

Consultancy Care Limited

Consultancy Care Limited

Inspection report

19 Shepherds Lane
Bracknell
Berkshire
RG42 2BN

Tel: 01344305891

Date of inspection visit:
04 August 2016

Date of publication:
01 September 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

This inspection took place on the 4 July 2016 and was announced.

Consultant Care Limited is a small domiciliary care agency. Care and support is provided to people in their own home to promote their independence and well-being. At the time of our inspection the service was supporting 12 people .

The service had a registered manager. 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 that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were robust and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. The induction process was under review by the manager to correspond with the 15 standards that health and social care workers need to complete during their induction period. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were complementary of the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community.

People received care and support from familiar and regular staff and would recommend the service to other people. Two people told us that staff timekeeping could improve.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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 abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Consultancy Care Limited

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 4 August 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection the registered manager completed 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager and one member of staff. We received feedback from seven people and three relatives of people who use the service. We also received feedback from three staff and two social care professionals.

We looked at three people's records and records that were used by the service to monitor their care. In addition we looked at two staff recruitment files. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their care and support workers (staff). Consultancy Care Limited had no reported incidents of alleged abuse /or abuse in the timeframe between the date of their last inspection by the Care Quality Commission in 2014 and this inspection.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They informed us that they knew what to do if they suspected one of the people they supported was being abused or at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

People informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training had "increased staff perceptions of risk and had ensured they were safe and confident to carry out their duties".

Staff had received training in the safe management of medicines. The registered manager had reviewed their policies to include a review of their medicine policy, risk assessment and medicine administration records at least six monthly. A medicine risk assessment identified possible risks, support required and outcomes agreed for the person. A senior member of staff had attended training to supervise staff and ensure they were competent before supporting people with their medicine. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt, assist or administer the medicines.

The provider had effective recruitment practices, which helped to ensure people, were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. There were nine staff employed to meet the needs of the twelve people who were using the service.

Staff safety had been risk assessed and included risks related to staff working alone working. These were reviewed regularly and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers available for staff should there be an emergency.

Is the service effective?

Our findings

People informed us that they have received care and support from familiar and consistent staff. They told us that they would recommend the service to another person and that, "Staff were friendly and professional whilst being caring, adaptable and flexible." However, two people were not completely satisfied with staff timekeeping and said, "One or two carers are consistently late." "Some get caught in traffic jams for which the area is notorious and others have taken longer than usual because of problems with the previous client." The registered manager told us that they had not been aware that staff had arrived late on occasions and would review the monitoring process they use to improve.

Staff were rostered to cover calls to each person's home at variable times of the day. This was to provide support and / or personal care. Staff stated that they were allocated travel time between calls that enabled them to arrive on time and stay for the agreed length of time. A person's relative said, "Since consultancy care has been caring for my mother she has improved tremendously. I feel with the help, support and professional care she has received that this has greatly improved my mother's health and well-being."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional. For example on the day of our visit to the office, the registered manager had spoken with a professional due to concerns about a person's varying needs. Other examples were evident within people's records. This included an urgent referral by the agency for an assessment to have appropriate equipment for staff to assist a person with moving safely and effectively.

People who required support with their meals received assistance from staff within an appropriate timescale to promote their nutritional needs. This included time to prepare meals and ensure that food and fluids were available and accessible between the calls. People's dietary requirements, where relevant were recorded and monitored.

People said that staff have the skills and knowledge to give them the care and support they need. Staff told us that they had received a thorough induction that enabled them to support people confidently. They told us that they completed regular updated training, attended staff meetings and received one to one supervision that supported their development needs.

The registered manager stated that as part of staff's initial induction they do not work alone unsupervised until they are confident within their role to support people. The provider was in the process of reviewing the staff induction in line with the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. Staff training linked with the standards and included for example, awareness of mental health and dementia and food hygiene/handling. One member of staff had a qualification in Health and Social Care. This registered manager told us that they planned to improve staff opportunity to access and promote further learning and development. Other training staff had received included continence care delivered by a health care professional.

The service had a clear understanding of the Mental Capacity Act (2005). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager and one member of staff had received mental capacity training. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Is the service caring?

Our findings

People told us that the support and care they received from Consultancy Care Limited helped them to be as independent as they could be. They said that staff always treated them with dignity and respect and were caring and kind.

People's diversity was recognised and their needs in this area were identified and respected. Care plans included any religious, cultural or lifestyle choices. They also detailed any support or help people might need to meet their diverse needs, if relevant to the care package and the individual. Care staff were 'matched' to people, as far as possible.

The registered manager stated, "We have several clients and carers from different ethnic backgrounds. We endeavour, if requested, to provide care workers with the appropriate language skills and background. We also encourage all our staff to respect the clients' property, belongings and culture whilst carrying out their duties.

Comments from people included, "Above all, they speak my language as I am unable to communicate in English. I am disabled and my care can be challenging at times. However, carers are very patient and polite with me".

Staff had received training within equality, diversity, human rights, dignity and respect and person centred care. The registered manager stated that she had completed spot checks to observe staff in general, and to include how they interacted with people to ensure people were treated with dignity and respect.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Is the service responsive?

Our findings

People told us that they were involved in decision-making about their care and support needs. Their families also stated that with their relative's (people who uses the service) consent; they are consulted as part of the decision process relating to the care and support plan. Comments from people included, "The care plan meets my needs" and "The manager comes to see me regularly and reviews the care plan."

People's needs were assessed prior to receiving a service. This included an assessment by the referring commissioning authority and/or by Consultancy Care Limited before agreeing to a plan of care. Care and support plans were personalised. The examples seen were thorough and reflected the support individual's needed and respected choices they had made whilst considering associated risks.

People's care and support plans were reviewed annually and/or as changing needs required. There was no formal electronic system used to monitor people's care. However, regular staff meetings and good communications between the registered manager, staff, people who use the service and their relatives had ensured people's care plans remained updated. People were able to feedback their views on the service in a number of ways. For example, the client review documentation included a survey at the bottom that asks a series of questions to ensure people are satisfied with the service. Staff spot checks had also taken place that included the views of the people on the care staff offered them.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. One person was not sure. Staff said that the manager was accessible and approachable and they were confident that the registered manager would deal effectively with any concerns raised. The service had received one complaint in the 12 months prior to our visit. The complaint was satisfactorily resolved within the timeframe of the agency's complaint procedure. The registered manager stated, "We take complaints seriously, but have identified areas that we need to improve, which includes recording informal complaints and compliments."

Is the service well-led?

Our findings

People and their families were complementary of the services provided from Consultancy Care Limited. They told us that the agency listens to what they have to say and acts on this to promote person centred care and improve services.

Comments from people about the services included, I am extremely satisfied with the care service provided to me by Consultancy Care Ltd." A person's relative said, "The service is good, has reliable staff, is flexible and always contactable, with friendly and always ready to help carers".

Professionals who had responded to our request for feedback said they had no concerns about the agency. The feedback we received from people, their families and staff identified a positive culture, which was person centred and had a good understanding of equality and respect.

Staff told us that they would feel confident about reporting any concerns or poor practice to the registered manager. They said they were asked their view about the service and felt listened to.

Quality assurance processes were used to monitor the quality of the service. These included spot checks of staff arriving and providing support to people. Various methods were used to receive feedback from people such as questionnaires. The registered manager told us that they knew improvements were needed for the agency to progress that included staff training and development. Other areas of development identified and acknowledged by the registered manager included evaluating feedback they had received from sources such as surveys, complaints and compliments in order to improve.