C3 Care Ltd

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Inspection report

4 High Street
Watlington
Oxfordshire
OX49 5PS
Tel: : 01491220020
Website: www.c3care.co.uk

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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

We undertook an announced inspection of C3 Care Ltd domiciliary care agency (DCA) on 20 August 2015. We told the provider two days before our visit that we would be coming. C3 Care Ltd provides personal care services to people in their own homes. The service had registered with the Care Quality Commission (CQC) in June 2015. At the time of our inspection four people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they benefitted from caring relationships with the staff. One person said "They are very good, and friendly. I usually see the same carers so we are getting to know each other well". There were sufficient staff to meet people's needs and people received their care when they expected.

Summary of findings

People were safe. Staff had received regular training to make sure they stayed up to date with recognising and reporting concerns. The registered manager had systems in place to notify the appropriate authorities where concerns relating to suspected abuse were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the right of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us the service responded to their needs and wishes. They were involved in the planning of their care and where people expressed preferences these were respected.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and management team. Staff supervision records were up to date and annual appraisals had been scheduled. Staff told us the registered manager was approachable and there was a good level of communication within the service.

Staff shared the registered manager's vision for the service and spoke about it with passion and commitment.

People knew the registered manager and told us they were friendly, approachable and supportive. One person said "I know the manager. She comes round periodically, we get on quite well".

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?

Good

The service was safe. There were sufficient staff to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments in place to reduce the risk.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful. Staff treated people and their relatives with dignity and respect.

People told us they felt involved in their care and were kept informed of all aspects of the service provided.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led. The registered manager had systems in place to monitor the quality of service. Learning was used to make improvements to the service.

There was a whistle blowing policy in place that was available to staff . Staff knew how to raise concerns.

The service had a culture of openness and honesty and the registered manager had a clear vision for the future.

C3 Care Ltd

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 the 20 August 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by one inspector.

We spoke with one person who used the service, two relatives, two care staff, the deputy manager and the registered manager. We looked at three people's care records. We looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it.

Before the visit we reviewed the information we held about the service and contacted the local authority commissioners of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I'm very safe, they work well and know what to do which is as good as it gets". Relatives comments included; "Totally safe" and "Yes my mother is perfectly safe. The compassion and respect shown by staff means I trust them completely".

People were supported by staff who could explain how they would recognise and report abuse. Care staff told us they would report concerns immediately to their manager or a senior person on duty. Care staff were also aware they could report to external agencies if needed. Staff comments included; "I'd report concerns to the manager and I can also talk to the local authority safeguarding team or CQC (Care Quality Commission)" and "I once went to someone's home and saw something I didn't like. I reported this to my manager". Staff told us how they could recognise abuse where the person may have difficulty communicating verbally. One said "I'd look for a change of mood, being upset or even not eating. All this could indicate something is wrong".

There were sufficient staff to meet people's needs. The registered manager told us staffing levels were set by the "dependency needs of our clients". Where people required two staff to support them we saw two staff attended each visit. People told us staff stayed for the full length of the scheduled visit. One person said, "They stay the full time, sometimes a little more. It's not often they are in a rush to get away". A relative said "No issues with how long they stay, I'd be informed if it wasn't right".

Staff told us there were sufficient staff to meet people's needs. Comments included; "Seems to be at present" and "Oh yes there is enough staff, its good".

People told us staff were punctual and rarely late. Comments included; "Very rarely late so far and I do get a phone call if they are delayed. I've never experienced a time when they haven't turned up". Relatives comments included; "Punctuality was never a problem" and "They are occasionally late, it's to be expected really, but we always get a call to say why and when they will arrive". The service had an electronic system in place that alerted the office if a member of staff was delayed.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if new staff were of good character and were suitable for their role.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person required bed rails to keep them safe in bed. A list of hazards associated with the use of bed rails was listed along with guidance to staff on how to reduce these risks. For example, 'ensure bed rails are fitted and maintained in accordance with the manufacturer's instructions'. The care plan noted the risks had been explained to the person and the person had provided written consent for their use.

One person was at risk of falls. Guidance was provided to staff on how to reduce this risk. Staff were aware of this guidance and told us it helped them "keep the person safe". Other risks assessed included, the environment, infection control and hazardous substances.

One person received assistance with their medicine. This was provided through an external tube. Guidance from the person's GP was contained in the care plan on how to support this person with their medicine. A training, assessment competency (TAC) form evidenced staff had been trained and assessed to provide this support by an appropriate healthcare body. We spoke to this person's relative who said "They are very good with this. The staff received specific training to assist my relative". Records confirmed all staff had been trained in medicine administration and the registered manager told us when a person requires assistance staff will be reassessed to ensure they are competent to assist with medicines. Where people self medicated a risk assessment was completed and in place.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. One person said "Oh yes, no problems at all. They meet my needs". Relatives comments included; "They were brilliant. Unfortunately due to my mother's condition we need to move her to a care home. It's a shame as they were so good with her" and "Yes they meet her needs. They are really good and she has never been treated as just a task".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, moving and handling, palliative care and infection control. Staff comments included; "Induction was very good. I've done care for a while now but this is really good" and "I've not worked in care before but the training was really good. I've learnt a lot and I feel confident I can do a good job". Staff shadowed an experienced member of staff until they were deemed competent to work alone.

Staff received regular supervision, spot checks and appraisals. Staff were scheduled to receive supervision, a one to one meeting with their supervisor, every three months. Spot checks were carried out every month and included regular medicine and moving and handling assessments. Appraisals were scheduled annually.

Staff told us they felt supported. One said "They have taken extra time with my training and have been very supportive. I've had supervision whilst training and shadowing which has really helped me". Another staff member said "There are good systems for supervision. This is a very supportive service". Staff also had access to development opportunities. One member of staff had achieved a level two diploma in health and social care. The service was planning to train staff in deaf awareness/deaf equality and was seeking advice from specialist professionals on how to implement new information and learning to make the service more deaf friendly. This included plans to be able to accept job applications from deaf people.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Staff were able to demonstrate a good understanding of the principles of the MCA 2005. One member of staff said "I don't make judgements. They have capacity unless we have evidence to the contrary, its decision specific". All staff had been trained in the MCA. Care plans contained guidance for staff in relation to the MCA and explained its principles. One person had stated in their care plan 'I have full capacity and I am able to express my wishes'. One relative said "I have lasting power of attorney for my mother's finances and this is the first time I've dealt with a care agency who seems to know what they are doing".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included GPs and district nurses. The service worked closely with health professionals to ensure people received effective care. For example, one person received their nutrition through an external tube. This person was being supported by the district nurse who visited regularly. However, whilst staff did not directly support the person with their external tube, staff had been trained to enable them to identify any concerns in relation to the person's condition. The registered manager said "I think it is best practice my staff have the knowledge to be able to support them appropriately and identify any issues that may put the person at risk".

People told us they had plenty to eat and drink. One person said "They cook my evening meal. I get what I want, I've no complaints. They are very hot on hygiene". No one had been identified as being at risk of malnutrition or dehydration.

Good

Is the service caring?

Our findings

People told us they experienced caring relationships with the staff. One person said “They are very good, and friendly. I usually see the same carers so we are getting to know each other well”. Relatives comments included; “Really excellent caring staff” and “So far they get on very well. They are friendly and I think they do a tough job and they do it well”.

Staff told us they enjoyed working at the service. Comments included; “It’s amazing, everyone is so friendly. I love it” and “I love it. I really enjoy this work. I feel appreciated and I know I’ve helped people and made a difference”.

People told us staff were friendly, polite and respectful when providing support to people. One person said, “Yes they are polite and respectful, no issues there”. A relative told us how the service worked with her mother and her live in carer. They said, “I like the fact they have made a small team who look after my mother in partnership with the live in carer. They show great respect and care, I can’t fault them”.

We asked staff how they promoted people’s dignity and respect. Comments included; “It’s about getting to know the person and respecting their wishes. I talk to them to reassure them. I always cover them up when providing personal care with towels, I get their consent, I shut doors and close curtains” and “I have the most amazing clients. They are all different and I respect them by treating them as individuals”. When staff spoke with us they were respectful and spoke with genuine affection about people. The language used in care plans and support documents was respectful .

People told us they felt involved in their care. Comments included; “I have been involved from the start” and “I’m totally involved, it’s a team effort”. Care plans evidenced how people were involved in their care. For example, one person had stated ‘I would rather have a female carer attending to my personal care’. This person’s preference had been respected. Another person's care plan stated ‘I wish to remain at home, as independent as possible’. Staff were advised to promote this person’s independence where they could. We spoke to this person who said “They really do help me to stay independent”.

People told us they were informed who was visiting them and when the visit was scheduled. One person said “They are always sending me letters. I get a list every week of who is coming and at what time. They usually stick to it. If there are any changes I do get informed”. A relative said “Informed, absolutely. I am kept well informed”.

People told us staff sought their consent before supporting them. One person said “Yes they do ask me first, all the time in fact”. A relative said “They do seek her consent. They treat her with great respect”. Care plans contained consent forms for all aspects of care and these had been signed by the person. This included consent to bedrails, sharing of information and consulting with health professionals.

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. One person said “They know how I like things done. Sometimes they need to remind me but they are patient and do what I want”. Relatives comments included; “Excellent, caring people. Very professional. Always prepared to listen” and “They are good and listen to my mother’s wishes”.

People’s needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people’s personal histories, likes, dislikes and preferences and included people’s preferred names, interests, hobbies and religious needs. For example, one person's care plan stated ‘I enjoy talking about my past and going to church on Sunday with my family’.

People’s medical histories and current condition was assessed and individual care plans were in place to support them. One person was at risk of pressure ulcers. The district nurse had provided guidance for staff on how to reduce the risk. Guidance included, pressure relieving equipment and monitoring the person’s skin condition. A body map was also being maintained. Staff were following this guidance and records confirmed the person did not have a pressure sore.

People received personalised care. Care plans gave details of how people wanted to be supported. For example, one person's care plan stated ‘please brush my hair and teeth and encourage me to use mouthwash’. Another person needed their skin condition to be monitored regularly. They had asked ‘if you have any concerns about my skin condition please contact the district nurse’. Staff were aware of people’s preferences regarding their care. One member of staff said “For me it is about their dignity and personal choice, how they want things to be done”. Another said “It’s making sure we don’t treat people all the same but as individuals. I carry out spot checks on staff and this is one of the things I focus on. It’s so important”.

People knew how to raise concerns and were confident action would be taken. The services complaints policy was available to all people, their relatives and staff. Details of how to make a complaint were held in care plans. This included ‘Talkback’ forms designed for people to raise issues or concerns if they did not want to raise a formal complaint. Staff told us they knew how to assist people to raise a concern. One person said “I have the complaint forms in my folder so I know what to do if I need to”. A relative said “Yes I know how to complain and I am confident they would listen and do something about it. I certainly haven’t needed to yet”. The registered manager spoke to us about complaints. They said “I think complaints are a positive way for us to learn and improve as a service. I encourage people to complain or use the talkback forms to inform us to provide better care”. The service had not received any talkback forms or complaints since it was registered in June 2015.

The service was planning to send surveys to people to seek their opinions on all aspects of care. The registered manager told us they were already responding to people’s verbal feedback. For example, some people’s relatives had expressed an interest in being more involved in caring for their loved ones. The service had provided moving and handling training to a relative to enable them to safely assist care staff when supporting the person with their mobility.

Good

Is the service well-led?

Our findings

People knew the registered manager and told us they were helpful and friendly. One person said "I know the manager. She comes round periodically, we get on quite well". A relative said "I've not met the manager but I know the deputy manager. She is very experienced and gives me confidence in the service, plus we get on well".

Staff spoke positively about the registered manager and the management team. Comments included; "The manager is fantastic, so friendly. I can go to her with any problem and she is so helpful" and "I love the manager and the team". Staff told us the service was open and honest and that a positive culture existed. One said "Open and honest, absolutely. If something goes wrong, as it does from time to time we look to fix the problem and learn from it. We don't look for blame".

Staff spoke about the registered manager's vision for the service. Comments included; "Her vision is for us to be outstanding, elite, to be the best delivering the best care" and "It's about giving the best care we can, the client's best interests, making care personal. This is a caring service". When staff talked to us about the registered manager's vision they spoke with genuine passion and conviction. The registered manager told us her vision was to use her experience to "Provide the best care possible through committed and well trained staff". The service used an emblem for staff and they could progress through bronze, silver and gold cross awards in recognition of their work. The registered manager said "This will give staff pride in their work, reward their performance and empower them to achieve as high a standard as possible".

The service had systems in place to monitor the quality of service. All aspects of care, staff related information and audits of procedures were monitored and recorded onto an electronic 'Dashboard' programme. This information was assessed and monitored weekly using a traffic light system to highlight shortfalls against targets. For example, if a care review was overdue this would show as 'red' and an action generated to resolve the issue. Accidents and incidents were also incorporated into the system which allowed the registered manager to look for patterns and trends to prevent incidents reoccurring. No accidents or incidents had been recorded.

Regular meetings were held to ensure information and learning was shared. Office staff met daily and the management team met weekly. Staff meetings were scheduled monthly. Information from management and office meetings was cascaded to staff via text messages. For example, a person had requested a change to their visit times. The registered manager told us they wanted the staff meetings to become an information sharing opportunity where staff could input views and ideas.

The registered manager told us they had made the commitment to provide information to people in different formats to "Ensure people could access services quickly and easily". Large print, braille or audio tapes of documents could be provided to people along with translated or easy read formats. All documents were written in plain English for people to understand. All the records we saw were clear, complete and easy to read.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. The service also supported the 'Fast Track' team at Abingdon Community Hospital. People who required palliative care were referred to the service. People in their last six weeks of life would be assessed and cared for by C3 Care staff who had been trained in palliative care.

There was a whistle blowing policy in place that was available to staff. Staff were aware of the policy and were confident in their ability to raise concerns.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had systems in place to ensure CQC would be informed of reportable events.