

Caresta Limited

Caresta Limited - Unit 2 Penwith Business Centre

Inspection report

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Date of inspection visit:
26 February 2016

Date of publication:
01 April 2016

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

Caresta is an agency that provides care and support to people of all ages in their own homes. The service provides help with people's personal care needs in Penzance, Hayle and the surrounding areas. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people at key times of the day to help people get up in the morning, go to bed at night and support with meals and domestic tasks.

At the time of our inspection 54 people were receiving a service from Caresta.

We carried out this announced comprehensive inspection on 26 February 2016. We told the provider two days before this inspection that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office. The service was last inspected in August 2014. The service was meeting the requirements of the regulations at that time.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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. The registered manager was also the provider and owner of the service.

People told us they felt safe using the service and commented; "I am very happy with the service" and "Very good staff."

Staff had attended training in how to recognise and report abuse. Staff were clear about how to report any concerns within the service and were confident their concerns would be acted upon. Staff were able to access information in the service's policy and procedure for reporting safeguarding concerns. Information on raising concerns was also present in each person's service user guide, which was provided to people when they began to use the service.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Staff were regularly allocated the same people to visit. This meant there was a familiarity and consistency in the way people received their care and support. The service was flexible and responded to people's changing needs. People were very positive about the care provided by Caresta.

People were supported to take their medicines by staff who had been appropriately trained. People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke positively of the staff and comments included; "They (staff) could not be more obliging" and "I have been thrilled with how they have cared for (the person)."

Staff were aware of people's preferences and interests, as well as their health and support needs, which

enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

The registered manager was very committed to continuous improvement and feedback from people, whether positive or negative. This was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

There was a positive culture in the service, the management team provided strong leadership and led by example. Most staff had worked for the service for many years and they were motivated and clearly passionate about making a difference to people's lives. Staff told us; "I love my job" and "I have been doing this work for many years and would not do it if I did not enjoy it so much." The management team and staff told us they never missed a single visit and that people were contacted should their visits run late for any reason.

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. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

People were supported with their medicines by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to access their healthcare needs and liaised with health and social care professionals as needed.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Care plans contained clear information and guidance for staff to meet people's needs.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good ●

The service was very well-led. There was a positive culture in the service, the management team provided good leadership and ensured good communication with people who used the service and the staff.

There were robust quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service. 100% of people who responded to a recent survey stated they would definitely recommend the service to others.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26 February 2016. We told the provider two days before the inspection that we would be coming. This was to ensure the agency's office would have staff available to meet us and assist us with the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with 11 people who received a service from Caresta. We visited one person in their own home. We spoke with the provider and registered manager, the human resources manager, the care manager, the operations manager and three care staff.

We looked at care documentation for five people, five staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with three care staff, three people's families and three external healthcare and social care professionals.

Is the service safe?

Our findings

People who used the service commented; "They (the care staff) are very good", "I feel quite safe in their care" and "I am very happy with them (the service)."

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistle-blowing policies. Staff were clear how to raise any concerns they may have within the service. Staff were able to find the necessary contact details within the service's policy and procedures. Staff received safeguarding training as part of their initial induction and this was regularly updated. Each person who received a service from Caresta had information about how to raise a safeguarding concern given to them in their service user packs.

Assessments were carried out to identify any risks to people using the service and to the staff supporting them. This included environmental risks and any risks in relation to meeting the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Care plans held information for staff such as carrying a torch when it was dark as lighting at the back of some people's homes was poor. Some people had pets and the service made this clear to staff along with any risk that may be associated with the pets.

Caresta provided some care packages at short notice. This meant that it was not always possible for a complete risk assessment to have been carried out before visits started from the service. The registered manager told us that one of the managers or senior carers visited on the first occasion. This enabled a complete assessment of risk and care needs to be done and any key information to be passed on to the staff who were making the next visit.

The registered manager told us that any accidents or incidents which had occurred at the service were reported and recorded. We saw that several report forms had been completed and were all held together in one file. The registered manager was auditing these events at the time of this inspection. We were assured this would be done immediately and then the reports would be filed in the individual person's file.

There were sufficient numbers of care staff available to meet people's needs. The service had a stable staff team, many had worked for the service for some years. However, the service was recruiting new staff at the time of this inspection to help ensure they would have enough staff to cover holidays and sickness. The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The on call manager carried these details during the out of hours cover which was provided for the service. This meant any queries raised by staff, or people receiving a service, could be answered. It also helped ensure the service could easily re-arrange any visits should a staff member be unable to make the visit due to sickness or vehicle breakdown. Staff told us they were a close team who supported each other when needed. It was clear from the rotas that staff were given enough time to provide care and support to people and then travel to the next visit.

People confirmed they could always contact the service at any time. They told us the phones were always answered. Everyone we spoke with told us they had a consistent group of staff visiting them. This meant there was a familiarity and consistency in the way their care was provided. No one reported any visits being missed and if their visit was delayed for any reason the office usually called them to explain. People and their relatives told us; ""They (staff) could not be more obliging" and "I have been thrilled with how they have cared for (the person)."

The service had a thorough recruitment process to help ensure staff were suitable to work with people in their own homes. Staff files contained all the relevant checks to show staff were suitable and safe to work with vulnerable people, including Disclosure and Barring Service checks (DBS).

Care plans showed where people needed to have support from care staff with their medicines, or if they were able to safely manage their own medicines. Staff had been provided with training on how to administer medicines safely. People had their prescribed medicines sent from the pharmacy to their homes in blister packs. This meant it was easy to see if the person had taken, or been prompted by staff to take, a prescribed dose. These blister packs were checked each month by the service, before being returned to the pharmacy. This audit helped ensure all medicines were monitored safely by the service.

Staff completed detailed records of all care and support provided in people's homes, including any medicines that needed to be taken.

Is the service effective?

Our findings

People received care from staff who knew them well, and knew how they wished their care to be provided. People told us; "I am very happy with the service" and "Very good staff." A relative told us; "I can't speak highly enough of them, they were always on time and very professional."

Staff confirmed there were good training opportunities provided by the management of the service. They told us they had diet and nutrition training coming up in March. We saw this was confirmed in an email from the training provider. Most of the training provided for staff was provided in a face to face session. There were paper based training packages along with electronic learning sessions also provided. This meant that training was available for staff in a variety of methods that met their learning needs. Caresta did not provide formal recorded supervision for staff. However, regular observations were carried out. The care manager spent time observing care staff during visits to people's homes. This gave the care manager an opportunity to see care being provided by specific staff and also helped ensure they kept up to date with each person's needs, wishes and preferences. The service offered appraisals to most staff on an annual basis. This was an opportunity to discuss individual staff performance and review any training needs.

The care files contained some background information about people's past lives along with their preferences and choices. This helped the staff to understand the past experiences of each person and what they enjoyed and disliked.

Staff supported some people at mealtimes to have food and drink of their choice. This took the form of heating up food or preparing simple snacks. Staff had received training in food hygiene. An update had been booked for 7 April 2016 as most staff had last attended this training some years ago. People told us they always received their visits at similar times and they appreciated the same staff coming to them. People told us staff knew them well and knew where everything was in their home and what they liked to eat. One person told us; "I look forward to them coming."

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. The service provided details about the MCA in their service user pack along with a form for people to complete if they had appointed a power of attorney. People appointed attorneys to support them with specific decisions when they were not be able to make the decisions for themselves. The form asked people for their consent to the service obtaining confirmation of the appointed attorney via the Office of the Public Guardian. This helped ensure the service held accurate and current information on people's attorneys. Staff were aware of any registered lasting power of attorney that people had appointed and this was clearly recorded in their care file for reference when needed.

Staff told us how they always asked for the person's consent before providing care. Staff were clear that people had the right to make decisions for themselves, even if those decisions may not be the person's best

interests. We were told about one person who was diabetic and who regularly ate chocolate. Staff were aware of the impact of this issue on the person's sugar levels and advised them accordingly, but knew the person had the right to do as they wished.

People's care files contained the contact details for health and social care professionals who supported them with their various needs. We saw from the records that care staff liaised regularly with healthcare professionals as needed to support people to access them when they needed to.

Comments from healthcare professionals included; "Caresta are good at joint working, we make visits together with their staff to people's homes to discuss care and support provision" and "They don't give up they contact other agencies to support them to get the right thing for the person."

Is the service caring?

Our findings

People told us they received their care from a small group of staff that were familiar to them. People and their relatives told us they were very happy with the staff and the care provided. Comments included; "I enjoy their company, they are very kind," "Marvellous staff" and "They (staff) are all so nice I get on with all of them."

People told us the staff had a good knowledge and understanding of them as individuals. Many staff had worked for the service for many years and they were motivated and clearly passionate about doing a good job for each person. Staff told us; "I love my job" and "I have been doing this work for many years and would not do it if I did not enjoy it so much." External healthcare professionals told us they found the staff to be kind, polite and caring.

Care staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed anything else before they left. We saw in one person's care records that staff were asked to check if the heating was set correctly at each visit to ensure they would be warm enough at all times. Staff recorded on each visit that they had checked the heating system and ensured the person had everything they needed to hand such as their walking aid and phone. Care records showed staff ensured people had hot drinks to hand, which were prepared in flasks, along with fresh water for people to take their medicines.

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. Privacy was respected by the care staff when providing personal care, such as ensuring they were always covered up and doors and curtains were closed.

People told us staff were kind and caring towards them saying; "They (staff) are very kind and caring" and "I would miss them if they did not come." Comments from a relative included; "Very caring, (the person) was buoyed up after each visit. Their documentation was good. I cannot fault them."

People were aware of their own care plans and the care manager visited them regularly to check they were happy with the content of their plan. Care plans clearly recorded how people liked to be addressed. Some people were happy for staff to call them by their first name while others did not. People told us staff were respectful of their wishes.

Is the service responsive?

Our findings

People were assessed either in their own homes or in hospital, prior to the service commencing. However some people required the service to start urgently before a pre assessment could be done. Care plans were created over the first few visits made by the service. A manager visited people to ensure the service could meet their needs, wishes and expectations and assess their current needs. Assessments were carried out and from these assessments care plans were developed with the person, and their families if appropriate. Care plans gave clear information and direction for staff to provide care for each person in the way they wished.

Staff told us the care plans gave them all the information they needed to provide safe care and support for people. People told us they found the service they received to be individualised to suit them. Some people required two carers to support them at each visit. We saw from the rota that two staff always made these visits at the time agreed with the person in their care plan. People confirmed they always had two staff and that they always visited on time. Caresta employed male carers to meet the needs of men who used the service. We were told male carers did not visit women who required personal care and support, only females carers provided these visits.

The service was flexible and responded to people's changing needs. Staff told us if they had identified over a few visits that a person needed more time spent with them to meet their needs, they contacted the office and this was allocated for future visits. We were told of one person who had experienced a fall at home while alone. When the care staff arrived they needed to call an ambulance to take the person urgently to hospital. Staff recognised this person's home needed a clean and replacement of bedding and linen. They approached the local authority to seek agreement for extra time to be allocated and funded for the staff to clean the person's home and obtain the necessary replacement bedding. We saw this had been carried out.

External healthcare professionals told us; "Caresta provide great end of life care. One person was very resistant to having care provided in their home, but they slowly gained their confidence. This person's carer was exhausted and they arranged for them to have respite care. They knew to contact us to do a joint visit to this person's home, they worked with us to monitor the situation. They are very good."

Staff told us that if they found a person to be unwell when they arrived and required longer to be spent with them, the staff would contact the office. The rest of their visits would then be adjusted or passed to another carer to cover whilst they spent the time needed with the person. This meant the service responded effectively to individual people's needs.

A relative told us about when they had asked the service to provide extra visits for a relative, when the family were unable to provide the necessary support. They told us the service responded quickly.

Staff encouraged people to maintain their independence and undertake as much as possible for themselves. For example one person was recovering from surgery and was learning to use the stairs independently in their home, using a walking aid. There was very clear guidance for staff in the person's

care plan, on how to support the person when using the stairs. The care plan stated; "Encourage (the person) to go down stairs leading with their fractured leg and one crutch and when going up to lead with the good leg and follow with their fractured leg." This helped ensure staff gave consistent clear advice to the person each time they were supported to use the stairs and improve their independence.

The service had incorporated their complaints policy in to their service user's guide which was given to each person when they joined the service. People were aware of how they could raise any concerns they may have and were confident that any matter would be dealt with effectively. People told us they had no need to raise any concerns. The registered manager told us they had not received any formal complaints. Any issues that were raised by people were dealt with immediately and resolved.

The on call diary showed how managers and senior care staff managed queries and issues that arose out of hours. The records showed how issues were raised by care staff to managers seeking guidance and clarification. We saw this guidance was provided and matters were resolved in a timely manner.

Is the service well-led?

Our findings

People spoke highly of the management of Caresta. They told us they could always contact the service at any time. One person told us; "I would so miss them all (the staff) if they did not visit me, they are brilliant." One family told us; "They really are outstanding, we are extremely pleased with the last year they have been coming to (the person). Regular staff all the time, never missed us. I can ring the office to change a visit and its never any problem and the message gets through to the staff and all is good. It was all such a worry when we found we needed to arrange this but we need not have worried they are faultless."

External social care professionals told us; "Caresta are very dependable, in particular problem solving and joint working to get good outcomes for people." We spoke to external healthcare professionals that supported people in their own homes to prevent them, where possible from going in to hospital. The feedback was entirely positive. They told us the service was; "Very accommodating and they do the utmost to arrange caseloads and visits to suit the service user and our requests. They are more than welcoming when joint visits and reviews are requested."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, was responsible for the day-to-day running of the service. The long established service had been providing care in the community for over 29 years. The owner worked full-time in the service's office, working closely with three managers. The owner admitted to us; "I am a bit of a workaholic, I love my work." All the managers told us they regularly provided care and support to people in their homes when emergency cover was needed. Managers also visited people's homes routinely so they were up to date with the person's current needs and preferences and to seek their views and experiences.

The registered manager was very committed to continual improvement of the service. Feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. The management team told us they were keen to provide the best service they could and one stated about the quality of the service, "The quality of care you would want for yourself or a member of your family."

The registered manager held regular staff meetings. Staff told us they found these helpful and informative. The minutes of one meeting showed staff had been introduced to the new inspection methodology being used by CQC. This was discussed to ensure staff were aware of what inspection would look at. Another meeting had covered the Care Act and what it meant to people receiving a service. This meant staff were provided with an opportunity to share best practice and gain information on the latest guidance. It also meant that staff were able to advocate for people using the service who may benefit from such information and support.

The registered manager had attended regular training updates themselves as well as monitoring the

training needs of their management team and their staff. The service was committed to providing good quality care to people. Regular training updates had been arranged for staff to ensure their competencies were kept to a good standard. An on-going programme of training had been booked for the next few months.

Each person who received a service from Caresta was provided with a service user guide. This was a highly detailed pack including information on advocacy and befriending services, equipment provision for the home and mobile hairdressing services. There was also information on obtaining a Lifeline emergency call button, fire safety in the home, volunteer services and day centres in the local area. Also in the pack was the service aims and objectives, their contract with the agency, the last CQC inspection report and information on how to raise any concerns or compliments they may wish. This information was shared with people when they joined the service and with the staff. This meant the service worked hard to ensure the people who used their service had as much information to support them as possible.

People told us there was good communication between the office, care staff and themselves. They told us; "They always let me know if there are any changes needed to visits" and "I can always ring the office if I need to and they are helpful." Staff were provided with time to travel between different visits. The service did not provide any calls to people that were less than 30 minutes in duration. This meant the service supported staff to have sufficient time to meet people's needs.

Staff told us they received good support from the management team during their work. They told us; "I can call in to the office if I need something and it gets sorted" and "They are very supportive. I had some family illness backalong and the registered manager was wonderful. My round got moved to nearer my home so I could get home quick if I needed to, wonderful." Staff confirmed that they received regular support and advice via telephone calls and face to face meetings. They told us the registered manager and her support managers were very approachable and kept them informed of any changes to the service and that communication was very good.

The registered manager monitored the quality of the service it provided by quality assurance surveys. The last survey was sent out to 65 people and their families. Of these 47 were returned and were very positive about the service provided by Caresta. Comments included; "Great job," "Fantastic service," "Delighted with the quality of the service provided" and "A joy to see them come through the door." The results stated 100% of people asked would recommend the service to another person. This helped to demonstrate the service provided an effective and responsive service that met people's needs consistently.

The management team audited various aspects of the service it provided to further help them to constantly improve the standard of the service. For example, daily records completed by care staff in people's homes were returned to the service monthly. We checked six people's care files and found all contained daily notes from January 2016. This meant the management of the service were aware of when each visit was made, how long the staff stayed and which staff visited. This was matched against the rotas to check people were receiving their care visits at the time when they wanted to have them.

The managers regularly observed staff providing care for people to help ensure staff skills and competencies were kept at a high standard. The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during appraisals and staff meetings. The service had a loyal stable group of staff who were very happy working with the managers of the service.

The information gathered by the managers and the provider helped the service constantly improve where

possible. One of the managers told us they never missed a visit to a person and that if ever a person's visit was delayed for any reason, the person was contacted and offered an explanation.

The service had reviewed all their policies and procedures and aligned them with the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations (HSCA). Many had been updated to reflect changes in procedures and legislation. The service had a business plan which detailed how they had mapped each piece of guidance, such as the new Safeguarding Adults Board information against their own service policies and procedures. The service was aware of the new HSCA regulation regarding consent. This information had been included in staff induction and refresher training for existing staff. Following the inspection the service sent us further evidence of audits they had carried out in to Parkinsons care and medicines recording forms. This meant the service was helping to ensure the guidance provided for their staff was accurate and current best practice.