

Carers Relief Service

Carers Relief Service

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

We inspected the service on the 9 February 2016. This inspection was unannounced.

Carers Relief Service provides services for younger adults and older persons, including people with learning, autism and physical disabilities. They provide personal care to people in their own home and also support people in the community. The service provides care for people in the Medway and Swale area. There were three people receiving support to meet their personal care and community support needs. All other people only received support to access the community, with no personal care involved so they do not fall within this services registration.

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 were protected against the risk of abuse. All staff were trained and recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

Risk assessments were detailed and gave staff guidance about any action staff needed to take to make sure people were protected from harm.

Effective recruitment processes were in place and followed by the registered manager. Staff had received training relevant to their roles. Staff had the opportunity to discuss their performance during one to one supervision meetings and had an annual appraisal that discussed their future development and possible further vocational training.

There were suitable numbers of staff on shift to meet people's needs. People's planned care was allocated to members of staff at appropriate times.

People were supported to access the community regularly. People were also supported and helped to maintain their health and to access health services if they needed them.

People told us staff were kind, caring and communicated well with them. People's information was treated confidentially. Paper records were stored securely in locked filing cabinets.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People's view and experiences were sought through review meetings and through surveys. People's views about the service they received were positive.

People were supported to be as independent as possible. People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's support needs.
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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.

Staff were knowledgeable about protecting people from harm and abuse.

Effective recruitment procedures were in place.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed to meet people's needs

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

People were involved with their care. Their care and treatment was person centred.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

The service provided additional support to people when they recognised they suffered from loneliness.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, people were aware of how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

The service had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided

Carers Relief Service

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.

We inspected the service on the 9 February 2016. This inspection was unannounced however we did undertake follow up phone calls to both staff and people's family on the 12 February 2016.

The inspection was carried out by one inspector.

We reviewed notifications we had received and previous inspection reports. A notification is information about important events which the service is required to send us by law. We looked and checked staff time sheets with the daily records seen for three people.

We looked at records held by the provider. These included three people's care records, risk assessments, staff rotas, meeting minutes, policies and procedures and four staff recruitment records.

We spoke with two people and two family members about their experiences of the care and support provided by the Carers Relief Service. We also spoke with five staff about how they have been supported in their roles as carers.

We last inspected the service on the 3 January 2014 and there were no concerns.

Is the service safe?

Our findings

People that we spoke with all told us they felt safe when with their carer. One person told us, "I am safe with the carers they always look after me well". Families told us that they felt their relatives were in safe hands. One family member said, "I have no concerns about their safety, the staff all know my son very well and what his needs are. Also all staff have been not only introduced to my son but they have shadowed a regular carer for some time first, only coming alone when they feel ready to do so. I know he is definitely safe in their hands".

Staff had a good understanding of the different types of abuse and how they would report it. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Training files showed safeguarding training had been attended. The provider also had information about whistleblowing and a policy as a guide for staff was available.

Within people's support plans we found risk assessments to promote and protect people's safety. These included; accessing the environment, moving and handling, daily routines and infection control. These had been developed with input from the individual, family and professionals where required. They explained what the risk was and what staff needed to do to protect the individual from harm. We saw risks had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example we saw risk assessments around people's mobility and the use of the hoist in people's homes. Guidance was provided for staff on how to manage the identified risks, and this ensured staff had all the guidance they needed to help people to remain safe.

We reviewed completed incident and accident reports over the last year. They were detailed and included information about the steps staff had taken to support people following an incident or accident. The registered manager told us that the management team reviewed accidents and incidents and took action which included emailing the person's care manager and other agencies if required. Staff meeting records evidenced that discussions had taken place in order to learn lessons from accidents and incidents.

Staff had received infection control training, staff told us they had a good supply of gloves and aprons and showed they knew how important it is to protect people from cross infection. One person's family said, "Staff always leave everything tidy and clean".

We asked staff to describe how they gave medication and what documentation they completed. Medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines policies and procedures in place which had been updated in 2015. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. For example, some families use medication

boxes and fill them with a week's supply of medication. Staff were clear they could only give medicines from a pharmacy filled dosage box or the original packaging. This showed staff were clear about their responsibilities regarding medicines.

Staff who administered medicines were given training. Staff had a good understanding of the medicines systems in place. We checked one person's medicines administration record (MAR). The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. The records showed that the person had received their medicines as prescribed.

There were suitable numbers of staff available to meet people's needs. The staffing roster showed that when staff were off sick or on training people still received their care and support. During our inspection, people rang the office to ask questions about their support or to make changes. One person who rang in for example, was to tell staff that they would not need supporting to a club as they had a bad cold. The staff member immediately passed on the information to staff involved.

There was a clear plan in place outlining steps that should be taken in case of an emergency. People were provided with an out of hours contact number which could be used to gain access to an on call person particularly at weekends. The service had an emergency plan which detailed how the service would operate in bad weather. This meant that there were suitable arrangements in place to ensure that staff were safe and that people would receive the care and support they needed.

Is the service effective?

Our findings

People and their family members told us that staff knew what they were doing and that they believed they had the necessary skills. They said staff arrived on time, that there was staff continuity so they had got to know them well and were happy with the care they provided. One relative told us "Continuity is so important, as my son is autistic and finds it hard to cope with change. We get a staff rota every week showing who is coming when. If there is a change for some reason I can help my son understand the change and then he can accept it before it happens". They also said, "The other thing that the manager does is arrange for any new staff member to shadow one of our permanent carers for as long as they need to feel confident to care for my son. In this way my son gets to know them and they can feel confident that they know what his needs are, Carers Relief are marvellous!" Families we spoke with told us that they would gladly recommend the service to other people.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was good. For example, all staff had attended training relating to Health and Safety and moving and handling. The training records also evidenced that all staff had attended Food hygiene and First Aid training. Therefore people received care and support from staff who had been trained to meet their needs.

The registered manager told us that staff had an induction when they started work. The registered manager and staff explained that this included shadowing experienced staff for as long as they needed to be confident with the people they cared for. The provider had things in place to start the new care certificate as part of induction, but the staff member most recently recruited had already achieved a diploma in social care. Records evidenced that staff received regular supervision. This was done by one to one meetings, and spot checks included observations of the care staff provided.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. All staff had attended Mental Capacity Act 2005 (MCA) training. Staff evidenced that they had a good understanding of the MCA. The registered manager explained how they supported people to understand information to enable them to make decisions. Staff explained they gave people time to make decisions, there were clear methods of communication for each person so staff were able to encourage choices. The care files all followed the principles of the MCA, they followed the assumption that people had capacity. The registered manager said that they had no capacity assessments currently as people they cared for were able to make decisions about their care. People's care plans had been signed by the person or a relative when the person found writing difficult. The local authorities had provided a care plan for staff to follow but the registered manager had done their own assessment and written the care plan with the person and /or the family.

The registered manager explained how they supported people to maintain independence. For example one person, who the staff cook and prepare food for daily, encourage the person to go shopping with them to choose what they wish to eat. One person was not going out so much now due to their age and the weather. Staff said they still encourage them to choose and help them by writing a shopping list. Staff said, "We

prepare food for one person we support, they choose each day what they want and we encourage them to help where they can.

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans recorded the amount a person had eaten and drunk. The registered manager and staff explained that people were referred to their GP if there were concerns about their food and fluid intake or if they had lost or gained a significant amount of weight.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. We heard one conversation in the office. A swimming trip was being cancelled as the person had an ear infection, however they were still going out and they were asked to choose another activity. The registered manager and staff told us that relatives and local authority care managers were kept up to date with any changes needed in the way a person was supported. The registered manager said for example that people's parents are very involved with their relatives care. Two of the three people who received personal care lived with their parents, so any changes would be discussed with them before the care would be changed. The person who lives alone receives all his assistance from the staff, who also assist them to have trips out into the community. Changes had been needed more recently as one person receiving care is getting slower as they get older, as they cannot do so much and does not want to go out so often. The registered manager explained that staff also call the doctor if needed and arrange transport if they need to go to hospital appointments.

Is the service caring?

Our findings

People told us that staff were caring and treated them with dignity and respect. All of the people we spoke with told us they were happy with their care and support. Staff treated people with dignity and respect and were caring and kind. One person said, "All the girls are really kind, I like them all, they care of me brilliantly". Families we spoke with said they were introduced to staff before they provided care and support. One family member said, "I think the manager matches staff to the people, my son prefers older carers and that's what he has now, when we have had a staff member he does not gel with, it's not a problem the manager changes them. They have done nothing wrong or anything but my son like most people does not get on with everyone".

All of the relatives we spoke to said they were happy with their care and support their family member received and staff treated their family member with dignity and respect and were caring and kind. One carer told us, "I always knock on the door and wait for the person to answer before going in. If they are having a shower for example, I pass things around the shower curtain so that they are not exposed and they feel comfortable." This showed staff maintained people's privacy and dignity.

People's personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff knew the people they were supporting very well. They had good insight into people's interests and preferences and supported them to pursue these. The registered manager was able to talk about a person's preferences about privacy and how they respected them. This showed that staff supported people based on their involvement, choice and preference.

People were involved in their care planning and their care was flexible. People's care plans detailed what type of care and support they needed in order to maintain their independence. For example, one person's care plan detailed that they needed support to use the toilet. The staff needed to support them to reach the hand rail, but the person then liked to be given their privacy. Another person's care plan detailed they needed support to apply cream daily. Daily records evidenced that people had received their care and support as detailed on the care plan. The daily records showed staff had delivered the care in their care plan but had been flexible and staff had actively encouraged independence and choices. One staff told us, "I promote independence by asking the person what needs to be done next and then asking if that's something they can do". Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us staff gave people time to make choices to ensure people remained in control of their day to day lives.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People and their family's told us that they were involved in decision making about the care and support needs. They said that they were also involved in any changes in the care and support needs. One family member told us they found the service and staff flexible and responded well when changes were needed. They said that their care and support needs were reviewed with them by Cares Relief Service and the local authority care managers at least yearly.

People and the families knew how and who to complain to if they needed to. One relative told us, "I received lots of information at the start of the service and this contained a complaint procedure. I found the information in the pack to be very comprehensive". Another said, "I know how to make a complaint but I have not had to, least little concerns are dealt with straight away, so I have no concerns about that". The complaints policy showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included, The Chairperson of the Charity committee and the Local Government Ombudsman (LGO). Staff said that they do receive compliments about the service. We saw two of these that had been received recently and they said, 'Thank you for supporting our son and us as a family over the past few years'. Another said, 'The care and support has been brilliant, enabling our son to be happy, feel safe and to take part in activities he enjoys with friends, also to carry on learning independent skills and creating a fulfilling life'.

The registered manager told us that when they started to provide support for someone they always ensured that a care plan and risk assessments were in place and they had all the information needed to provide care and support. They explained that they conducted an assessment visit prior to the care package starting. During assessments people were asked if they would prefer a male or female staff member and their preference was noted and respected. People's care records contained care plans, risk assessments, and care reviews. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Six monthly reviews were carried out with people to determine whether they were happy with the care package that they received or if they had any comments to make.

People were encouraged to provide feedback about the service. People had been sent surveys. The results showed that people said staff supported them as they wanted, staff encouraged people with their independence and staff treated people with respect. The registered manager had three surveys sent out and three were returned. We found that everyone was happy with the service. For example the following comments had been made; 'I like to get out but I do have tired legs'. I enjoy the music session and I like making choices of breakfast and my evening meals. A relative said, 'He would be very lonely without the friends at the Carers Relief Service. The support and encouragement he receives is great', and, 'Excellent for all the family knowing our son is safe and happy and experiencing life as he should'.

The provider contacted other services that might be able to support them with meeting people's health needs. This included calls to the person's GP and Dentist. This demonstrated the provider promoted people's health and well-being. Information from health and social care professionals about each person

was also included in their care plans when appropriate. There were records of contacts such as phone calls, reviews and planning meetings. This showed that each person had a professional's input into their care on a regular basis.

Is the service well-led?

Our findings

People told us the service was well managed. People we spoke with told us that they knew who to contact in the service if they needed to and they confirmed they were asked for their views about the service. Relatives said that information from the service was clear and easy to understand, they knew who to contact in the service if they needed to, and that they too were asked for their views about the service.

All of staff we spoke with told us they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were confident that the registered manager would record and pass on any information appropriately if necessary.

The service had a clear management structure in place; the registered manager understood the aims of the service and promoted them to the staff team. The management team encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff benefited from this culture and were complimentary about the support and understanding they got from the registered manager. One staff member said, "Our manager has been so supportive and understanding, I have had a few family problems and they were happy for me to have the time off I needed. It helped knowing I had the job to come back to". Another said, "If I am not sure about something, I know I can ring her any time for advice and support".

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. Review meetings took place six monthly and people were asked their views. The management team had checks in place to ensure that people received the care they were supposed to. We looked at records of spot checks that had taken place. We spoke with the registered manager about these checks and they said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. The registered manager kept staff up to date with new developments in social care. The aims and objectives of the service were clearly set out; they were a service who respected and cared for people, who at the same time were developing more activities for people to enjoy, while promoting individual independence and choice. Staff were clear about their roles and responsibilities. The staffing and management structure ensured that staff knew who they were accountable to. The registered manager supported all the frontline staff.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.