

Carby Community Care Ltd

Carby Community Care

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 

Overall summary

Carby Community Care provides personal care and support to people in their own homes. We carried out an announced inspection of the service on 2 and 3 July 2015. At the time of our inspection 78 people were receiving a service.

This was the first inspection of this service being delivered from this location. The service was previously delivered from another location. At our inspection of that location on 15 October 2013 the service was meeting the regulations inspected.

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 happy with the support they received and liked the care workers that provided the support. Care workers were friendly and polite, and understood how to maintain people's privacy and dignity at all times. Staff were aware of people's communication needs and communicated with them in a way they understood.

People were provided with care that met their needs. People had individually tailored support plans which instructed staff how support and care was to be delivered

Summary of findings

to ensure people had their health, welfare and safety maintained. Assessments were undertaken to identify any risks to people's safety and staff supported them to manage these risks.

People were provided with a choice and were involved in decisions about their care. The management team had concerns that some people were unable to safely manage their medicines and were liaising with people's GPs to ensure people received support in line with their 'best interests'. People were supported by staff, where required, to receive their medicines as prescribed.

There were sufficient staff to meet people's needs. The managers checked whether staff arrived at their

appointments promptly and stayed for the right length of time to provide the care needed. Staff were provided with the training and support they required to provide high quality care, and ensure they had the knowledge and skills to undertake their duties.

The management team checked on the quality of care provided and made any changes needed to improve it. Actions were taken in response to complaints, incidents and feedback received to improve the care provided. There was strong leadership and management at the service, with clear expectations as to what was required from care workers. There was good communication with the staff team and opportunities to learn from each other.

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?

The service was safe. There were safe staffing levels and systems were in place to ensure that staff attended people's appointments as required.

Staff supported people to manage their safety and welfare. Management plans were followed to minimise the risks to people, including the risks of falls and becoming dehydrated. Staff were aware of safeguarding procedures and reported any concerns to their manager.

Medicines were administered safely and in line with people's prescriptions.

Good



Is the service effective?

The service was effective. Staff had the knowledge and skills to support people and received regular training to ensure they were able to meet people's needs.

Staff had received training on the Mental Capacity Act 2005. Staff asked people, or their representatives, for their consent to the support provided. The service was in the process of arranging for assessments to be undertaken to ensure, where people were unable to consent to the support provided, any decisions made for people were in line with their 'best interests'.

Staff supported people to have their health needs met and liaised with healthcare professionals involved in their care as required. People were supported to have their nutrition and hydration needs met.

Good



Is the service caring?

The service was caring. People received support from a regular care worker and had developed positive working relationships with them.

People's privacy and dignity was maintained.

Staff were aware of people's communication needs. Staff communicated in a way people understood to ensure their wishes and preferences were obtained.

Good



Is the service responsive?

The service was responsive. People were supported with their care needs and in line with individually tailored care plans. People were encouraged to maintain their independence and provided with the opportunity to obtain support from care workers with similar interests as them.

People, and their relatives, were supported and encouraged to give their views about the care they received. An annual satisfaction survey was completed and there was a complaints handling process. We saw that all complaints were investigated and managed appropriately.

Good



Is the service well-led?

The service was well-led. There was clear leadership and management at the service. Staff were well supported by their manager and able to discuss any concerns with them.

Spot checks were undertaken to ensure high quality care was delivered. Additional support, practical training and supervision was provided to staff to increase the quality of care delivered when needed.

Good



Carby Community Care

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 2 and 3 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Two inspectors undertook the inspection. On 2 July we visited the service's offices. We spoke with three members of the management team. We reviewed seven people's care records, including medicine administration records and daily log books. We reviewed five staff records including recruitment, induction, supervision and training records. We also reviewed records relating to the management of the service, including complaints, feedback from people, incident reports and spot checks.

On 3 July we made phone calls to four people and three people's relatives. We spoke with five care workers. We also spoke with the contracts manager from one of the local authorities referring people to the service.

Is the service safe?

Our findings

There were sufficient staff to provide people with a safe service. Safe recruitment practices were in place to ensure staff had the knowledge and experience to support people with their personal care. This included attendance at interviews, receipt of references from previous employers and completion of disclosure and barring checks.

The management team ensured people received the support they required and that staff attended appointments in line with people's assessed needs. Two care workers attended appointments for people that required additional support, for example with moving and transferring from their bed into a chair. The manager liaised with the funding authority if they felt the person's needs had increased and they needed support from additional staff.

An automated system alerted the management team if staff were more than 15 minutes late for an appointment. The system enabled staff to monitor whether the person was delayed at a previous appointment or whether there were any delays due to unexpected increased travelling times. The management team rang staff if they had any concerns as to their whereabouts and why they were late for an appointment. If staff were going to be significantly late the management team rang the person to inform them. The management team gave people the option of waiting for their regular care worker or receiving the support they required during their allocated appointment time from another care worker.

Risks to people's safety were managed appropriately. A member of the management team undertook an assessment to identify the risks. Following this assessment, a risk management plan was developed which was incorporated into the person's care and support plan. Staff said these were clear and informed them how people were to be supported to maintain their safety. Risk management plans were updated as people's needs changed to ensure staff had up to date information about how to support people safely. This included reviewing any support people

required with their mobility and minimising the risk of falls, and ensuring people received adequate amounts to drink if they were at risk of dehydration or recurrent urinary infections. Staff said if they had any concerns about a person's safety or the information contained in their risk management plans they would discuss this with their manager. Staff got assistance from health services as required. One person said they had a fall and the staff called an ambulance and stayed with them until it arrived.

All incidents and accidents were reported to the registered manager. These were reviewed to ensure the person received the support they required to maintain their safety and reduce the risk of possible reoccurrence. The incident records we saw did not contain sufficient information about the actions taken to support the person, but the registered manager was able to describe to us the action taken to ensure the person's health and welfare was maintained. The registered manager amended the incident reports on the day of our inspection to ensure they stated all actions taken to support the person's safety.

Staff were knowledgeable in recognising signs of possible abuse, and any concerns about a person's health or safety were reported to the manager of the service. The manager escalated concerns as necessary to the referring local authority to ensure appropriate action was taken to ensure people remained safe.

Safe medicine management practices were in place. Information was included in people's records about what medicines they took and the level of assistance they required from staff to take their medicines. Staff said they supported people with their medicines in line with their support plan, and their prescriptions. They said they gave people the support they needed with their medicines. They ensured people received their medicines at the times they required them and documented all the medicines they administered or prompted the person to take. We checked archived medicine administration records kept at the service's office which showed that people received their medicines as prescribed.

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities. An induction process supported newly employed staff. This included new staff shadowing more experienced care workers so they became familiar with the service's policies and procedures, and to observe how people were to be supported. The length of time new staff shadowed an experienced staff member varied depending on the staff's needs and confidence. Staff were being supported to complete the Care Certificate. A recognised scheme for training and inducting staff to the social care sector. During induction staff also completed mandatory training on medicines administration, safeguarding, manual handling, food safety, and first aid. Staff completed additional training through arrangements with the local authority to provide staff with more in depth information on topics such as manual handling and safeguarding.

Staff received support and supervision to develop their skills and knowledge to ensure they delivered care that met people's needs and to undertake their duties to a high standard. This included through team meetings and one to one supervision sessions.

Staff had received training on the Mental Capacity Act 2005 as part of their induction. They were aware that they needed to give people choice and respect their decisions. They said if they had concerns that a person was unable to make a decision, they would discuss this with their management team. We observed that some people were

assessed by the management team as not being able to manage their medicines safely. Arrangements were in place for some people to have their medicines hidden or kept in a locked cabinet that the person did not have access to. However, for some people formal assessments had not been undertaken in line with the MCA to assess the person's capacity to make decisions about how their medicines were managed. The registered manager was in the process of liaising with people's GPs to ensure support provided was in line with people's 'best interests'.

People were supported as required to have sufficient to eat and drink. Information was included in people's care records about what support they required with their meals. It included information about what they liked to eat and whether they preferred to have their hot meal at lunchtime or in the evening. Staff told us they always ensured they left people with a drink nearby so they were able to stay hydrated throughout the day and night. People said staff supported them with their meals. They told the staff what they wanted to eat and the staff prepared it for them.

Staff supported people to have their health needs met. People's GP's contact details were included in their care records, as well as any other healthcare professionals involved in their care. This enabled staff to get in contact with the healthcare professionals providing the person with support if they needed any additional advice. Staff were aware of how to support a person if their health was deteriorating, and they obtained support from the person's GP or the ambulance service as required.

Is the service caring?

Our findings

Staff had developed good relationships with people. People described staff as “friendly” and “polite”. One person said the staff were “very good, very helpful”. People said they liked that they usually had the same care worker supporting them and that they had got to know them.

Staff respected people’s privacy and dignity. Staff were conscious of the need to make people feel comfortable during personal care. Staff ensured personal care was delivered in a private room and all curtains and doors were shut. People were supported to cover up as much as possible during personal care so they did not feel too exposed.

People were supported to make decisions about their care. Staff told us they always discussed with people what options were available to help them make a decision. For example, some staff showed people two meal options so

they could see what was available to help them make a decision. Staff said some people they supported were able to express their wishes and they always gave them a choice about the care they received. Staff said if they were unsure about what would be in line with the person’s wishes, and the person was unable to tell them, they would consult the care plan and risk assessments to obtain this information.

Staff were aware of people’s communication needs. Staff knew how to communicate with people to ensure they were clear in what they were asking. For example, some people understood more if staff spoke in short sentences. Staff gave us an example of one person who spoke very limited English. Their family had provided staff with a translation sheet which staff used to help communicate with the person. Another person using the service had restricted hearing and one of the supervisors was in the process of developing a visual communication book to help staff communicate with the person, and ensure the person’s choices and wishes were heard.

Is the service responsive?

Our findings

People told us they got on well with their care workers and one person said, “I get the help that I need.” One person’s relative told us, “Everything’s going along very nicely.”

People received care in line with their support needs. Information was provided by the referring authority about the support people required. This information, together with assessments undertaken by the management team, was used to develop people’s individually tailored care plans. The care plans clearly outlined what support people required, on what days, and how often. Systems were in place to ensure staff stayed the required amount of time at a person’s house in order for them to undertake all tasks in line with people’s support plans. Any changes in people’s support needs were discussed with the funding authority to ensure people’s care packages reflected their needs.

People’s support plans identified what people were able to do for themselves and where they required assistance from staff. Staff encouraged people to maintain their independence by asking them to say how they wanted to be supported and what assistance they preferred. Staff said they assessed what people were able to do for themselves and encouraged them to do as much as possible. For example, when supporting people with washing. Some people needed full assistance, whereas, other people just needed help to wash areas of their body they were unable to reach.

Information was gathered during the assessment stage about people’s interests and hobbies. This information was used to match care workers, so that people were able to have conversations and social support in line with their

interests. For example, one person liked cricket and so did their care worker. This enabled them to talk about a topic they were both interested in to socially stimulate the person.

People, and their relatives, were asked for feedback about the service. We viewed the satisfaction surveys received in 2015. The majority of responses were positive and people felt respected and their dignity was maintained. We noted that a couple of people mentioned some improvements they would like to receive. There was no analysis of the findings from the satisfaction surveys or action plan available for us to view what action was taken in response to people’s suggestions. However, the registered manager informed us of the action taken to address the suggestions identified and ensure people were supported in line with their wishes. The registered manager amended the surveys on the day of our inspection so in the future they were able to record what action was taken to address any suggestions or concerns identified.

Staff told us they regularly reminded people that in the care records kept at people’s homes it had information about how to contact the management team. They were able to contact the managers if they had any concerns or feedback about the service they received. Staff encouraged people to contact the management team if they had any questions about the service they received.

People, and their relatives, knew how to make a complaint. The people and relatives we spoke with did not have any complaints or concerns about the service. We saw that all complaints received were investigated and complainants were able to meet with the registered manager to discuss their concerns. All complaints made were resolved to the satisfaction of the complainant. If people were not satisfied with their care worker, they could request an alternative care worker to support them.

Is the service well-led?

Our findings

One person's relative told us, "The quality of care is high from the care workers. We're very happy with the care workers." A representative from one of the funding authorities told us they were happy with the service, they thought it was well managed and that the growth of the service was well managed. They said they would continue to refer people to this service and that the service was "exemplary".

A stable management team was in place, providing leadership at the service. This included the registered manager and three field supervisors, as well as care co-ordinators. The majority of staff felt well supported by their manager and felt able to contact them if they had any concerns. They felt they could have open conversations with the management team, however, they felt at times not enough action was taken to address the concerns raised. For example, rotas and the scheduling of travelling time between appointments.

Monthly team meetings were held for staff and the management team to get together to discuss the service provided and any concerns staff had. This enabled staff to share with colleagues how they supported people and learn from each other.

Staff said they received the support they needed from the management team and could always approach them if they needed additional support. This was provided by one of the service's supervisors. This included receiving practical onsite training to ensure the care they delivered was tailored to meet people's individual needs.

We reviewed the spot checks completed for five staff. The spot checks reviewed the quality of care delivered, the quality of records kept and ensured staff followed the service's policies and procedures. We saw that where improvements were required that an action plan was put together identifying what the staff member needed to complete to improve the quality of care delivered. This included completion of additional training.