Care 2 Care Training Services Limited

Care2Care

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

The inspection took place on 22 and 23 August 2016. The inspection was announced as the service is small and we needed to be sure someone would be available to meet with us.

The last inspection took place in November 2013, at which time the service was found to be meeting all the requirements of the regulations we looked at.

Care2Care provide training, day care, domiciliary care and carer support services to people living in Sheffield and Barnsley. They were providing personal care to two people at the time of our inspection. This inspection looked only at the regulated activity carried out by the domiciliary care service.

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.

People who used the service told us the staff were caring.

All staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

We saw that safe staff recruitment procedures were followed to ensure that all the required information and documents were in place before staff commenced employment.

Staff were suitably trained to carry out their job roles effectively.

Staff told us and records showed that they received regular supervisions and appraisals. Staff told us they felt supported by management.

People told us they always had the same small team of care staff who knew them well.

Care records were reviewed regularly with the person who used the service. Everyone who was involved in the care and support of the person was asked for their feedback.

People who used the service and their relatives were aware of how to make a complaint. There had been no formal complaints recorded at the service in the previous 12 months. Six written compliments had been received during this time period.

Staff told us they felt supported by their manager and were comfortable raising any concerns.

People who used the service, family members and staff were regularly consulted about the quality of the service.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

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 told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

The service had a robust policy for the safe storage and administration of medicines.

There were sufficient numbers of staff employed in order to meet the needs of the people who used the service.

The service had a safe and effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Care records contained a risk assessment of the person's home before the service started to ensure the health and safety of both the person and any members of staff. Information regarding risks to the person was recorded within the person's care and support needs assessment.

Is the service effective?

Good

The service was effective.

Staff had received an induction prior to commencing employment with the service.

Staff were suitably trained and received regular supervisions and appraisals.

Staff told us they felt supported in carrying out their job roles and people told us that staff were competent at their jobs.

Is the service caring?

Good

The service was caring.

People and their relatives told us the service was caring.

Staff knew what it meant to treat people with dignity and respect.

Staff spoke passionately about the people they supported. They knew people's preferences and were keen to support people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People's care records were up to date and regularly reviewed. They reflected the person's current health and social care needs.

The service had a complaints policy in place and people were aware of how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

People who used the service and the staff who worked there told us the management team were approachable and supportive.

There were systems in place to assess and monitor the quality of service provided.

There was a comprehensive range of policies and procedures in place which were up to date and reflected current legislation and good practice guidance.

Care2Care

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 22 and 23 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a very small domiciliary care service and we needed to be sure that someone would be available to meet with us.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we held about the provider. This included the service's inspection history and registration information. We also contacted commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we reviewed two care records, three staff files, policies and procedures, and other records which related to the checks carried out to monitor the quality and safety of the service. We spoke with the registered manager and two members of care staff. We visited a person who used the service at home with their relative to gain their views on the service they received.

Good

Is the service safe?

Our findings

The service had an up to date safeguarding policy and whistleblowing policy. Whistleblowing is one way a member of staff can report suspected wrong doing at work by telling a trusted person in confidence. Staff we spoke with knew this and were confident any concerns they had would be taken seriously by management. Staff told us they had received training in safeguarding vulnerable adults from abuse. The training records we were shown confirmed this. Staff we spoke with were able to tell us what abuse was and how they would recognise it. Again they were confident their concerns would be taken seriously by management.

We were told there were no records of any safeguarding concerns involving Care2Care staff and the people they supported to live at home. Our checks with the local authority safeguarding team confirmed this was the case.

We looked at the care records for both the people who were currently supported by the service. We saw that each record contained a risk assessment of the person's home before the service started to ensure the health and safety of both the person and any members of staff. The registered manager told us that any information regarding risks to the person was recorded within the person's care and support needs assessment. We saw this was the case. However, where a person was identified at being at risk in certain situations there was little information for staff on how to mitigate the risk. The registered manager agreed with us and she told us she had already identified this as an area needing further development.

We asked the registered manager how she recorded and monitored any accidents and incidents which occurred in people's home or at the office. The registered manager told us there hadn't been any accidents or incidents and the monthly monitoring reports we looked at confirmed this. We saw the service had a log book to record any should they occur in the future.

Care2Care domiciliary service offered a minimum of one hour per call, between 8am and 6pm on weekdays only. This meant that the service could ensure a manager was always available during these times if staff encountered any problems. Staff told us they had time to give the required support without feeling rushed as well as having time to talk to people. The registered manager didn't currently use a staffing dependency tool to work out how many staff were needed to support people's care needs at home. Some people using the service had already been assessed by social services as needing the level of care provided. The registered manager told us she would contact social services if she felt there wasn't enough time allocated to meet the person's care needs safely.

We were told that the general manager tries to produce staff rotas at least four weeks in advance. People had a small team of the same two or three care staff to support them. Rotas we looked at confirmed this. One relative told us, "[Name] has just two carers, we always know who is coming."

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been

followed to ensure fit and proper persons are employed. This included evidence of a disclosure and barring (DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults. Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable is required as to the reason why that person's employment ended. The staff files we looked at contained all the information required to evidence that the service followed safe recruitment practices.

The service had an up to date policy on administering medicines. This included administering prescribed creams. The policy included checking the identity of the person, checking it was the right prescribed dose and signing the Medication Administration Record (MAR) chart when the person had taken their medicines or recording a reason why they didn't. Staff we spoke with understood their responsibilities for the safe storage and administration of medicines.

Good

Is the service effective?

Our findings

Care staff had an induction in preparation for starting work. The service's policy on induction training stated care staff should have a minimum of a three day programme of supervised work including shadowing colleagues. Care staff were also supported to complete the 'Care Certificate' where appropriate. The 'Care Certificate' is a standardised approach to training for new staff working in health and social care. New staff were also given initial training in areas relevant to their work. We saw records of this on staff files. There was a record of the areas covered as part of the induction and they were signed off by their line manager as completed.

We saw a copy of the staff handbook which we were told was given to all staff when they started employment with the service. This contained information regarding the terms and conditions of their employment, and key policies and procedures on how best to support people.

Staff we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. The service's policy on development and training stated that the priorities included: moving and handling, first aid, fire safety, health and safety and equality and diversity. Staff told us they received regular, good quality training. We were told that individual learning styles of staff were assessed to establish their preferred way of learning.

We looked at the service's training matrix. The matrix was designed to show either a date in the future when the member of staff was due to undertake a specific training session, or a date in the past to show when they had completed it. In addition some training needed to be completed more than once in order to keep up to date with current legislation and any innovations in practice, for example safe moving and handling techniques. This training was also listed on the matrix with reference to how often it needed to be completed. There were no unexplained gaps across the matrix meaning staff received appropriate training when required.

Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Staff told us they had regular supervision and felt supported by their line manager. Staff files we looked at had evidence of supervision meetings taking place regularly and staff receiving an annual appraisal. The records of these meetings were detailed and covered a number of work objectives as well as the member of staff's personal wellbeing. The supervision policy indicated that staff should have supervision a minimum of six times a year. The staff files we looked at didn't evidence that supervision took place this often. The registered manager explained that this was because she included team meeting and on the job observations of care staff to all be part of the supervision process.

This meant staff members were aware of their roles and responsibilities and had the relevant skills,

knowledge and experience to support people.

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. We saw that people's capacity was recorded on their care record. In addition staff had undertaken training in understanding the MCA and Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

People told us the service was caring. We were told staff were "very nice" and "[Staff are] absolutely brilliant." Care2Care domiciliary care staff also worked at the service's day centre. We saw the responses to a questionnaire sent out to all people in receipt of any Care2Care services. The comments we read were universally positive.

We looked at five 'service user monitoring records.' This was where a senior member of care staff met with a person and their relative specifically to ask about the quality of care they received. Four out of five people ticked 'excellent' for every one of the seven questions about how they would rate the service. This included the question 'how would you rate your support worker's attitude towards you regarding respect, privacy and dignity?' The other person rated the service 'good' in answer to this question.

The service had a policy called, 'The Principles of Good Care.' A copy of this was included in the staff handbook. It explained the fundamental key principles of providing good care, including upholding people's privacy, dignity and choice, as we all as supporting people to maintain their independence as far as possible, and respecting the ethnic, cultural and religious diversity of people who used the service.

The staff we spoke with talked passionately about the people they supported. They were able to describe people's likes and dislikes. They knew people's social histories. We asked staff to describe to us what treating people with dignity and respect meant to them. Staff were able to tell us they would close curtains and doors when supporting a person with their personal care. They would cover people with a towel to maintain their dignity. Staff told us they knock and wait before entering a person's home. Where the person couldn't mobilise to their front door safely they would let themselves in while calling out 'hello,' explaining who they were and wait for a response.

The general manager told us that wherever possible they would allocate a member of care staff to best meet the person's preferences and cultural needs. Where they couldn't do this straight away they would look to recruit a member of staff who could meet the person's specific needs. We were told of the service offering to recruit a male member of care staff to support a person who had specifically requested this. People we spoke to and their relatives confirmed this was the case.

The registered manager told us that staff turnover was low because staff were committed to the people they supported. Every member of staff we spoke with said they would readily recommend the service to someone they cared about. One member of staff told us, "I honestly love my job."

Good

Is the service responsive?

Our findings

The service had an up to date complaints policy which gave details of who to contact to make a complaint and who to contact if people were unhappy with the original response. It explained the complaints process and the timescales for the service to respond. In the previous 12 months CQC had not received any complaints about the service and the registered manager confirmed that she had not received any complaints in the last 12 months. The registered manager showed us records of six compliments the service had received during this time period.

People and staff we spoke with knew about the complaints policy and who to contact.

In the PIR the registered manager stated, 'We [The service] have an open door policy that welcomes questions and discussions from our service users and staff and support is given as and when required.' The registered manager told us that they currently hold social events for people who used their services and their families and friends during major celebration periods, such as Christmas and Eid. Over the next 12 months the registered manager told us she also wants to introduce a bi monthly coffee morning for all people who use the service and their families, so that they can come and see staff, share their views, have a chat about anything that they want, and view resources that may be helpful to them. The registered manager also saw this as an opportunity for people to get out of their homes and spend time socialising with others in a warm, safe and homely environment.

From our observations and discussions with people and staff it was clear the service had strong commitment to gaining feedback and acting on it as appropriate.

The care records we looked at contained an up to date assessment of the person's health and social care needs which covered all areas of daily living including mental health, physical health and personal care needs. We saw that these were reviewed after the first month of receiving the service to amend and update as required. We were told the care record would then be reviewed every six months, or earlier if the person's situation changed. The care records did reflect the needs of the person and there was evidence they were involved in the initial assessment and subsequent reviews.

Some of the information recorded was brief and more descriptive, rather than advising staff as to how best to support the person. The registered manager told us she was already in the process of developing more detailed care records.

Good

Is the service well-led?

Our findings

The service had a clear management structure with defined roles and responsibilities for the registered manager, general manager and senior care staff.

We saw the service regularly sent out questionnaires to people who used the service, their relatives and to professionals involved with the person's health and social care needs. The responses we saw were overwhelmingly positive.

There were no regular meetings specifically held for people who used Care2Care domiciliary service; however we saw that care records were audited and monitoring visits were undertaken twice a year.

Staff told us they felt managers were approachable and supportive. We were told that a full staff team meeting was held twice a year. We were told the last one should have been in February 2016, however it was cancelled due to staff availability. We saw the minutes from the previous meeting held in November 2015. The minutes recorded the agenda, what information was shared, discussions held and any actions to be taken. Minutes were made available to staff who couldn't attend the meeting.

We reviewed the service's policy and procedure file, which was available to staff in the office. We saw key pieces of information from this file were also included in the staff handbook. The file contained a comprehensive range of policies and procedures covering all areas of service provision relating to both people using the service and to the staff. The registered manager told us it was a lot of information for staff to absorb in one go, which is why key policies and procedures were in the staff handbook. We were told that part of supervisions and team meetings were taken up reviewing policies and procedures that were not in the handbook. The records we saw confirmed this. We saw the policies and procedures were up to date and regularly reviewed. This meant they reflected current legislation and good practice guidance and that this was shared with staff.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help managers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw senior members of staff had audited staff recruitment files to check they contained all the required information. Although any actions to be taken were recorded in the individual's file there was no overview of any issues raised which could have eased recruitment processes in the future. We saw care records were also audited; again there was no overview of any lessons learnt or examples of good practice. The registered manager agreed that more detailed analysis of the outcome of the service's quality assurance processes needed to be developed.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that no notifications had been received in the previous 12 months. The registered manager confirmed this was correct and the records we reviewed during our inspection correlated with this.