Mrs Dawn Samantha Geering

Support Carers

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?	**Requires improvement**

Overall summary

The manager had not been reporting notifiable incidents to CQC. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009. The manager said this was an oversight and that they would ensure we would be notified in the future.

Support Carers provides domiciliary care and support services to meet a range of individual needs, including older people, individuals with physical disabilities and dementia. At the time of our inspection 18 people were being supported by this service.

This inspection took place on 11 November 2015 and on the 10 and 12 November,we spoke with people who used the service, their relatives and staff. This was an announced inspection which meant the provider knew

Summary of findings

two days before we would be visiting. This was because the location provides a domiciliary care service. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

There was a manager in post at the service at the time of our inspection. The service is registered as an individual provider which means it does not require a registered manager to be in post at the service. The individual provider is responsible for the day to day running of the location, and has the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

People and their relatives told us they had confidence that the service worked to keep them safe. Comments included “the reassurance that they are there is priceless”. The manager had systems in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew how to identify if people were at risk of abuse and what actions they needed to take to ensure people were protected. The service ensured measures were in place to keep people and their staff safe.

Staff were knowledgeable of people’s preferences and support needs. People told us the regular staff they had, provided them with the support they needed and expected. Staff explained the importance of supporting people to make choices about their daily lives. Where necessary, staff contacted health and social care professionals for guidance and support.

The service had safe recruitment processes in place and the five staff files we looked at, showed the necessary checks to ensure new employees were safe to work with vulnerable adults had been completed. Staff had received regular training and were skilled in effectively meeting the needs of the people they supported. The management team carried out spot checks on staff and supervision of their performance regularly took place.

People and relatives were complimentary about the caring nature of staff. Staff were knowledgeable about people’s needs and we were told that care was provided with patience and kindness. People’s privacy and dignity was always respected. Staff explained the importance of supporting people to make choices about their daily lives. Comments included “the carers are very patient, very good, they go the extra mile” and “nothing is too much trouble, the staff interact with my relative lovely, I cannot praise them enough”.

All staff were clear about how to report any concerns they had. Staff were confident that any concerns raised would be fully investigated to ensure people were protected. All of the staff we spoke with were knowledgeable about the requirements of the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff had been recruited following safe recruitment procedures and staffing levels were maintained so people received their care in a timely manner.

The manager had systems in place to manage risks, safeguarding matters and medication and this ensured people's safety. People and their relatives told us this was a very good service and had confidence people were kept safe.

The service had put measures in place to protect staff safety when attending night visits.

Is the service effective?

Good

The service was effective

There were arrangements in place to ensure staff received regular supervision and appraisals.

Care plans were in place which described the level of support the person wished to receive.

Staff were knowledgeable about the needs of the people they were supporting. They were able to describe people as individuals.

Is the service caring?

Good

The service was caring

People and relatives were very complimentary about the service describing it as “a first class company”.

People received support in a caring and sensitive manner. People’s privacy and dignity were respected and they were involved in making decisions.

The service strived for continuity in the delivery of care. People told us they benefitted from having the same staff support them.

Is the service responsive?

Good

The service was responsive

Care plans were in place that accurately recorded people's likes and dislikes and preferences. Staff had information available that enabled them to provide personalised responses to people's emotional wellbeing.

There were systems in place to manage complaints. Everyone we spoke with was confident that any concerns raised regarding the service would be listened to and acted upon.

Summary of findings

Is the service well-led?

The service was not always well led

The service carried out regular audits to monitor the quality of the service and to identify any improvements required. However the manager was unaware of their responsibilities in reporting notifications to CQC and this had not been done.

The management team had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service.

Staff were aware of their responsibilities and accountability and spoke positively about the support they received from the management team.

Requires improvement

Support Carers

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.

The inspection took place on the 11 November 2015. The inspection team consisted of one inspector. The service is a new service and registered on 15 January 2015, this was its first inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. No notifications had been received from this service prior to our inspection.

We used a number of different methods to help us understand the experiences of people who used the service. This included gathering information by speaking with people who use the service, their relatives and staff members on the telephone. We spoke with four people, two relatives, five staff and one health professional. We reviewed documents that related to five people's support and care, five staff files, and other records relating to the management of the service. We spoke in length with the registered manager and the office manager during our inspection.

Good

Is the service safe?

Our findings

At the time of our visit people were only being prompted with medicines or having minimal assistance such as placing the medicine into a person's hands. One person was receiving support in placing a pain patch onto their back as they could not reach alone. There was not a rotational chart in place to say where the patch had last been placed to ensure that it was in a different location next time. This meant if it was potentially put in the same place each time its effectiveness would be reduced. We raised this with the manager who informed us that the staff did know to rotate the patch but that they would put a chart in place to ensure this was documented in the future.

Staff told us that medicines were kept in dosset boxes (a box including the person's medicines which is dispensed by the pharmacy). Staff explained the level of support the person needed was detailed in the person's care plan. Training records showed staff had received training in the safe administration of medicines.

Staff recorded all medicines activities into the daily communication notes and completed the person's medication administration record (MAR). We saw that medicine assessments had been completed for people and were kept in their care plans.

The service ensured measures were in place to keep people safe. There were key code systems to enter a property and the manager had devised a system which encrypted the key codes. This meant if this information went missing or was misplaced it protected people as an untrained eye would not be able to decipher the code and potentially access a person's property.

Relatives we spoke with were confident that the service maintained the safety of their loved ones saying "the reassurance that they are there is priceless" and "I was told if my relative ever had a fall to contact them and they would send someone to help as we live close by to the office".

All staff wore identification badges during their visits to people, and any new starters were introduced before going alone to support someone. This enabled people to feel safe and know who they were letting into their home. A care plan was kept in people's homes and a duplicate copy in the main office. The manager told us they advise people to keep their care plan in a safe place out of sight as it contains personal information, and staff encouraged this by checking they put it away after each visit.

Staff safety was a priority for the service. The latest visit finished at 10pm and staff told us they had to text their manager when they were home after their last visit. One staff member said "our manager won't relax until she has that last text". A lone worker policy was available in the office and the manager is looking into having a dial in phone system in place at care locations. The staff all carry mobile phones and a spare mobile is kept at the office in case any of the staff need it.

Staff had all completed safeguarding training and were knowledgeable in describing their responsibilities of protecting people from abuse. Staff we spoke with were aware of the term whistleblowing and what this meant and said if they had any concerns they would report this to the manager and record their concerns. One staff member commented "I would feel happy to raise concerns if I needed to; my manager is easy to talk to".

We reviewed five people's care plans and each showed that risk assessments had been completed with the involvement of the person who used the service, where possible. Records showed risks were reviewed regularly and updated when people's needs changed. Staff demonstrated an understanding of these assessments and what they needed to do to keep people safe.

Risk assessments on people's environments had also been conducted. These looked at the risks of each room that care support would be given in. Risks included things such as if a person had pets, or there were uneven floor surfaces that may present as a hazard. Considerations were also paid to external factors of the property with information recorded on ease of access and appropriate lighting.

There were sufficient numbers of staff to support people. The manager informed us that they never run to full capacity in their staffing levels, in order to always have cover available should they require it. The staff rota showed that no one worked a full day of visits. This meant there was someone available to pick up shifts if a member of staff went off sick.

One person receiving care told us "I have never had missed visits, in fact they are always early". Staff were also positive remarking "we always stay with someone the full allocated

Good

Is the service safe?

time, even if we are running late the time is not made up, that person has their visit". Another staff member said "everything seems to run like clockwork". The manager and the office manager are both trained to deliver care and regularly attend visits to keep up to date, so they can also cover if needed. The manager told us that they make sure the levels of staff are in place before taking on any new people to support.

Safe recruitment processes were being followed in the service. We reviewed five staff files which had requested and received two references for prospective employees. Identity checks had been made through copies of passports taken and utility bills to prove name and addresses. Disclosure and Barring Service checks (DBS) had been made and were in date. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people.

The interview questions sought to recruit the right kind of people by asking for example 'as a care worker in a team how can you ensure continuity of care is provided?' Staff files also contained copies of people's driving licences and motor insurance and fit driver declarations to ensure people were legally safe to drive around the community and support people.

Good

Is the service effective?

Our findings

Staff we spoke with were knowledgeable about the people they supported. People told us "the staff are well trained, there is nothing they can't manage" and "no concerns, the staff are well trained". The manager told us they match staff skills and their personality with people to ensure effective supporting relationships are created.

The staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. Some of the staff told us they were currently completing an Open University distance learning course in dementia care and the manager was supporting them with this. One member of staff said "the training is regular and ongoing, I find it very useful". An online care planner held a record of what training staff had completed and when they were due updates.

An induction process was available for new staff which included shadowing an experienced member of staff, reading people's care plans and completing mandatory training including fire safety, first aid, health and safety and moving and handling. The manager is currently looking into having an in-house trainer so training can be delivered when required, and to fewer members at a time, as they found it hard to get the whole team together at the same time due to care visits and having a smaller staff team.

Staff explained how they had received supervision from their manager. This was a way of monitoring staff delivering support to people in their homes. At these meetings, areas where personal or professional development was required were identified to maintain good practice. We saw records to show staff received regular supervision and appraisals from the manager and office manager. The appraisals form showed that staff are asked about equality and diversity and about their current and ongoing performance.

Staff had undertaken specific training in Dementia awareness and the Mental Capacity Act 2005 (MCA). Staff we spoke with demonstrated their understanding of the MCA and its principles. One person told us "staff always ask for my choices but I like the same thing". At the time of our inspection the service was not supporting anyone who required a capacity assessment or had been placed under the Court of Protection. The Court of Protection was created under the Mental Capacity Act 2005 and has jurisdiction over the property, financial affairs and personal welfare of people who lack the mental capacity to make their own decisions.

People and their relatives told us they were confident in the staff in managing their health needs. One relative said "as well as all my relatives care needs they have assisted me in meetings with the social worker and have helped in sourcing mobility aids". Staff knew the procedure to follow if they believed someone was unwell with one staff member stating "If someone is unwell, we phone the manager, if it's an emergency we ring 999 first then the manager, and record everything".

We saw in people's care plans there was moving and handling assessments, and transfer procedures in place for people who required help mobilising. The forms described what the person could do. For example it was stated that one person transferred independently from their wheelchair onto the toilet. The assessment listed how many staff the person needed to support them, and if a hoist was required, guidance was in place on how to use this appropriately.

Good

Is the service caring?

Our findings

In people's care plans it stated if anyone had a Power of Attorney (POA) in place and what decisions they could make on that person's behalf, such as for financial concerns or care and welfare. There was no documentation available or signature to say the POAhad been seen by the manager. We asked how they made sure that someone definitely had a POA and could legally make decisions for that person. The registered manager said in future they would request to see this and update care plans in accordance.

The service works very closely with families during a person's end of life. Some staff have completed their palliative care training and the remainder of staff were completing it at the time of our visit. Staff were aware which people had a 'do not attempt resuscitation' (DNAR) form in place. A DNAR is a document issued and signed by a doctor telling a medical team not to attempt cardiopulmonary resuscitation (CPR). The manager told us they ask the staff if they are happy to continue providing care for someone at the end of their life, as they understood what an emotional experience it can be. The district nurse team work with the service and offer counselling for the staff after supporting someone if they feel they need it. Although in practice the care around end of life was very good, the documentation of people's wishes at this time did not support this. We raised this with the manager who has assured us this will be implemented in the future.

People that we spoke with were very complimentary about the staff and the management. People commented "I have the same three carers who come all the time", "the carers are very patient, very good, they go the extra mile", "this is one of the best company's I have ever used" and "I have the same carers, they are absolutely marvellous, it's a first class company".

Relatives also praised the service and told us "nothing is too much trouble, the staff interact with my relative lovely, I cannot praise them enough", "they go above and beyond, without them we'd be stuck and since they have been coming in, my relative is a lot happier", "they keep my relative clean and tidy, I have never seen them looking so smart" and "they are the loveliest most caring people I have ever met and we are truly blessed to have them".

The staff told us they supported regular people and they benefitted from this continuity. The registered manager said one person they were supporting had mentioned how cold the shower gel was so they now pop it in some warm water for that person. The manager commented "it's getting to know your clients and being able to do these little things for them". One relative told us "it feels like being part of a family". Another relative said "they are all friendly, polite and helpful and I know I can telephone them whenever I want".

Everyone we spoke withsaid that staff did their upmost to protect their privacy and dignity. People told us "dignity is top priority", "the staff do things however we want them done, and always make sure we have food and drink before they leave", "the carers respect your privacy, they always help you" and "I never feel rushed". One relative commented "the staff are always concerned about dignity, they always cover up my relative and are so patient".

Staff had received training around maintaining privacy and dignity, and discussed how important this was for people. One staff said "personal care is done discretely; we go into another room, close the curtains, and always ask the persons wishes, and always give a choice". The registered manager told us "we aim to keep peoples independence, we don't do things for speed, we encourage people to do things for themselves no matter how long it takes them".

Good

Is the service responsive?

Our findings

People we spoke with told us they had not been asked for feedback in a formal way. People gave feedback during care reviews directly, or in an informal way to staff. One relative told us "there have been no feedback questionnaires, but everyone who knows them gives positive feedback". Another relative said "my feedback would only say nothing could be improved on". During our visit we saw thank you cards displayed on the wall in the office, these were written by people using the service and their relatives complimenting the staff, service and care.

The manager informed us that gaining feedback on a formal basis had been difficult as they are a relatively new service, and many of the care packages they took on only lasted six weeks. The manager did have a feedback template form in place and told us now the service is more established; they are going to start sending it out to people.

Each of the care plans we saw were individualised, and took into account each person's needs and wishes. People were encouraged to provide information about themselves so that staff understood their needs well. This included people's spiritual, cultural or religious beliefs, and explored any emotional needs a person may require support with such as being at risk of depression. When appropriate, family members had contributed to people's life stories and the development of support plans to include details about people's likes, dislikes and interests.

Staff told us they are involved in contributing to people's care plans as they are best placed to know what people like and need. The service operates a buddy system in which they allocate a maximum of three different carers to one person. This enables good relationships to develop and builds continuity for a person. The buddy system also helps identify when a person's needs change, as the three staff supporting that person, know them well enough to detect any changes in behaviour. The staff will contact the next member going to provide support and update them if necessary so people's needs are monitored.

People described how the support was tailored to their needs and was reviewed accordingly to meet these. Everyone we spoke with said they were involved in reviewing the care on a regular basis. One person told us "when things change, I ring the manager and they work around things for us". Another person said "if I want the girls in early one day, the manager will arrange that, they are very flexible, and really does care".

The formal complaints log showed that only one complaint had been raised with the service and the manager confirmed the service had only received one complaint. The records showed the correct procedures had been followed and appropriate action taken. Staff we spoke with told us "no one has ever raised concerns to me" and "I would report all concerns to the manager, they are always available". People and their relatives said they were confident if they raised the concerns the manager would respond in a timely manner and take the seriously. One relative commented "I have no complaints at all, the service always make suggestions to help solve any problems".

People using the service were given a copy of the complaints procedure in their handbook when they joined and had signed to say they received it. A diary for each person detailed any informal concerns that were raised. For example one person had requested that they did not want such an early morning visit any more even though originally this had been their choice. The manager acted on this request and changed the rota so the person now receives a later visit and it reviews this regularly with the person.

Requires improvement

Is the service well-led?

Our findings

The manager had an understanding of their role and responsibility to provide quality care and support to people. However during our inspection we found that they had not been reporting notifiable incidents to the Care Quality Commission (CQC). A notifiable incident for example is if a person had died or had an accident. The manager had been unaware of their responsibility to do this.

This was a breach of Regulation 16 (1) (b) (Notification of death of service user) of the Care Quality Commission (Registration) Regulations 2009.The manager described this as an 'oversight' and they would ensure this would not occur in the future.

There was a manager in post at the service at the time of our inspection. The manager was available throughout this inspection, and spoke enthusiastically about their role and dedication to ensuring the care and welfare of people who used the service. Comments from the manager included "my aim is to bring good care back home" and "if we have happy carers then we will have happy clients".

Without exception, everyone we spoke with described the manager as being 'approachable, caring and supportive'. People and their relatives informed us that they were very happy with the service provided. Comments included "I am very happy with things, when they say they are going to do something, they do it, no false promises, they go above and beyond", "the manager comes and sees me and has a chat" and "I have met the manager, she's lovely, if I have a problem she always answers my concerns".

Staff praised the organisation of the service and told us the manager allows them travel time between visits and they are paid a fuel allowance. The manager took into account the location of visits in proximity to where the staff lived. One staff member told us "I have plenty of time to support people and travel time; I never have to rush anywhere or rush anyone". The manager told us they will not accept any care packages that require a visit shorter than half an hour and said "nothing of value can be done in this time; in fact such a short visit can actually be more harmful to someone".

Staff demonstrated a good understanding of what the service was trying to achieve for people and told us they felt supported by their manager. Staff commented "it's a very organised company, if there are any problems they are always sorted, we are supported well, it's a very good team", "the manager works how I like to work, they have values", "I love it, I have worked in care before where people don't care, our manager cares about her staff" and "it's a lovely company to work for, I feel very privileged".

The manager divided their time between the office and attending care visits. The manager informed us they did not want to be detached from the hands on experience of care and this way can properly understand people's needs. Staff we spoke with told us "the manager is so approachable; she won't get us to do anything she isn't prepared to do herself and "the manager covers everything, she goes out and does the care work herself so she knows".

The manager had systems in place to monitor the quality of the service. The office manager audited the communication logs and MAR charts checking for missed entries in the recording and ensuring they were being filled out correctly. The manager and the office manager would carry out spot checks on staff every two months. We saw in staff files these were being done regularly and focused on checking things such as punctuality, presentation, skills and conduct.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. All records were easily accessible, reviewed regularly, updated appropriately and fit for purpose.

The manager had plans in place to develop the service, this include developing a senior position within the staff team. The manager told us this is to retain staff and offer opportunities in the service so they do not move on in order to progress. The senior would then be responsible for conducting the spot checks on other staff and carrying out assessments on potential new clients. The service is in its first year but has already built a good reputation amongst the staff, people they support and their relatives. The manager told us they have been careful in selecting care packages and are building the service up slowly to establish quality before quantity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services The manager was not submitting reportable notifications to CQC. In this instance the death of service user had not been notified to CQC. Regulation 16 (1) (b).