

Elaine Frances Sadler

Care Services

Inspection report

15 Ravenscroft Road
Olton
Solihull
West Midlands
B92 8AH

Tel: 01217069444

Date of inspection visit:
27 January 2020

Date of publication:
02 March 2020

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

Care Services is a domiciliary care service which is registered to provide personal care to a range of people including, older people, people with disabilities and dementia. People using the service lived in their own homes within the community. At the time of our inspection 11 people received personal care and support from the service.

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

People received safe care and were cared for by staff who had a good understanding of how to keep people safe. Staff recognised the signs of abuse and how to report it. Risks were assessed and monitored so staff knew what to do to keep people safe. The management team ensured accidents and incidents were reviewed and any lessons learnt completed.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given choices and their consent was gained before providing support. Staff knew of people's dietary needs. People were supported to access healthcare professionals when required.

People said they were treated with kindness and in a respectful way by the staff. People's privacy and dignity was maintained. Staff knew it was important to encourage people to maintain their independence. Staff actively encouraged the people to make choices about their care and support.

People were supported to communicate in their chosen style resulting in improved outcomes for people to make their own choices. Staff knew people well. People and their relatives said staff met people's needs and encouraged independence.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently when it was required. People and/or their relatives were included in these processes to ensure all needs were determined and addressed. People and their relatives knew how to raise concerns and would feel comfortable to do so.

People, relatives and staff spoke positively of the service and the registered manager. An electronic system had been implemented to prevent missed care calls. The registered manager who was also the provider, encouraged people and their relatives to use feedback processes available on their web-site. The registered manager agreed some improvement to quality auditing was needed and gave verbal assurance this would be addressed.

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

Rating at last inspection

The last rating for this service was good (published 18 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care Services

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

The inspection was carried out by one inspector.

Service and service type

Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats within the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 provider 24 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

Before our inspection

The provider was 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives to ask about their experience of the

care provided. We spoke with the registered manager who was also the nominated individual, and one staff member. We reviewed a range of records. This included two people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- A relative told us, "Sometimes they [person's name] are a bit unsteady. Staff know this and give them plenty of time and support."
- A staff member told us, "We [staff] all know of everyone's risks and what to do to prevent falls, like letting people take their time and reminding them to use their walking aids."
- Assessments had been undertaken concerning people physical and health issues to determine risks. Documents were available to make staff aware of people's risks and how to minimise them. These included using the hoist and people's personal hygiene needs being met safely. A person told us. "I definitely feel safe with the staff they help me keep safe."
- Risk assessments had been undertaken to determine any environmental risks including uneven flooring. Documents provided to staff highlighted where the gas, water and electricity isolation points were located in the event of an emergency such as flooding or a gas leak.

Systems and processes were in place to safeguard people from the risk of abuse.

- A person told us, "No staff from this service have treated me badly in any way."
- Relatives were confident their family member was not being subjected to abuse or poor treatment. One relative said, "They [Person] would tell me if something underhand was going on."
- Staff told us they had received safeguarding training. They confirmed they would report to the registered manager if they had any concerns.
- The registered manager explained the processes they must follow if at any time there were safeguarding concerns. This included informing us and the local authority.

Staffing and recruitment

- A person told us, "The staff are very reliable. They always turn up and on time."
- A relative said, "The staff always turn up. They are very flexible with times when I request this. If I need my call time changed for any reason this is arranged."
- An electronic system had been implemented in the last few months. This would alert the registered manager if care calls were late to minimise the chance of missed calls.
- The Provider Information Return [PIR] highlighted, 'Care Services will not take on any more work than we are able to cover with the current staffing levels. All of our care workers are on permanent fixed hours contracts, so we are able to judge our capacity.' Staff told us there were enough staff to provide support to people.
- The registered manager described the contingency plans they had used to cover staff sickness and holidays. An on call and back up staff rota was used to cover staff absences. Additionally, where required the

registered manager and manager provided care calls.

- A staff member said, "All my checks had to be completed before I could start work."
- The registered manager told us all staff were subjected to pre-employment checks.
- Records confirmed staff had an enhanced Disclosure and Barring Service (DBS) check and references were sought for each staff member. These checks reduce the risk of unsuitable staff being employed.

Using medicines safely

- A staff member said, "I had medicine training which taught me how to give medicines safely. Where complex and multiple medicines are prescribed the district nurse also assesses our [staff] competence". Records reflected this.
- Training records confirmed staff had received training to support people to take their medicine safely.
- The registered manager told us competence assessments were carried out to ensure staff were safe to manage medicines. This was confirmed by records seen.
- Some improvements were needed concerning medicine record keeping. Where medicines had been prescribed on an 'as required' basis there were no protocols for staff to follow regarding the administration of the medicine. One person's medicine record had been handwritten but there were not two staff signatures to confirm what had been written was correct. The ink had run on a few Medicine Administration Records [MAR] making small areas of text illegible. The registered manager told us they had not seen the records and would address those issues.

Preventing and controlling infection

- Staff confirmed they received infection prevention training and training certificates confirmed this.
- Staff had access to Personal Protective Equipment (PPE). This included, disposable gloves and aprons aimed at preventing the incidence and spread of infection.

Learning lessons when things go wrong

- The registered manager and a staff member told us of their responsibilities to report and record any accidents and incidents.
- The registered manager told us, and showed us record, of how they monitored and analysed records to identify any trends and patterns to minimise any incidents that may occur. No concerns had been identified that needed changes to be implemented.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

Staff support: induction, training, skills and experience,

- The Provider Information Return stated, 'For new starters without any qualifications they start a two-week induction and start the care certificate, do shadowing with experienced care workers.' Records confirmed this. A staff member said, "I had an induction training. I looked at procedures and worked alongside experienced staff for a few weeks."
- The registered manager confirmed the care certificate was available for staff to work through. Records confirmed this. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Staff confirmed they had completed mandatory training they required including, health and safety and medicine training. The registered manager and training certificates confirmed this.
- Some staff had training qualifications so could train other staff. These included moving and handling and induction training. This meant that staff were less likely to have to wait for this training.
- The registered manager told us however, that some staff refresher training had missed deadlines. They said, "I know about this and we [managers] are going to start and hit the training hard to get up to date."
- A person told us, "Staff are trained well."
- Relatives were satisfied with staff performance. One relative said, "The staff know what to do they are very good." Another relative said, "The staff are very skilled, and they do a good job."
- A staff said, "I have regular one to one supervision. I am well supported." Another staff member confirmed, "We [staff] all have supervisions." The registered manager confirmed staff had an annual appraisal where their work was analysed and discussed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 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 registered manager had a good understanding of the MCA.

Staff knew of the principles of MCA and DoLS.

- Staff knew they could not restrict people unnecessarily as that would be unlawful.
 - The registered manager informed us no person at the present time required a DoLS.
 - A person told us, "Staff update records about me. I am asked how I want to be looked after."
 - A person said, "The staff ask my permission every day before looking after me"
- A staff member told us, "People agree before I support them."

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

- A person said, "My family do my shopping. Staff ask me each day what I would like to eat and drink."
- Assessments had been carried out to determine people's food and drink preferences. Information about people's food allergies and conditions were also identified.
- Relatives told us staff were aware of people's food and drink likes and dislikes and risks.
- Staff described people's special dietary and cultural needs and risks. These included weight loss and people who could not swallow and how these were managed.
- The registered manager told us, "Some people cannot eat pork due to their culture. Other people cannot eat beef. Staff are very mindful to respect people's cultural needs. We will be flexible with call times to meet those needs for instance at times like Ramadan."

Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us people's individual health care needs and conditions had been determined by speaking with them and their relatives.
- A staff member said, "We [staff] need to know about every person's health needs so we can look out for any deterioration. We would then take action such as, get the doctor or inform the person's relative."

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has resulted in a rating of good. The content of the Provider Information Return for 'caring', along with what the registered manager, staff, people and relatives told us, and what the records viewed indicated a rating of good for this key question. This rating was confirmed using our characteristic framework. A good rating for this key question means that people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A person said, "The staff are really kind." A relative told us, "The staff are all friendly. They are lovely staff."
- People and their relatives confirmed they knew all the staff and the staff knew them. A relative said, "It is only a small service so at no time will staff be sent who they [person's name] don't know."
- The registered manager said, "If there was an issue or a person required a high level of personal care then I would guarantee the person's preference regarding the gender of staff."
- Staff were sensitive about issues around equality, diversity and human rights. Staff spoke about personalised care and support, being respectful of people's wants and preferences, and providing opportunities for people. This would ensure people's individual needs could be met.

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

- A person told us, "Every day the staff ask me how I want my care provided."
- A relative told us, "The staff really listen to what we say and ask for. They fully follow the instructions we give them."
- Staff confirmed they encouraged people to tell them how and when they wanted to be cared for. A staff member said, "We [staff] fully listen to what people say. We provide care how people want to be cared for."
- The registered manager told us advocacy services had been secured previously for people.
- The registered manager told us the local authority had made changes regarding the allocation of advocates. They gave us a copy of a leaflet giving the new contact details for independent advocates [Action Through Advocacy] that they made available to people and their relatives. An advocate is an independent person who speaks up on someone else's behalf. Respecting and promoting people's privacy, dignity and independence
- A person said, "Oh, the staff are always polite. They knock on the door and say good morning and good evening." Another person told us, "I need help getting in the shower. The staff make sure the door is closed and I am covered up."
- People told us staff always encouraged them to retain their independence skills. A person said, "The staff only do what I can't do. I don't like being helped but cannot do many things anymore."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us their needs were met and they made their own choices about how they were supported.
- People had personalised care plans in place which were reviewed and updated regularly.
- Relatives told us they were happy with the care and support provided to their family member and were involved with ongoing reviews.
- Monthly reviews were carried out, as were annual review meetings which included the person, relatives, staff and where required health and/or social care professionals.
- Records included important information about the person. For example, their history, likes and dislikes, health conditions and activities they enjoyed.
- Staff had a good understanding and knowledge of people and how to meet their needs which staff could adapt when needed to meet any changing needs.

Meetings 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 their carers.

- A person told us, "I can understand what staff are saying and tell them what I want."
- The Provider Information Return read, "We could arrange for our information to be transcribed in an appropriate format or delivered by someone in a language that the individual can understand."
- A staff told us member said, "It is important we [staff] ensure people's hearing aids work so they can hear us. Sometimes if people have hearing difficulties I use a pen and paper to write things down and that works well. Sometimes we [staff] use pictures or show people objects so they understand."
- The registered manager told us some people used electronic means to communicate. This could be by using specialist type computers. Records confirmed this.

Improving care quality in response to complaints or concerns,

- A relative told us, "I don't need to complain. If I did have a complaint though I would tell the staff or the manager." A completed provider feedback form was seen that highlighted, 'If I raise a complaint or concern I know it will be put right.'
- The registered manager showed us their formal complaints procedure. This signposted to staff to the

processes they should follow if a complaint was received. The processes included; documentation, investigation and a meeting to discuss the outcome of the complaint and a way forward.

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

- All people lived in their own homes within the community. Responsibility for their activity and hobby provision lay with them and their family.
- At times people were supported by staff to go out into the community to shop or attend to issues and go on day trips. A relative said, "They [person] really benefit from going out and the staff support them appropriately."

End of life care and support

- The registered manager informed us no person at the present time required end of life care. They confirmed they had years of experience providing end of life care in a previous job. The registered manager told us they had worked jointly with palliative health care services last year when a person was at the end of their life and how grateful the family were.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. The registered manager had some on-going oversight of the service provided and some quality monitoring processes were used.

Continuous learning and improving care and understanding quality performance

- The Provider Information Return highlighted, 'Formal reviews of services are held at least annually. Informal reviews carried out frequently by senior management team from working with the individuals or from feedback from families/appropriate persons.' Records confirmed these reviews.
- Some quality assurance systems were in place although they were inconsistently applied.
- The registered manager told us they worked along staff to undertake observations of staff performance. A senior staff member told us they carried out spot checks of staff work. However, the registered manager and the senior staff member confirmed records were not made of these checks.
- Some records including medicine records and daily diary entries returned to the office had not been signed to demonstrate they had been audited by management.
- The registered manager agreed more diligence was required in terms of documenting audits and spot checks of the overall service provided. The registered manager told us they would address this as a matter of priority.
- In Autumn 2019 the registered manager who was also the provider, had invested in an electronic system. This would raise an alert if a care call was late or staff had not signed a person's medicine record. Staff told us this was a big improvement and would ensure greater assurance.
- The Provider Information Return highlighted, 'Care Services Quality Assurance Surveys. We invite the people that we care for and/or their families/ appropriate persons to review us on the Homecare site [internet].' Feedback was available on this website and many positive comments had been made.

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

- A registered manager was in post as is required by law.
- Robust on-call arrangements were available to staff. A manager could be called any time during working hours. The registered manager said, "All telephone calls will definitely be answered."
- The registered manager had notified us of any incidents they were required to by law.
- The registered manager had completed the Provider Information Return by the timescale we gave and to a reasonable standard.
- Staff told us they were aware of the whistleblowing processes and they would use them if they felt there was a need. A staff member told us, "I would not be worried to whistle blow if I was worried about anything." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- The registered manager told us they worked within the service and knew people and their relatives well. This was confirmed by staff and relatives.
- One relative told us, "I know the manager. I would be happy to approach them."
- A staff member told us, "I feel I am listened to by the manager. If I raise anything about any person, the manager takes me seriously. An example of this was when I raised an issue about slings to go on the hoist. The manager secured a better sling. The person thinks the new sling is very good."

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- Our last inspection rating was on display on the providers web-site and within the location office also as required by law.
- Where there had been issues the registered manager told us they had held meetings with people and their relatives to discuss issues in an open and transparent manner.

Working in partnership with others,

- The registered manager told us they worked closely with a range of external professionals for example, social workers to ensure people's needs were met. This was confirmed by staff and relatives we spoke with.
- The registered manager also told us about the good working relationship they had with the local fire service. They said, "Where we have a concern, with the person's consent we refer to the fire service. They [the fire service] know us well now. We work well together." Records confirmed these referrals to the fire service to access for example, smoke detectors for people.