

Carers Choice

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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?

Good ●

Summary of findings

Overall summary

Carers Choice is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service's aim is to provide support for carers. Carers are people or relatives who care for someone in their own home. A service was being provided for one adult with a learning and physical disability at the time of the inspection.

Not everyone using Carers Choice receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service is run by a registered manager who was present at the inspection visit to the office. 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.

This announced inspection took place on 15 August 2018.

People received safe care and treatment. Potential risks to people's health and well-being were assessed and strategies were in place to minimise their impact on people. Staff felt confident to recognise and report any safeguarding concerns. Suitable arrangements were in place to prevent and control infection.

Recruitment practices were effective in making sure that people were supported by staff who were competent and suitable. Staffing numbers were directed by the needs of people using the service to make sure that their individual needs were accommodated.

Care was delivered in a way that promoted positive outcomes for people. Staff had the knowledge and skills they needed to provide support in line with legislation and guidance. This included specific training in how to support people to eat.

People's health care needs were assessed and met including any assistance people required to take their medicines.

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

Staff treated people with kindness and promoted people dignity. People had been supported by consistent staff and positive relationships had been developed. Staff knew how to communicate effectively with people. People had been helped them to express their views and to be actively involved in making decisions about their care as far as possible.

People received person-centred care that promoted their independence. Each care package was developed around the individual needs of the person and their main carers. People were given opportunities to pursue their specific hobbies and interests.

Suitable arrangements were in place to monitor the quality of the service so it could learn, improve and assure its sustainability. People's view and experiences were sought and acted on so that people felt that they were really listened to. This included processes being in place to resolve any complaints received to improve the quality of care. The registered manager was approachable and communicated regularly with people, their carers and staff.

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.

Staff knew how to protect people from harm and abuse.

Effective recruitment procedures were in place and staffing levels were based on people's individual needs.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Suitable arrangements were in place for the control of any infections.

Is the service effective?

Good ●

The service effective.

Staff had the knowledge and skills to support the needs of the people that they supported. This included specific training in relation to supporting people to eat and drink.

Suitable arrangements had been made to obtain consent to support and treatment in line with legislation and guidance.

People's specific health care needs were met.

Is the service caring?

Good ●

The service was caring.

Care was person centred and people were involved in their care and treatment.

Staff were kind and caring and had developed positive relationships with the people they supported.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that was responsive to their needs.

People were supported to pursue their hobbies and interests.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Is the service well-led?

Good ●

The service was well led.

There were effective quality assurance systems in place which assessed and monitored the service and identified areas for improvement.

The management approach was open and transparent.

People's views were central to the running of the service and links had been established with the local community.

Carers Choice

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.

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that the registered manager and staff were available. This announced office visit took place on 15 August 2018. The inspection was carried out by one inspector.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to the registered manager, two staff and one relative. We spoke to the person's relative as they were not able to communicate with us verbally. We viewed one care plan; the recruitment files of three staff; staff training records; health and safety records; the complaints and safeguarding policy and procedure; and quality and monitoring systems.

The last time we inspected the service was on 2 January 2014 when we judged it was meeting the legal requirements. We have not inspected the service 2 January 2014 because the provider informed us that the type of support they provided did not meet the requirements to be registered and inspected with CQC according to the Health and Social Care Act 2008.

Is the service safe?

Our findings

Relatives said that people were safe whilst receiving support from the service. One relative told us, "Safety wise I cannot fault them. I have had no problems. I don't have to worry at all".

Staff knew how to keep people safe. Staff felt confident that if they reported a safeguarding concern to the registered manager that they would act on it. Staff described what signs and symptoms would give them cause for concern and explained they would make a record of these, including the plotting any physical signs on a body map. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Staff had access to the providers safeguarding policy and the Kent and Medway protocols supplied by the local authority who are legally responsible for investigating safeguarding issues. The Kent and Medway protocols give guidance to staff and to managers about their responsibilities for reporting abuse.

Each person's assessment included a list of the medicines that they had been prescribed by their doctor. This record included who was responsible for administering the person's medicines and indicated that staff were not responsible for giving anyone their medicines at the time of the inspection.

The philosophy of the service was to promote positive risk taking so that people could lead as full and as active a life as possible. This involved an agreement with the person and their representatives about balancing the potential risks to the person with the benefits they would achieve. The person's care plan contained individual risk assessments in which risks to their safety in their daily lives were identified. This included any risks and hazards in the environment, the risk of falling when moving around and in relation to specific health care needs. Each assessment identified the seriousness and likelihood of harm occurring to the person together with a plan of action to make the person safe and reduce the potential impact of harm. For people who required support with moving around guidance for staff detailed the type of equipment they required and level of staff supported needed to keep them safe.

Staff understood their responsibilities in reporting any accidents or incidents that occurred in a timely manner. Reports included details of what had occurred and the immediate action taken in response to the situation. Carers and the person's care manager were informed of any occurrences. All accidents and incidents were reviewed by the registered manager to identify if there were any patterns or trends which required further investigation and action. Discussions took place as appropriate with the person and or their representative to look at ways to minimise any reoccurrences. This meant that lessons were learned and improvements sought when an accident or incident occurred.

Staff recruitment practices were focused on the needs of the person and their carers. The person and their carers described the type of person they wanted to support them. The registered manager interviewed potential new staff and undertook an in-depth interview to establish whether they were compatible with people that they were required to support. The member of staff was then matched with the person with regards to their skills and interests. Appropriate checks of new staff were carried out to protect people from the risk of receiving care from unsuitable staff. This included obtaining a person's work references,

employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

Staffing was centred around the individual needs of each person. The provider had assessed each person's needs in consultation with the person and their carers and the local authority where appropriate. This established how many hours a week each person required and what personal care tasks and activities would be provided. This meant that the staffing levels that the service provided were dictated by the needs and choices of the people who used the service. There was an on-call system if assistance was required outside of office hours.

Suitable measures were in place to prevent and control infection. Personal protective equipment was available to staff including gloves and aprons. Staff had received training in how to minimise the spread of any infection.

Is the service effective?

Our findings

Relatives said that staff knew people well and that they had the knowledge and skills to effectively support people. One relative told us, "Staff have the training and skills they need and they are kept up to date. Staff are really good".

New staff received introductory training before they provided people with care. This included undertaking the Care Certificate induction standards. These are nationally recognised standards that staff working in adult social care need to meet before they can safely work unsupervised. Staff received on-going refresher training to keep their knowledge and skills up to date in essential areas such as safeguarding and first aid. Specialist training was also provided to ensure staff had the specific skills necessary to meet people's individual needs. Epilepsy awareness had been provided for staff who supported people who may experience a seizure. Community nurses had provided staff with regular training in how to safely feed a person with a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube that feeds directly into a person's stomach.

Staff said they felt well supported and could contact the registered manager at any time. The registered manager said they spoke to all staff members regularly by phone and this was confirmed by staff. Staff also received individual supervision sessions and an annual appraisal. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development.

People's social, physical and health needs were assessed to establish what support each person needed before they received assistance from the service. This had been done to make sure that the service had the necessary resources to consistently deliver the right support. Initial assessments included establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

People had access to the care, support and treatment they required in relation to their health care needs. Care plans set out each person's health and medical needs and the action staff needed to take to ensure they were met. For people with a PEG a protocol was in place detailing the type of tube, when and with how much boiled water should be used to flush the tube and what to do if the tube become detached. Staff demonstrated that they understood how to follow this guidance in line with these protocols.

The MCA 2005 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.

We checked whether the service was working within the principles of the MCA. Staff had attended training and understood their responsibilities to work within the requirements of the Mental Capacity Act 2005 (MCA). Staff understood that one of the principles of the MCA was that it should be assumed that people had capacity to make decisions. They explained that some people were not able to express themselves verbally, but did so through body language. Staff explained how they consulted with people and sought their

informed consent before carrying out any care tasks. The registered manager understood that when a person lacked mental capacity to make a particular decision that a meeting with the person's representatives needed to be arranged to ensure all decisions were made in the person's best interests. No applications had needed to be made to the Court of Protection in order to legally deprive people of their liberty.

Is the service caring?

Our findings

Relatives said that staff were kind and caring and knew people extremely well. One relative told us, "The service is definitely caring. I have peace of mind. The carers (staff) we have I cannot fault. They all get on well with X".

Feedback from people and relatives in the service's annual questionnaires was very positive about the caring nature of the service. Comments included, "Caring and reliable service"; "Office staff are helpful and respectful"; and "I cannot praise (named staff member) enough for their care and dedication to X. Staff know X very well and always has X's best interest at heart".

Care plans included information about people's likes and dislikes and people who were important to them. This gave clear guidance to staff about how people enjoyed spending their time and what made people happy or unhappy. Staff demonstrated they knew people well. They described people's character in a positive manner, focusing on their strengths and individual personality. Staff gave examples of how they made people feel they were valued. One staff member when speaking about a person they supported told us, "X is a pleasure to work with. I am really proud of their achievements. They may seem small, but they are very important".

Staff listened to people and talked to them in an appropriate way so they could understand. Staff described how they involved people in making choices and decisions in their day to day lives. They explained how they used people's non-verbal clues and facial expressions to ensure that people liked what they were doing. Staff said that one person had, "A different smile" according to their reaction of how much they enjoyed what they were doing.

People were treated with dignity and respect. Staff explained how they explained what they were doing when providing people with personal care. Staff described situations in which they had advocated on people's behalf to ensure that their dignity and privacy was respected at all times. Information about advocacy services was available if it was required. An advocate is an independent person who helps people express their needs and to get the care and support they need.

The service encouraged people to make and develop relationships that were important to them. Several social events for people and their carers were arranged throughout the year. This included a Christmas party a trip to the seaside. One relative commented in the service's annual feedback, "The Christmas party is always a great success and X particular enjoyed the day out at Broadstairs last year". A weekly club had also been set up where people could join in arts and activities and have lunch. One person commented in the annual service feedback, "Everyone gets together so I see my friends. Staff are very friendly and we have fun".

Suitable arrangements had been made to ensure that private information was kept confidential and secure. Staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary. Written records that contained private information were stored

securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

Relatives said that the service met their family member's needs in an individual and responsive way. A relative told us, "Our main carer (staff member) has picked up on things even we may not have thought about and we have tried them out and they have worked".

The provider was responsive to people's individual needs. Packages of care were arranged around the need of each person. The registered manager explained that the starting point of any service provision was the person and their needs and wishes. The person and their carers met with their appointed staff member as many times as was needed and the staff member shadowed carers to understand their routine.

The provider understood the importance of promoting equality and diversity. Assessments of people's needs included regard to people's disability, race and gender. Assessments formed the basis of a plan of care which contained guidance for staff about the support people required in relation to their daily living, social and health needs. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. They included people's daily routines and personal preferences such as how a person communicated if they were happy, or upset or wanted attention. Staff were knowledgeable about people's preferences and demonstrated they were taken in to consideration when providing care and support. The provider arranged a yearly meeting with the person, their carers and the staff members to review the package of care. This included a discussion of all aspects of their care and support and the views of everyone involved. Care plans were updated accordingly or before this time if there had been changes in people's needs.

The provider had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service user guide and newsletters were written using pictures and simple words so that it was easier for people to understand. The service user guide set out the aims of the service and how to contact the office. Newsletters contained information about events and activities that people could attend. People were also given a copy of the 'easy read' safeguarding protocols when they first started to use the service.

Relatives said that they felt confident to talk to the registered manager to speak up if they had any worries or concerns. A relative told us, "I would speak to one of the carers if I had a concern, but I know I can also go to the office. Any problems are dealt with straight away". The registered manager explained that they had developed good relationships with people and their carers with whom they had regular contact. They said that this meant that people felt able to ring them about any worries or concerns which could be addressed before they developed into a formal complaint.

Information about how to make a complaint was given to people when they first started to use the service. This set out how to make a complaint, how it would be investigated and people's right to contact the Local Government Ombudsman if they are not satisfied with how the provider has responded to their complaint.

The service was not supporting any one at the end of their life at the time of the inspection.

Is the service well-led?

Our findings

Relatives said the service was well led. A relative told us, "It is a very caring agency. I would recommend it and have done to a friend".

Staff and the registered manager were clear about the aims and vision of the service and how to put them into practice. The aim of the service was to, "Provide personal flexible services based on carer's individual needs". This was achieved by providing respite care for carer's whilst promoting people's independent living skills and enabling them to follow their hobbies and interests. The registered manager understood their roles and responsibilities and were open to working with us in a co-operative and transparent way. Staff said they felt well-supported and that were in regular contact with registered manager. The registered manager contacted staff by phone weekly to give them the opportunity to discuss any issues or concerns and to check how the service was being delivered. Staff also attended formal supervision sessions and were provided with a newsletter which updated them with any changes in the service essential information. One staff member described the registered manager as, "Approachable and open about anything and everything". Another staff member said the registered manager was, "Very supportive in every way. He always answers the phone at any time of day".

The registered manager was fully involved in the running of the service and monitoring its quality. They undertook regular checks to make sure staff were carrying out their roles effectively and had the training and skills they required and that records relating to people's care were up to date. The registered manager was supported by a committee which was represented by carers. Meetings were held with the committee to discuss what was going well with the service and to identify areas that needed improvement. At the last committee meeting, it had been identified that a strength of the service was its core values. Although staff had access to a range of policies and procedures to enable them to carry out their roles safely, it had been highlighted that the service would benefit from reviewing them in more depth to ensure they covered all areas of service provision.

The views of people and their carers were sought to make sure that they were acted on. Annual survey questionnaires were given to people and their carers to complete to gain their views about their satisfaction with the service. People were asked about the support they received, if they felt listened to, how they benefited from the service and any areas where the service could be improved. Feedback from the last survey was very positive and no shortfalls in provision had been raised.

The provider worked with other health and social care professionals in line with people's specific needs. This enabled the staff to keep up to date with best practice, current guidance and legislation. Links with the community had been developed through the provision of a disco which could be accessed by people from the local community in addition to people who used the service. The registered manager was aware of when they needed to notify us of important events that had occurred at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgements. The registered manager understood the requirement to display their rating in the office and on their website.