

Carebank Limited

Carebank Ltd

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection took place on 24 and 30 September 2015 and it was announced.

At our previous inspection in April 2014 there were three areas where the service was not meeting regulations. These related to the management of peoples medicines, the supervision of care workers and the providers quality assurance systems. At this inspection we found that improvements had been made in these areas.

Carebank Ltd is a care agency providing personal care and support for people in their own homes. At the time of our inspection the agency was providing a service to 30 people.

The agency does not have a registered manager as required by the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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

Summary of findings

Regulations about how the service is run. At the time of this inspection the agency had been without a registered manager for 12 months. There was, however, a manager at the agency.

People told us that they felt safe and were supported by consistent carers who were knowledgeable and skilled.

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. There were risk assessments in place that gave guidance to staff on how individual risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

Staff had an understanding of safeguarding processes and had completed training. Staff were supported by way of spot checks, supervisions and appraisals however these were not consistently completed for all staff.

The provider had effective recruitment processes in place and was actively recruiting additional staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided and were kind and respectful.

The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and actions to prevent recurrence were recorded.

The provider encouraged feedback on the service provided. An action plan had been developed to address the issues raised with a view to continuously seeking to improve the service.

The provider had effective quality monitoring processes in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us that they felt safe.

Staff had an understanding of safeguarding processes.

The provider had robust recruitment processes in place.

Good



Is the service effective?

The service was effective.

People told us that staff were knowledgeable and trained.

Staff received an induction and shadowing opportunities when they commenced work.

People were asked to give consent to the care and support they received.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and respectful.

People were involved in the planning of their care.

Staff protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were involved in the planning and reviews of their care.

Staff were aware of people's preferences and choices and knew the people to whom they provided care

The provider had an effective system to manage complaints.

Good



Is the service well-led?

The service was not always well-led.

The service did not have a registered manager.

People were encouraged to give feedback on the service provided.

Staff told us they felt supported and office staff were approachable.

The manager completed regular audits to monitor the quality of the service provided.

Requires improvement



Carebank 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 24 and 30 September 2015. The provider was given 24 hours' notice because as the service was a domiciliary care agency we needed to be sure that they would be available on the day of the inspection.

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information available to us about the agency such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three care workers, two care coordinators and the manager.

We reviewed the care records, risk assessments and daily records of five people who used the service. We reviewed how complaints were managed, looked at four staff records and the training records for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Following our visit to the service's office we spoke with seven people who used the service and a relative of one person by telephone to ask for their views of the service.

Is the service safe?

Our findings

At the last inspection the arrangements in place relating to the recording of medicines were not robust. The manager showed us the systems that had been put in place to monitor the recording of medicines and the records we viewed showed that improvements had been made.

The service had a medicine policy and when required, people received appropriate support to assist them to take their medicine safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, “The medication training was really good. It was face-to-face and really helped me understand the importance of handling people’s medication safely and recording properly.” A review of the daily records and Medicines Administration Records [MAR], showed that staff were recording correctly when medicines had been given. Where issues with medicines had been identified they had been reported and appropriate action taken. Most of the people that we spoke with told us that they administered their own medicines.

All the people we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe one person told us, “Of course. They’re a nice bunch.”

There was a current safeguarding policy and information about safeguarding was displayed in the office. This included guidance for staff and the contact details for local agencies. Staff told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. They were also aware of reporting to the local authority or other agencies. One member of staff told us, “I wouldn’t think twice about speaking to someone in the

office if I was concerned, or I’d speak to social services.” Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm.

The care records showed that care and support was planned and delivered in a way that ensured people’s safety and welfare. Records that we looked at showed that a variety of risk assessments were in place for each person. These included risks in the environment, health issues and any mobility equipment used. The risk assessments provided information about the risk and the measures that needed to be put in place to minimise risk to people and had been reviewed and updated regularly to reflect any changes in people’s needs. Staff were able to give us examples of how they kept people safe such as removing trip hazards, storing medicines securely and maintaining security by closing doors and using people’s key safes as required.

A record of all incidents and accidents was held, with evidence that appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people’s care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

We reviewed the recruitment files for staff. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

The manager confirmed that staffing levels were monitored and determined depending on the assessed needs of each person being supported. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required a service.

Is the service effective?

Our findings

At the last inspection we found that the agency's supervision and appraisal process was irregular. During this inspection we noted from staff records that most of the care workers had received supervisions and appraisals but meetings were still irregular. Where supervisions had been taken place, staff had been given the opportunity to discuss their performance and identify any further training or support they required. The lack of supervisions for some care staff was discussed with the manager who confirmed this was an area that still required some improvement. An additional senior member of staff had recently been recruited to the agency and the manager explained how this appointment would increase the opportunities to provide supervision to care staff. However, staff members we spoke with said they felt supported in their roles and had opportunities to speak with the manager.

People we spoke with told us they were satisfied with the care provided and thought that staff were knowledgeable and trained. One person said "They certainly know how to do the business they've got to do." Another person said, "For what I need, yes...I once told the office girl that my carer is so skilled she could run hospital."

People were happy with the consistency of their care and received care from regular staff who they had built relationships with. When asked if they had a consistent group of carers comments included, "Yes, but we get different ones too, but it's usually regulars" and "I have had the same ones, yes." Comments in the latest satisfaction survey included "I'm happy to have my regular carer back" and "I'm very happy to have a regular carer."

People told us they were introduced to new carers before they provided their care. One person told us, "Yes, they do shadowing. They come with an experienced carer who's telling them what to do." They went on to explain how this shadowing happened "at least three or four times" before the carer worked alone. Staff confirmed that they had completed an induction programme when they first started work with the agency and then had shadowed a more experienced colleague before working on their own. One member of staff said, "I didn't know anything before the induction but after the training I had learnt a lot. Then the staff I shadowed helped me with practical skills." Staff training records showed that staff had completed the

required training and had further courses planned to develop their skills and knowledge. Staff told us that they kept up to date with skills relating to their roles and responsibilities and that the manager monitored their training needs. One member of staff told us, "We get open and honest feedback on how we're doing and always get told when there's new training or we need a refresher."

The people we spoke with confirmed that staff would always ask them for consent before they provided them with care or support. One person said "[Name of staff] comes every day but still always asks my permission before starting." Staff had received training in the Mental Capacity Act and, although not able to fully explain the legal implication of the Act when supporting people in meeting their needs, they understood their roles and responsibilities in ensuring that people consented to their care and support. Staff said that they always respected people's decisions and if a person felt that they did not wish to receive personal care on the day, then they would respect their decision. The staff we spoke with were able to describe ways in which they sought consent from people prior to providing care and support. Written consent to their care plans had been provided by people, or their relatives in the care records we viewed.

People's needs in relation to food and fluids were documented in their care plan. People told us they were supported with preparing meals and to eat and drink sufficient amounts by the care staff where they needed help. One person told us that care staff only purchased food they had put on their shopping list and they received the help they needed with meals. Staff we spoke with told us that they would always leave the person with a drink, when required by their care plan, to ensure that they remained hydrated.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One person told us, "They have before, they know about ringing the hospital." Another person told us, "I've never asked them to do that [contact a GP] but I assume they would. They know where my prescription is, who my doctor is." Staff told us that they sought advice from the office if they had concerns over a person's well-being or called the person's GP. We also noted from the care records that people had accessed other health care professionals when required.

Is the service caring?

Our findings

People we spoke with were positive about the staff and said they were caring, kind and friendly. One person we spoke with said, "You couldn't fault her." When asked if staff were caring one person told us, "If she wasn't she wouldn't help me so much." Another person told us, "They say 'is there anything else I can do for you?' and things like that." A relative told us that they felt staff were "more like friends." Comments on a recent satisfaction survey included, "can't praise the carers enough" and "the family appreciate the high standard of care."

People told us that care workers were respectful and treated them with dignity. One person said, "I get on well with all of them." Another person said, "yes, and there's a certain amount of humour which is good." Staff we spoke with all gave examples of how they promoted privacy and dignity in every day practice which included knocking on people's doors before entering, ensuring doors and curtains were closed and ensuring people were covered when undertaking personal care. People said staff were considerate of their privacy and dignity and took care not to rush when helping them. One person said, "They ask thing like 'is that comfortable?' 'is that okay' and such like." One member of staff explained to us how they always

asked if people were ready for their help, how they checked with people how they felt when they were being provided care and encouraged people to let them know if there were any problems or they were uncomfortable.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "If I'm feeling a bit down they let me stay here and sometimes when I have a problem sleeping, they don't make me get up and do things." People told us how a member of staff from the agency came to complete an assessment prior to them receiving a service and asked them what support they needed and wanted. People had copies of their care plans in their homes and knew what they were for. Members of staff spoke about how they used the care plan as a reference guide in providing care but completed extra tasks if people requested it or if they identified someone may need extra assistance and offered them help. All members of staff we spoke with confirmed they checked, prior to leaving a care call, whether people required any further assistance.

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission and the safe transporting of records when returning to the office.

Is the service responsive?

Our findings

People we spoke with confirmed that they were involved in planning their care and were clear on reviews of their needs. One person said, "They come round, about once a year or so to do it." Another person said, "Every year [name of staff] comes to do it. [They] ask me questions and I tell them what I think."

Each person had an assessment of their needs carried out and the information from the assessment had been used to develop the care plan which outlined how these needs were to be met. We noted that care plans were detailed and provided clear guidance and information on the care each person required during their calls, as well as their preferences. A copy of the care plan was held in the office and at the persons home.

Staff were knowledgeable about the people they supported. They were aware of peoples preferences, hobbies and interests and their family backgrounds which enabled them to provide a personalised service. Staff told us that they were kept informed of changes in people's needs by telephone calls or messages from the office but they could read care plans in people's homes or visit the office to ask if they were unclear.

People told us that staff encouraged them to maintain their independence. One person said, "When I get off my chair,

they don't help. I have to do it myself which is good." Another said, "They try and get me to do as much as I can for myself, like in the shower, I do what I can then they help." One person explained, "They let me do things best I can, it encourages me to do stuff myself." Staff said that they encouraged people to be as independent as they could be and assisted them when needed. One member of staff said, "I prompt people and encourage them when I'm providing them with care. I try to motivate them to do as much as they can for themselves"

People using the service they were aware of the complaints procedure or who to contact in the office if they had concerns. One person told us, "I haven't had to [make a complaint] if I did I'd just pick up the phone. Another person said, "I'd ring them up and expect them to listen and tell the carers." We saw that where complaints had been made they were logged and an investigation completed. For all complaints there was a response to the complainant recorded and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation was included. This demonstrated how the manager used a complaint as an opportunity to make an improvement to the service. This is an improvement in the quality assurance processes that required improvement in the last inspection.

Is the service well-led?

Our findings

The agency does not have a registered manager and, at the time of this inspection, this had been the case for 12 months. The manager at the agency said they would be applying to become the registered manager with the Care Quality Commission. The absence of a registered manager was taken into account when making the judgements in the report.

At the last inspection quality assurances processes were not being used effectively to improve the service provided. This included comments received about the service being used to make improvements, senior staff not consistently acting on discrepancies found in audits and team meetings not being regularly held. We found that some improvements had been made.

The manager monitored the quality of the service by speaking with people to ensure they were happy with the service they received and by sending out satisfaction questionnaires for them to complete. People told us, "They ring me up once a month" and "We had a questionnaire not long ago. I filled it in with my daughter and posted it back." The manager had analysed the results and developed an action plan from the feedback received. People had been sent the results of the survey and staff had received a letter to inform them of the feedback received. This showed how the manager used the views of people to improve the service in the future.

People felt the manager and office staff were available if they had any concerns. One person told us, "Yes, they're very helpful." Another person said, "They're always helpful and one comes out if they're short or need someone to fill

in." Both coordinators were trained care staff and completed care calls when required, for example due to sickness or annual leave. Members of staff said that the manager and office staff were very approachable. One care worker told us, "I can always pop in if I'm concerned and get listened to." Another care worker said, "I find [manager] really approachable. I can always ask for help or feedback."

Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service however most staff visited the office on an ad hoc basis to speak with team members. Staff said this was due to not always being able to attend at the times meetings were being held. At a recent team meeting we saw that client updates, complaints and compliments, confidentiality, call management system, changes to rotas, annual leave and sickness. Copies of the minutes of the meetings were available for all staff to read.

Senior staff undertook spot checks to ensure that they staff were competent in their roles and that they met the needs of people appropriately. The manager also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This also included the review of Medicine Administration Records [MAR] and daily visit records. We did not see any gaps in these records but the manager explained the action they would take should this occur. We saw where there were concerns in vocabulary used within daily records the manager had addressed this directly with the care workers involved.

We saw that records were held securely in the office and that people's information was protected from unauthorised access.