who used the service, their relatives and staff were all invited and they would only choose a venue that accessible for everyone, they told us "We will arrange the transport if needed, if someone wants to go we will make it happen."

All the staff we spoke with told us they enjoyed working with the people they cared for and were committed to providing care that was centred on people's individual needs. Comments included, "I love this job, I really do", "I like meeting different people, getting to know them" and "The best thing is knowing my clients and for them to trust me."

Staff were introduced to people before they started to care for them and people had the same 'team' of staff. This helped to give people continuity in their care and enabled staff to learn how people wanted to be cared for. We heard how the service matched staff to people according to their needs. All the staff we spoke with had empathy for the people they cared for and were very knowledgeable about the care and support people needed.

People confirmed their privacy and dignity was always respected while still encouraging people to be independent. Staff told us they were respectful of the people they cared for and were able to consider the differing needs of people and adapt care according to their needs. One staff member told us, "I always ask people what they need and give encouragement when I care for them ...I respect people, we should all be treated the same way." Another told us, "I have known my clients for a long time, I know not to take over and to allow their independence."

The staff handbook gave guidance to staff and covered the service expectations of them this included respecting people's dignity, independence and individuality and maintaining their confidentiality at all times.

Managers and staff worked closely with healthcare professionals when people were reaching their end of life. The manager explained they worked hard to respect people's wishes and adapt to peoples changing needs. One person told us about their experience when there relative was nearing their end of life, they said " [Caring Support] were so good when [my relative] was so ill, they provided 24 hour care, he wasn't alone, at the end he could nether hear or see so being somewhere familiar really helped." We read comments received from family members complementing staff on the support and care provided in such a difficult time. The manager told us they wanted to continue improving the quality of care in this area and would be looking at introducing advance care plans in the future. Advance care planning is a structured way of recording the future wishes and thoughts of people and their families with the aim of improving the planning of care for people when they are nearing the end of life. This can help people live and die in the place and the manner of their choosing.

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us, "When I first started they came to do an exhaustive questionnaire and interview, they found out about me, what I needed and what my interests were, then they worked hard to match my requirements with the right carer." A relative told us, "I was impressed when first arranging the service that the assessment included information about my relative's interests and attitudes, they were being treated as a whole person not just a client with care needs."

Care, treatment and support plans were central to providing good person centred care. The manager explained how they took time to develop a person's care package, to write a detailed care plan and find the right staff member to provide the person's care and this involved speaking with the person and family members when appropriate. They told us, "The package is shaped around the way the client wants things done and the way they want things done...it's a big leap for some people to receive personal care." There were detailed assessments of people's needs which informed their support and plan of care. Assessments included people's likes, dislikes, history and details of their preferences and routines. We noted one example where the manager had worked with the family to provide a step by step guide for staff so they knew exactly how their relative liked things done and the routine they were used to.

Staff told us how they used the information in people's care records to involve people and make them feel empowered. One staff member explained that one person enjoyed opera music, so they would download their favourite songs and take them to the person for them to listen to. They told us, "[The person] sings along, they know all the words, it's amazing." Staff explained how important it was having information about people's history especially when they were living with dementia and how the information in their care records gave them ideas to engage with and involve people. One person had worked at an historical site and they enjoyed looking at history books that reminded them of that time. We heard how staff had found creative ways for people to live as full a life as possible and feel valued. For example, one person's life changed dramatically when their loved one passed away and staff encouraged them to take up knitting to make items for family members and help give them purpose.

Staff told us they had enough time to carry out their tasks and enjoyed the time they had with people, one staff member told us, "you don't feel rushed." Another member of staff told us, "People are much happier in their own homes, surrounded by familiar things...Caring Support is more hands on and keen on building the relationship between the client and carers, it's a more personal service than most agencies."

The manager explained that social contact and companionship were an important part of a care package. We heard how caring support was a co-operative where people who used the service, their relatives and staff had a share in the organisation and a say in how things were run. Volunteers were an important addition and were encouraged to be involved at all levels including office duties, organising activities or becoming a befriender to people who use the service and may not be able to access the community and at risk of social isolation. People's and staff views were sought and listened to, people and staff we spoke with felt being part of the organisation made a difference.

People's life history, interests and hobbies were recorded together with details about their family and those people dear to them. There were examples of the music people liked, their favourite radio station and how they liked to spend their time. One person told us how a staff member helped them attend coffee mornings and social events; they told us who this support enabled them to retain a social life that was very important to them. Events were organised over the year to help prevent people from feeling socially isolated or lonely. People and staff told us about the Christmas lunch and coffee mornings held that people could attend if they wanted to.

There were robust systems in place to ensure changes in people's needs were communicated to those who needed to know. Staff shared information with each other via mobile phones, emails and memos sent by the manager. Any changes to people's needs were recorded in people's care plans and healthcare professions contacted where appropriate. Staff confirmed they were in regular contact with the main office and were given the support they needed when there were changes with people's healthcare needs. One staff member told us, "I am so pleased I work for a company that cares about the clients" they went on to tell us about one incident when they were concerned about one person's immediate health needs, they phoned the office to report their concerns they told us, "The manager responded immediately...the GP and district nurse were contacted and the person was seen all within 2 hours." Staff told us about waiting with people for healthcare professionals or ambulances to arrive and having the flexibility to stay longer with a person, if it was required. One relative told us, "We are very pleased with the care [my relative] received and the carers on a number of occasions have done far more than required – twice going with them to hospital and staying until a relative arrived."

The service used a range of ways to encourage people's feedback and enable them to raise any concerns or issues they may have. This included regular surveys, telephone calls and visits to the people in their own homes. People and their relatives told us they knew who to make a complaint to if they were unhappy and most told us they had never needed to. One person told us, "It's not exactly a complaint but I had one carer that was not suitable, I told [the manager] ...she is very good at listening...she acted and I got a different carer." Another person told us, "I have nothing to complain about but I would tell them off if I had to." People told us that when they had concerns they spoke with the manager who immediately addressed the issue and took concerns and complaints about the service seriously. The manager confirmed they had not received a written complaint in the last 12 months however when people were concerned or unhappy they tried to deal with the issue immediately. The service had a procedure which clearly outlined the process and timescales for dealing with complaints and this was included in the client guide given to everyone when they first started to use the service. We spoke with staff who told us they would notify the manager if someone complained or was unhappy.

Is the service well-led?

Our findings

The service had a registered manager in place and all the people we spoke with and their relatives knew them well and felt comfortable speaking with them if they needed to. One person told us, "I would not feel anxious about talking to [the manager] I know they try to give the best service they can." We received mixed views about the communication and administration in the office. Some people told us they had experienced problems in the past but everyone told us things had improved. Two people we spoke with told us problems had occurred when the manager had been on leave, but these were soon rectified on her return. During our inspection we spoke with the manager about staffing issues in the office. A senior care co-ordinator had recently left and a replacement had been employed, however, the manager was aware she needed more support to keep the service running smoothly. We saw discussions were on going with members of the board about the risks associated with current staffing issues. The manager hoped they would have a robust management structure in place soon to support her and the people using the service. We will look at this again during our next inspection.

People were asked about their views and experiences of the service. Yearly surveys were sent to people, staff, volunteers and trustees and any feedback was used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2015. Most of the results were positive and where issues had been highlighted responses were sought from people and issues resolved. Comparisons were made with previous surveys to identify areas for continuous improvement and strengthen those areas that were working well.

When staff first began to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and the values of the service. Staff were motivated and spoke positively about their relationship with their managers and the support they received. One staff member commented, "They support you with anything, any worry I have with clients, they are absolutely brilliant...they are a pleasure to work with." Another told us, "I feel supported by my manager, and I am able to talk to her if I need to." Two members of staff we spoke with told us how they felt being part of a co-operative helped them provide better care for people. One staff member told us, "I'm a shareholder, having a co-operative approach really helps, we all work together, we talk to each other about what works for people so people get the best care."

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels. We saw minutes from a number of meetings including the last staff meeting held in November 2015. The meeting discussed issues such as people's medicine management, how staff can report complements, incidents and concerns, client's needs, training and general staffing issues. Where lessons had been learnt from incidents they were noted and disseminated.

The manager carried out a number of spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and reviewing the care records kept at the person's home to ensure they were appropriately completed.