

Carmel Care & Support Limited

Carmel Care & Support

Inspection report

1 Churchill Court
Bolton Street
Brixham
Devon
TQ5 9DN

Tel: 01803227979

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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

About the service

Carmel Care & Support is a domiciliary care agency. It provides personal care to people living in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection, 78 people were receiving personal care from the service. People who use the service live in Brixham, Paignton and Torquay.

People's experience of using this service and what we found

People told us they were very happy with the service they received. Each person benefited from a small staff team who knew them well. People told us they had developed positive, caring relationships with their regular staff. Comments included "We get on, we've got a good rapport", "They look after me very well" and "They're all very good, you couldn't have better carers".

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed.

People's needs were met by staff who had received regular training and support. Staff were highly motivated and well supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received a personalised service to meet their specific needs, preferences and wishes. People were involved in making decisions about their care and supported to maintain their independence. People were treated with dignity and respect in a way that valued them as individuals.

Staff quickly identified people's changing needs and actions were taken. Staff supported people to access healthcare, when needed.

People benefited from a provider who placed an emphasis on delivering a high-quality service. Without exception, people and staff spoke highly of the service. The provider continually looked for ways to improve and was working with commissioners to focus on initiatives to drive improvement and provide high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with the CQC on 15 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service registered with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Carmel Care & Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The provider was registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 February and ended on 6 February 2020. We visited the office location on 4 February 2020. We carried out phone calls to people on 6 February 2020.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, nine relatives and one representative. We spoke with six members of staff including the regional operations manager, registered manager, team leader and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We asked five professionals for feedback. We received feedback from one professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home. One relative said, "They've given us peace of mind."
- Staff had completed safeguarding adults training. They knew how to protect people and report concerns about people's safety. One person told us how staff reminded them to lock their door when they left each visit.
- Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.
- The provider sent information to keep people safe. For example, posters had been sent out for Halloween to ask people not to ring the doorbell.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided.
- The service was working in partnership with the fire service to keep people safe. If staff identified concerns they arranged for the fire safety officer to visit people in their homes.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe. There were enough staff available to carry out the planned visits.
- The management team worked hard to provide people with a consistent staff team. People's visits were created on a set rota so they always knew when to expect their visit. Staff told us this worked really well and saved time as they knew who they were visiting and when to visit.
- Staff told us they would always help out if needed to cover sickness, absence and holidays. The service also had a team of bank staff who could be called upon to support. This meant people were always supported by staff they knew, who were familiar with their needs and who were trained and supported to meet the high expectations in relation to care and support.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people.

Using medicines safely

- Most people managed their own medicines. Where staff assisted people with their medicines, this was

done safely. Staff supported some people by collecting their medicines.

- People received their calls at the right time to ensure medicines were given at the correct intervals.
- Senior staff carried out observations of staff administering medicines and audits to ensure safe practice.
- Where changes to medicines were made, staff made sure the records were amended to ensure the person received them correctly. A relative told us the management team would come out and check new medicines to make sure they were right.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

Learning lessons when things go wrong

- Where an incident had occurred, the service reflected on whether it could have been prevented.
- When audits identified medicine issues, staff were invited to attend a medication workshop. One staff member told us this was really useful as they spent several hours on a one to one basis going through everything they need to know.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Detailed care assessments were carried out before people began to use the service. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.
- When people's needs changed, care reviews were carried out.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. When asked about the training, staff said, "I've done loads of training" and "It's great." The provider employed a regional trainer and training was delivered face to face or through e-learning.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own. A staff member said, "They tailored the training to meet my needs. I felt really confident going out in the community."
- Staff had opportunities for regular supervision. Staff told us they were well supported and were encouraged to further develop their skills.
- Where people had specific needs, staff had completed training to ensure they could meet these. For example, staff had become 'Dementia friends'. This meant staff had a better understanding of dementia and how best to support people living with dementia.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people with eating and drinking. Staff knew people's food preferences and ensured they ate healthy balanced meals. Staff shared photos of meals so they could work in the same way to encourage people to eat.
- Staff knew when people were at risk of not drinking enough and found ways to encourage them. For example, staff changed one person's cold water to warm water with a little milk. This led to an increased fluid intake and prevented infection.
- One person wanted to do more cooking. Staff supported them with this and the person told us they had appreciated this.
- Staff knew to contact the office if they had any concerns in relation to eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to external healthcare support as necessary. During the inspection, the registered manager advised a relative of some action that needed to be taken and offered them additional support if needed.
- Staff told us they were able to contact healthcare professionals directly and this meant staff received a visit sooner. They then updated the office.
- The service had worked collaboratively with other professionals such as occupational therapists and district nurses to ensure people received the best possible care and support. A professional told us "They are extremely efficient at keeping me updated with any changes on a day to day basis and I can fully rely on them to report any concerns immediately."
- Staff completed detailed records at care visits to ensure care remained consistent.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Most people who used the service had capacity to make decisions about their care and support. Care plans were signed by each person and showed they consented to care and treatment.
- Staff understood people's rights. They knew how best to support people who lacked capacity and encouraged them to make day to day decisions.
- Several people who used the service did not have capacity to make decisions, mental capacity assessments had not been carried out. We spoke with the registered manager who told us they knew this was an area for development. The regional trainer was attending a training course on the day of our inspection. The registered manager assured us they would carry out the required assessments and had found suitable assessment paperwork which they showed us.
- We saw a best interests decision had been made and recorded. Relatives and representatives held power of attorney, so they could make decisions about the person's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were really caring. Comments included, "We get on, we've got a good rapport", "They look after me very well" and "They're all very good, you couldn't have better carers".
- When staff referred to people they supported, they spoke with genuine warmth and compassion. Comments included, "My clients are amazing, I've developed strong professional relationships" and "I look forward to getting up in the morning and going to work. I'm going to chat to nice people, they've all got such fabulous stories".
- People benefited from a small regular staff team and they really appreciated the continuity. People knew staff well and told us they looked forward to their visits. People had developed relationships with the staff team and they enjoyed sharing their lives. Relatives said, "They bring a lot of life into mum's life" and "They treat dad with such respect, he smiles when they come and go".
- We heard examples of staff doing things to make a difference to people's lives. For example, some people were on their own on Christmas day. Staff took out several Christmas dinners to people. When a staff member arrived at one person's home, they had cleared and set the table for dinner with crackers and decorations. Another person always used to make quilts on the birth of a grandchild. They had bought wool to crochet but couldn't see to do it anymore. A staff member offered to make a blanket and the person chose the colours and material.
- Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. For example, one person told us how the staff had listened to them and supported them well following a bereavement. A relative told us if they got upset, staff would comfort them.
- Staff had completed equality and diversity training. They told us how they provided support to meet the diverse needs of people using the service including those related to disability, gender, and age.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views. People and their relatives told us they had met with staff at the start of the service to arrange their care plan and routine.
- People were involved in regular care plan reviews.
- Staff were skilled at communicating with people's relatives, where appropriate. Relatives told us staff communicated well and kept them up-to-date with what was happening.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected and promoted their privacy, dignity and independence.
- Staff were aware of each person's ability to carry out daily living activities and encouraged people to do as much as they could for themselves.

- People's personal records were kept secure and confidential. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received a personalised service to meet their specific needs, preferences and wishes. The registered manager told us "We really focus on the individual."
- Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. Staff knew how to meet people's physical, emotional, and social needs.
- People benefited from a small team of staff who knew them well. Staff involved people and their relatives in their care and support to achieve the best possible results. For example, one person was at risk of self-neglect. Staff built a trusting relationship with the person and as a result they allowed staff to deliver support with going out, eating, and personal care. Information was passed to the staff team, so they were consistent in meeting this person's needs. The person had now accepted staff's support and their wellbeing had improved.
- Staff quickly identified people's changing needs and actions were taken. For example, one person was getting confused as it was getting darker earlier. Staff adjusted their visits so the person benefited from a better evening and bedtime routine. This had resulted in the person being happier and more settled.
- The service was responsive to people's needs. For example, one person wanted to come home from hospital. At the time, the service did not have staff available to cover the additional visits. The registered manager went out and covered the calls themselves, so the service could continue to deliver care. A professional told us when a person had been in a crisis situation, they had always found the service willing to do whatever they could at a minute's notice to help the situation.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's information and communication needs. People's needs were shared appropriately with others. For example, one person was blind. Their relative told us staff would come up to her to talk so she knew where they were. Another person was living with dementia and staff used short written signs as the person understood these.
- People's information and communication needs were met. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Staff looked for ways to reduce social isolation and enhance people's quality of life. Staff told us how they would get pictures out and share stories with people. One staff member said, "I pick a photo and talk around the photo, it starts a whole conversation." Staff identified one person wanted to go into the garden. They stayed longer than the normal visit to assist the person out into the garden. They spent time together and enjoyed the fresh air and sunshine. Another person wanted to go out in the community. The service had secured additional time and the person now went out twice a week and enjoyed eating out.
- Staff supported people so they could maintain their interests and identify work opportunities. For example, one person told us they enjoyed cycling. They said the staff member had got on a bike as well and they had a good chat all the way round. Another person expressed an interest in volunteer work. Staff worked closely with the person and found they liked computers and technology. Staff supported the person to improve their confidence and they found work in a local computer shop. Initially, staff travelled to work with the person. They then planned bus routes together and now the person travels to work independently.
- The service sponsored a local charity radio show that aims to combat loneliness and isolation for people receiving care. People who had access to the internet were given details and could enjoy music from their era and request songs.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. Each person had a copy of the complaints procedure in their home. People told us they hadn't needed to complain.
- Where complaints had been received, these had been investigated and responded to appropriately.
- People felt confident the registered manager would act to address any concerns.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- A relative had given feedback to the service in relation to the end of life care they provided and said the care given had been 'outstanding'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was well managed. Relatives commented, "It all works" and "Anything we want, they've always bent over backwards to help us." A professional said the registered manager and team leader had a very kind nature and appeared to really care for people.
- Staff were passionate, highly motivated and proud to work with the service. Comments included, "I absolutely love it, I like making a difference. We've pushed the passion out to the other teams" and "The management really do take care of us." The registered manager told us "We try and appreciate our staff as much as possible. You have happy staff - you have happy service users."
- Since their registration, the provider, registered manager and service had been nominated for four Outstanding Care Awards for Devon and Cornwall and had been a finalist for the Home Care Team Award at the Great British Care Awards. The provider invited staff to attend an awards evening and celebrate their success.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.
- The provider understood the duty of candour in respect to being open and honest with people and relatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits.
- The registered manager was supported by a team leader and care staff. Each staff member knew their responsibilities and there were clear lines of accountability.
- A variety of regular meetings were held between the provider, regional operations manager, registered manager, team leader and care staff to ensure the ongoing effectiveness and quality of the service. Social media were used to communicate updates in best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives were asked for their views about the service through visits, reviews and surveys. The results of the recent survey were mostly positive. Several people said they didn't know the registered manager. The action plan showed they planned to go out and meet these people.
- Staff told us they felt able to contribute their thoughts and experiences on the service. Staff were invited to complete surveys to give their feedback. The responses were all positive. Comments included, "I love working for the company and they are always there if you need any help" and "I couldn't wish for a better job, team or management."

Continuous learning and improving care; Working in partnership with others

- The management team were committed to improving care where possible. They kept up-to-date with national developments in the care sector. The registered manager told us they were focused on the service's improvement plan. This included meeting each person who used the service, further work on person centred care and setting up a 'Befriending scheme'.
- The management team attended the local care managers network to improve information sharing and knowledge.
- The registered manager and regional operations manager had signed up to be 'Proud to Care' ambassadors. This is a regional initiative which aims to raise the profile of careers in health, care and support.
- The registered manager was working with the local trust. The service was taking part in a pilot for self-optimising teams. This meant a group of staff were responsible for planning and managing their work to achieve better outcomes for people. Staff had supported people to get back out into the community. They also attended care collaborative events and the monthly staff recruitment and retention group.