Carers Trust Thames

Carers Trust Central & South Bucks

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Carers Trust Central & South Bucks is a voluntary organisation which provides care and support to carers and people with personal care needs. The agency provides support and personal care to children, younger adults and older people. This inspection took place on the 4th & 16th February 2016. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

The most recent comprehensive inspection of the service was on 13 February 2014. At that time the service was known as Crossroads Care Bucks and Milton Keynes. The service was meeting the requirements of the regulations at that time.

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.

The service was going through a period of transition. This had challenged some longer serving staff as changes to their work practice were introduced. There was no evidence this had adversely impacted upon the care those staff provided. People were positive about the quality of the care they received and the capability of the care staff who supported them. They were satisfied care staff stayed for the time they were supposed to.

Overall people's safety was maintained and protected. Staff were fully aware of the service's safeguarding procedure and were able to describe what they would do if they suspected someone was being abused in any way. The service responded appropriately to any safeguarding concerns they became aware of. However, staff recruitment records did not always include documentary evidence of adequate checks being undertaken into prospective staff's conduct in previous employment.

Staff received the training and support they required to provide a high standard of care to meet people's needs. Care plans set out clearly how people preferred their care to be provided. People were involved in making decisions about their care.

The provider sought feedback from staff, people who received care, their relatives and from professionals responsible for arranging care. This information was then used to improve the service provided to people.

We found breaches of the Health and Social care Act 2008 (Regulated Activities) regulations 2014.
You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always protected from the employment of unsuitable people to provide their care. This was because, before staff started work, the provider had not, in every case, received or recorded adequate information about their conduct in previous employment.

Risks to people's health, safety and welfare were assessed and then eliminated or managed to protect them from avoidable harm.

People were protected from abuse because staff received safeguarding training to ensure they could recognise abuse if they saw it, knew what action to take and how to report it.

Is the service effective?

Good

The service was effective.

People received the length of visit they expected, their visits were usually at the time they expected. Satisfaction was highest where care was provided by a consistent team of care staff.

Staff had the skills and training required to provide consistently good standards of care. This included assisting people to eat and drink, manage their medicines safely and provide assistance with their personal care.

Staff understood the implications of the Mental Capacity Act 2005 for the way they supported people to make decisions for themselves wherever possible.

Is the service caring?

Good

The service was caring.

People were positive about the way their care was provided. They told us they had a good relationship with their regular care staff and were always treated with respect.

People were involved in decisions about their care and staff supported them to remain as independent as possible.

People told us they that their dignity was protected and their confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

Staff were able to tell us about the care needs of the people they regularly provided care and support for and were able to identify events and people who were important to them.

People said they felt their regular care staff were interested in them as individuals. They said they were able to make adjustments to the way their care was provided where that was necessary.

People and their relatives knew how to make complaints if they needed to.

Is the service well-led?

Good

The service was well led.

The provider had identified where changes to the service were required and had introduced those changes in a way which caused the least possible disruption to people who received care. Staff were offered support as changes which affected them were being introduced.

There were a range of audits and performance measures in place to enable the quality and performance of the service to be monitored and assessed.

People were asked for their opinion of the quality of the service and this was used to inform and determine where changes in service delivery were required.

Carers Trust Central & South Bucks

Detailed findings

Background to this inspection

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

This inspection took place on the 4th and 16th February 2016 and was carried out by one inspector. We gave 48 hours' notice of the inspection to make sure the people we needed to speak with would be available.

We reviewed the information we held about the service and notifications we had received. A notification is information about events which the service is required to send us by law. We also looked at relevant previous inspection reports. At the time of the inspection the provider had not been asked to submit a Provider Information Record (PIR) for the service. The PIR is a form that asks the provider to give some key information about a service, what the service does well and improvements they plan to make. However, we discussed these areas with the provider and registered manager. We were provided with additional information from them in response to requests we made for clarification or to provide further evidence where that was needed.

During the inspection we spoke with nine people who used the service and eight care staff including the registered manager. We also spoke with the Chief Executive. We also asked for feedback from community health and social care services who had knowledge of the service.

We looked at four care plans including medicines administration records, three staff recruitment files and training and supervision summary records for all staff.

Requires Improvement

Is the service safe?

Our findings

People who received care and those responsible for them, told us that overall they were very satisfied the service provided by Carers Trust Central & South Bucks was safe. "I certainly feel I am safe with my carers" was one comment and another person said; "Oh yes, I never feel anything but very safe".

Staff confirmed they had received appropriate safeguarding adults training. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, with periodic refresher safeguarding training thereafter for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it. Copies of the provider's safeguarding policy and procedures were readily available to staff.

People were protected from identifiable and avoidable risk whilst care was being provided. Risk assessments were carried out when initial referrals for care were received. Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. Risk to staff were also identified and plans put in place to manage or eliminate those risks.

We confirmed risks were reassessed at regular intervals or when any change in risk became evident. This could include, for example, additional staff being provided or specific equipment put in place for when people required assistance to move.

People told us their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons appropriately.

People received a safe standard of care from the correct number of staff. People told us whilst there could be changes to the staff that provided their care, there were always the right number of staff.

The provider told us that in common with other care services, they found it a challenge to recruit staff. There had been times, we were told, when a care call could not be made because of shortage of staff. People told us they were usually informed when this was the case and although it was disappointing, they understood there were times when care staff were sick or on holiday and no one else was available. We were informed of one occasion when, because of lack of robust staffing availability to support the person's care, the service had reluctantly had to withdraw from it. We saw there had been complaints received from three people about missed or late visits in 2016 to date. However, the majority of the people we spoke with did not raise specific concerns about missed visits.

People received the support they required with their medicines. Staff confirmed they had received medicines training and this was supported by training records seen. There was a detailed medicines policy and procedure in place.

The provider confirmed there was a business continuity plan in place and we discussed details of how the service responded to, for example, adverse winter weather conditions. This included a system to prioritise

any time critical visits, where no informal support for people was available.

Computers were password protected where they contained confidential information. Systems were backed up. Staff received training in first aid and knew how to respond to emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

We looked at the most recent staff recruitment files. We found people who received care and support were not always fully protected from the employment of unsuitable staff as appropriate checks had not always been made or recorded about the applicant's conduct in previous employment.

The provider had recognised that the recruitment process required a more robust approach and had recently employed a recruitment manager to manage and oversee this process.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Good

Is the service effective?

Our findings

People's right to make decisions about their care and support were understood and supported. Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with staff, the provider and from training records that training on the MCA was included for all staff within the safeguarding training they received at their induction and through subsequent updates.

People received care from staff who received the support they needed to help them do so effectively. Staff confirmed they were supported through periodic supervision. The frequency of this varied although most staff we spoke with thought it was three monthly. This was supported by those supervision planning records we saw. There were, in addition, team meetings and an annual appraisal. These gave staff an opportunity to raise any concerns, ask about training and share best practice amongst their teams.

The introduction of changes to the way Carers Trust Central & South Bucks operated had been the subject of meetings, correspondence and individual discussion where required. This process had led to significant concern amongst some of the staff we spoke with. The provider and registered manager were aware of this and told us they were committed to support staff through the transition process. Each of the care staff we spoke with confirmed they had opportunity and felt able to discuss their own performance or issues about their role with senior care staff and the provider/registered manager at any time outside of formal meetings. One of the remarkable features of Carers Trust Central & South Bucks was the consistency of staff, some of whom had been with the service from 10 to over 20 years

People received care from staff who received appropriate training to enable them to do so safely and effectively. Staff told us they received appropriate training. They said they felt they had the necessary skills and experience to meet people's needs effectively. "Very thorough training" one staff member told us and another said; "Training is very good". We saw training records which detailed the training staff had received and when it had been undertaken. Where training required periodic updating, this was recorded and 'flagged up' through the training information system. Training records showed staff undertook recognised national training qualifications, and specific training in, for example, dementia awareness and palliative care. We saw in records of a team meeting held in January 2016 that staff were encouraged to apply for an appropriate level national diploma in care practice.

The service checked on staff performance by carrying on 'spot checks' on staff at people's homes which were recorded. This included obtaining feedback from people about the skills of staff. People also told us how the service's management telephoned them periodically to ask if staff performance was satisfactory. People and their relatives said the registered manager had responded when issues were raised about staff skills or when a change of care staff was requested.

Care plans we saw included contact details for family and health services relevant to the person. Staff told us they would support people to attend appointments, for example by calling earlier than usual to help

them get ready. They were able to give examples of how they passed on concerns about people's health to family carers or health professionals to ensure people had access to the specialist health support they required.

Care plans and care staff programmes of work included details of any support people needed with food and drinks. Staff confirmed they had received training in food hygiene and safety and training records supported this. This meant people were protected by safe and effective support with food and drink.

Good

Is the service caring?

Our findings

People received care and support from staff that had a caring approach to their work and were committed to providing high quality care. People who received care and support were overall very positive about the standard of care they experienced. People told us they were happy with the support they received. "No complaints", "good care", "very satisfied" and "good service" were some comments made to us.

The people we contacted by telephone said they were treated with dignity and respect. When we spoke with staff they understood the need for people's dignity to be protected during the provision of care and how this could be achieved.

People told us that they usually had the same care workers providing care and support and usually knew which staff would be visiting them. However, some people did say that they did not always know when new carers would be coming to provide care instead of their usual care staff which they found confusing at times.

Only one person expressed any concern to us about confidentiality. This related to carers inadvertently perhaps, talking about their experiences with other people who they provided support to. When we spoke with staff, they all understood the need to maintain confidentiality. This had also been identified within the provider's analysis of the 2015 customer survey as an area where some reinforcement of good practice was required.

People were able to influence the way their care and support was provided to ensure it met their needs in the way they wanted it to. People were supported to express their views and to be involved in making decisions about their care and support. When we spoke with care staff they were able to tell us how they made sure they supported people where necessary to ensure they were able to express their views and make decisions about their day to day care.

Care plans included contact details for family and professionals involved with the person's care. People told us they were able to discuss their care with their care worker and that they felt able to ask them to do things in the way they preferred. Those care plans we saw included very detailed information about what was to be done and people's preferred routines. Staff told us they always asked people, when they first provided care for them, how they liked things done. They had a good understanding about how independence and choice could be promoted and supported.
There were details of advocacy services available to people where this was needed (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.) We were told that in most cases, people were able to self-advocate. The role of advocate, where required and appropriate, was usually filled by significant family members.
The service did not routinely provide end of life, palliative care. They told us they would, however, ensure the appropriate specialist services were engaged in those circumstances. Where people who received care and support died, staff would be offered any counselling or support they required.

The provider had an equality and diversity policy in place and equality and diversity training was provided for staff. The current workforce was representative of the local population served by Carers Trust Central & South Bucks.

Good

Is the service responsive?

Our findings

People were very satisfied with the care they received from their regular and familiar care staff. They told us they had a good relationship with them and that the care staff knew how they liked things done. Where there were short-notice changes in care staff or where visits were outside of the expected time people were less satisfied. "Frustrating, it can be ok for weeks and months and then at holiday times or when staff are sick, they can't cope."

People said they felt they were treated as individuals,that regular staff knew how they liked their care provided and were flexible and adaptable. This included if they required specific help, for example, in order to keep a community health or family appointment.

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively meet their needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical and social support needs. They also included information about what was important to the person and how the person preferred their care needs to be met. We looked at four care plans during our inspection. There were preferred visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication, household assistance, providing respite for family carers and social and welfare calls. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided.

Care plans were subject to periodic review to ensure they remained accurate and appropriate. Reviews of care could also be triggered at any time when there were significant changes in people's care and support needs.

Staff we spoke with were able to give examples about the varying types of care that they provided to people. They spoke of them as individuals and knew, in the case of those they supported regularly, how they preferred their care given. They were aware of people's family circumstances and important events and people in their lives. They told us when they provided care and support to people for the first time they always read the care plan to get the basic details they required and would also ask the person themselves about how they wanted their support provided.

We saw copies of the compliments and complaints policy. This was provided to all people who received care and support. It included contact details for the service and local authority commissioners of care, the Local Government Ombudsman and the Care Quality Commission (CQC). People said they knew how to make a complaint. We looked at eight complaints recorded since May 2015 and the action taken to address them and learn from them. We also looked at 17 compliments received since May 2015.

Good

Is the service well-led?

Our findings

People's experience of contact with the service's management varied. Some were very positive; "They have always answered my calls promptly and provided the information I required", others were much less so; "Not on the ball as they should be"; "Last three to four years has gone downhill" and "Leave a lot to be desired at times" were some of the assessments made. We saw that there was regular contact with people to obtain their assessment of the quality of the services being provided. Surveys were sent to people who used the agency to gain their opinions of the quality of the care they experienced.

We saw analysis of the 2015 surveys received from people using the service. Comments received were mostly positive about the quality of the care and support that was being provided. There were some areas for improvement that had been identified by the provider. Examples included changes to expected carers being better communicated to people and actions to be taken regarding lateness of some care calls and missed calls.

The service had a core staff team with many years' service. This provided significant consistency and experience. However, the provider identified problems with recruiting additional staff as the cause of many of the areas where satisfaction was lowest. This was a problem locally, shared with many care providers. To address this the provider had put additional specific management resources into staff recruitment in an attempt to improve both the recruitment and retention of staff.

Staff received regular support and advice from the registered manager and provider through phone calls and face to face meetings. We saw minutes of staff meetings where a range of care and support issues had been discussed. There was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate to report any incidents of poor care practice when this arose.

Changes in the management of the service and the way it operated was the cause of some concern expressed to us by staff. However, all the staff who spoke with us were committed to ensure the quality and safety of the service they provided was not affected because of these concerns.

We saw copies of the staff newsletter and the service's newsletter. These included information about changes planned to the management of the organisation and specifically asked people to contact the service management if they required further information or clarification. This showed the service was proactive in seeking to communicate effectively with both staff and people who received a care service.

Audits were completed by members of the management team. These included observations of support being provided through spot checks in people's homes. These were also an opportunity to check the accuracy and completion of records held in people's homes. There were in addition regular reviews of care and care records and discussions with people who used the service and their family carers.

We saw records of monitoring visits carried out by the Local Authority contracts team. No significant issues

had arisen from these.

The provider's values and mission statement were clearly set out in communications with staff and people who used the service. They were action, help and advice.

We found the provider understood the implications for them of the new regulations in respect of 'Duty of Candour'. This requires providers to practice clear, honest and effective communication with people who receive care and support, their families and carers, including when things go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not fully protected against the risks associated with unsafe recruitment practices as adequate checks on conduct in previous employment were not always made or recorded. Regulation 19 (3) (a) (b).