

Caerus Care Limited

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Inspection report

1 Queen Street
Wisbech
Cambridgeshire
PE13 3YB

Tel: 01945464733

Website: www.caeruscare.co.uk

Date of inspection visit:
20 November 2017

Date of publication:
28 December 2017

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

Caerus Care Limited is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. It provides a service to people with a learning disability and autism.

Not everyone using Caerus Care Limited receives a regulated activity. CQC only inspects the service being received by people being provided with 'personal care: help with tasks related to personal hygiene and eating. Where they do we also take into account and wider social care provided. There were 12 people receiving the regulated activity of personal care on the day of our inspection.

We inspected the service on 20 November 2017. The inspection was announced. In October 2015 we conducted a comprehensive inspection of the service. We rated the service as 'good'. At this inspection we found the service remained 'good'.

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider') 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.

There were sufficient numbers of staff to keep people safe and meet their care and support needs. Staff worked well together in a mutually supportive way and communicated effectively. Training and supervision systems were in place to provide staff with the knowledge and skills that they required to meet people's needs effectively.

The registered manager and staff understood their responsibility in ensuring that they were using the correct equipment and had received training to ensure they safely helped people to mobilise.

People were provided, where required, with food and drink that met their individual needs and preferences.

People's medicines were managed safely and staff worked closely with local surgeries and pharmacies to ensure people had access to support with their medicines and healthcare appointments/needs when required. Staff received training to ensure safe and effective infection prevention and controls were in place.

Staff supported people to make everyday decisions in the least restrictive way possible. The policies and systems in the service supported this practice. Staff respected people's privacy and dignity and encouraged people to be as independent as they could be.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. There was evidence of organisational learning from significant incidents and events. Any concerns or complaints were handled effectively.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who used service and their relatives were encouraged to share their views and give feedback about the quality of the care and support provided.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Caerus 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 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.'

This inspection took place on 20 November 2017 and was announced. The inspection was carried out by one inspector. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Prior to our visit we reviewed information that we held. 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 it does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

We also reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also requested and received information from care managers and representatives of the of the local authority contracts monitoring team and safeguarding team.

The inspection site visit was undertaken over one day. We visited the office location on 20 November 2017 to see the registered manager and office staff, and to review care records and policies and procedures.

We spoke with four people using the service and three relatives. We also spoke with the registered manager, an operational manager, a team leader, an administrator and five care staff. During the inspection we also contacted a local pharmacist who had regular contact with the service. We looked at four people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records. We looked at records relating to the management of risk, care and support, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "The care staff support me very well and I feel very safe with them and look forward to seeing them." Another person said, "Yes I feel safe and the care staff are cheerful and have a chat with me." A relative told us that, "The care and support is brilliant and my [family member] is very happy with the care – I feel that their care is safely and professionally delivered."

The registered manager ensured that there were effective safeguarding guidelines and policies in place. Staff were aware of their roles and responsibilities in relation to protecting people from harm and were aware of the guidelines and policies in place.. Staff continued to receive safeguarding training and they were aware of the procedures to follow. One member of staff said, "I would be confident in reporting (any safeguarding issues) it to my manager (registered) without any hesitation and feel that they would deal with any concerns properly." This showed us that there were processes and procedures that helped keep reduce the risk of harm to people

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks. Examples included moving and handling, managing challenging behaviours and assisting people when out in the community. Staff said they were aware of how to ensure people were kept safe in accordance with the person's risk assessments. We saw that risk assessments were regularly reviewed and cross referenced to care and support plans so that people's care needs were known and well-coordinated by the care staff team. We saw that people's diversity and cultural values were respected by the staff. We saw that people's records were accurate and kept up to date and stored securely in the service's office

Staff received equality and diversity training as part of their as part of their ongoing development. One person we met told us that the staff had been kind and sensitive and had provided support to them regarding expressing their sexuality.

The registered manager told us staffing levels were monitored on an ongoing basis to ensure that the people's care and support needs could be safely met. People we spoke with and their relatives told us that staff were on time and were available to support them with their care both in their own home and when accessing the community. Staff told us that there were sufficient numbers of staff available and that the registered manager and office based staff covered care shifts when required. One member of staff said, "They (management staff) are really supportive and 'hands on' and always help out to cover shifts when needed." Recruitment of staff was ongoing and new staff had completed an induction and shadowed more experienced staff so that they had an understanding and felt confident about how to provide the required care and support. This was confirmed by staff we spoke with.

Staff only commenced working for the service when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. Staff confirmed that they had supplied the required recruitment documentation prior to commencing working at the service.

Arrangements continued to be in place in relation to the administration and recording of people's medicines. Staff had received training regarding administration of people's medicines and this was confirmed in the training records that we saw. Staff also received competency checks to monitor their practice when administering people's medication. We saw that the level of support that people required with their medicines had been assessed and was recorded in their care plan and also whether the person/their family would be responsible for the administration of medicines. The service had regular contact with local pharmacists regarding the management of people's medicines where needed. A pharmacist we spoke with said, "The (registered) manager is very proactive and contacts us to ensure that any medicine queries are swiftly and professionally dealt with."

There were systems in place to help promote infection control. These included training for staff and discussions in staff meetings regarding health and safety and infection control issues. Staff had access to supplies of personal protective equipment.

The registered manager and office based staff monitored accidents and incidents and analysed any trends so that further occurrences were minimised. Staff understood their responsibilities in raising concerns and to record safety incidents and to report them appropriately to the registered manager and office based staff when needed.

Is the service effective?

Our findings

People spoke positively about the care workers who supported them and were satisfied with the care and support they received. One person said, "The carers are very good and help me with whatever I need." Another person said, "They [care staff] are really cheerful and they make sure everything has been done before they leave." Our discussions with staff showed that they were knowledgeable about people's individual support and care needs. A member of staff said, "I really enjoy my job and all the different things I support people with and every day is different."

Detailed assessments continued to be carried out to ensure that the service could meet the individual's needs. Assessments included the person's background, care needs, their likes and dislikes, weekly/daily routines and significant family and professional contacts. The service also received detailed assessments from care managers via the local authority. We saw copies of detailed assessments in a sample of care plans. The registered manager told us that people had access to equipment such as bed alarms to alert staff when required. The registered manager also told us that some people were having 'speaking door' bells fitted in their home to assist their awareness and security.

Staff confirmed that they continued to receive a varied programme of training. Staff told us that they were supported to gain further qualifications. Staff told us that they completed the Care Certificate (a nationally recognised qualification for care workers) during their induction. Staff said that they received additional training regarding specific care issues to meet people's needs. Examples included epilepsy and mental health awareness. Training was monitored by the senior staff and registered manager. The staff we spoke with confirmed that they were informed of dates when they would need to refresh or update their training. One member of staff said, "We get updates every month and training is good." Staff confirmed that they received regular supervision and an annual appraisal. Staff said they continued to be well supported by the registered manager, senior staff and their staff colleagues.

People's dietary needs were assessed and any associated risks were incorporated into their care plan. One person we spoke with said, "It's brilliant and I am really happy with the staff who help me with my care and they help me to prepare meals and drinks." Staff told us that people were assisted with healthy eating options and to seek advice from nutritionists and dieticians whenever their dietary needs changed. We saw that staff accompanied some people to attend a local slimming club to help them with their diet.

The service was in regular contact with a variety of care professionals including care managers from the local authority, GPs, pharmacists and day service provisions. This ensured that there was a well-coordinated package of care and that essential information and or changes to people's care and support was recorded and kept up to date.

Care records showed that people's health care needs were documented and monitored including information from medical appointments. Where necessary, referrals were made to relevant health care professionals. People told us that staff had supported and assisted them with their medical appointments where appropriate. We saw that staff had received training in specific issues such as autism, epilepsy and

peg feeding.

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. The manager and staff confirmed that no one receiving the service was currently subject to any restrictions on their liberty.

The service continued to have procedures in place in relation to the application of the MCA. The manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

Is the service caring?

Our findings

People we spoke with were positive about the care they received and one person said, "The staff are fantastic and kind and assist me to get washed and dressed which is very helpful and they never rush me and assist me at my pace." Another person said, "The staff are brilliant, cheerful and caring and I look forward to them coming to see me." One relative told us that, "The support my [family member] receives is really very good – the staff are really kind and caring and I have no concerns." Another relative said, "I can't fault them – they are absolutely brilliant with (family member). People and their relatives told us that the staff assisted with daily personal care needs, shopping, budgeting, going out to local clubs and centres in the community.

Relatives of people we spoke confirmed that they had been involved in reviews of their family members care and support where appropriate. People told us they were aware of their care plans and had agreed with what was recorded in them. One person said about their care plan, "Yes we did talk about if, my [relative], me and the staff."

Relatives said that communication was very good with staff at the service. One relative said, "I feel really involved [in their family members care] and I am always kept informed of any changes or events by the (registered) manager and members of care staff."

We saw people visiting the service's office and staff spoke with people in a kind and friendly way. People that we spoke with confirmed that they had a friendly and supportive relationship with staff who cared for them. People said they were encouraged by staff to remain as independent as much as possible. One person said, "I try to be as independent as possible and the staff have helped me to budget with my money which is very helpful." Another person said, "The staff are really nice to me and have helped me to be able to use the local buses." The registered manager also told us that one person had expressed an interest in being able to go fishing. A member of staff (who was interested in fishing) had been able to assist the person to go on some fishing trips recently.

People also told us that staff always preserved their privacy and dignity. One person said, "They [the staff] always treat me with great dignity, respect and kindness." One member of staff said that, "I think Caerus is a great company both to work for and also in the way it cares for its service users."

People said that assistance was given in a fun and caring way. One person said, "I really look forward to the staff coming to help me and we have a laugh and a joke together." A relative said, "Staff have been really excellent and I am really happy with the care [family member] receives."

People told us they felt involved in decisions about their care and their everyday lives. One person said, "[The staff] don't rush me and they help me to choose what I want to do"

The registered manager told us that local advocacy services were available to people as required. Relatives that we spoke with said that they had regular contact with the registered manager and office based staff and that they had been involved in the planning and reviewing of their family members care and support. Staff

worked closely with relatives of people using the service to ensure that there was a well-coordinated approach to people's care

Is the service responsive?

Our findings

People spoke positively about the care staff and were satisfied with the care and support they received. One person told us, "The carers are good to me and help me with whatever I need." Another person told us that, "The carers are cheerful and help me go out to places I like in the town." A relative also said, "They (staff) know my [family member] really well and how they want their care to be provided."

Care and support was provided in a 'person centred' way and staff ensured that people's preferences were recorded in detail. Staff we spoke with confirmed this to be the case. Examples included assistance with personal care, social activities, daily living routines, assisting with accessing the community, activities, assistance with medicine and preparation of meals. One person said, "They are flexible to my needs." Another person said, "The staff have really helped me to go out in the local town and this has improved my confidence a great deal" We saw that the service continued to organise a regular night out to go ten pin bowling in a local town. This provided an opportunity for people to socialise and improve their confidence.

We spoke with a care manager from the local authority and they were positive about the support being provided by the service. They told us that they worked closely with the registered manager and staff and had reviewed and discussed changes and issues regarding recent changes to people's changing care and support needs. The care manager said, "I have found the Caerus team extremely helpful when reviewing the care and support needs for (service users), Caerus have always given considered and relevant advice and feedback." This showed us that people's care and support needs were responded to appropriately.

People said they were able to choose the staff that provided their support, their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. People told us that on the majority of occasions their requests were met. One person said "The staff are very good and arrive on time and they let me know if they are running late"

Care plans were up to date and continued to be regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the management staff to evaluate care practices and identify areas for improvement and development. Relatives we spoke with confirmed that they were involved in reviews, where appropriate; So that they had an opportunity to comment on the current care and support that their family member was receiving. One relative said "They [registered manager and senior staff] regularly contact me if there are any changes to [family member] care and support needs."

People and their relatives said that they knew how to raise concerns and that the registered manager and staff were always willing to listen to their views and responded to any concerns they raised. One relative said, "I can always raise any issues and I feel listened to." One person said, "I can always speak to (registered manager) any time and I can come to the office to speak with (office based staff)."

People had their end of life care wishes recorded as part of their initial assessment when this was appropriate. The registered manager confirmed that where end of life issues arose they had been involved with appropriate services including the person's GP and community nursing team. The service also liaised with people's families regarding their family member's end of life wishes.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, 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 continued to be in regular contact with the registered manager and senior staff members. They were positive and expressed their satisfaction with the service.. One person said that, "I can always speak to the staff and they ask me if I am satisfied and help me with any worries I have."

We saw that regular satisfaction surveys continued to be completed with people using the service to ensure they were happy with the care provided. One person said, "I get phone calls and visits from [office based staff] to check that I am happy with everything." Records we saw confirmed this to be the case. This showed us that the service and its staff monitored people's care and support needs and considered opportunities for improvement. One person commented in the 2017 survey, "I think that everything's great – my only suggestion is keep the greatness going." There was an open culture within the service. Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was well managed and that they were well supported by the registered manager and staff colleagues.

Staff told us that they were confident that if ever they identified or suspected any instances of poor care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said that they felt confident that they would be supported by the registered manager to raise their concerns. One staff member said, "We are a close team and if there was any bad practice this would be reported to the manager and I am sure that it would be acted upon on confidentially and without any hesitation or delay."

The registered manager regularly considered the quality of care provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals to gain their views. Staff we spoke with told us that there was a positive culture in the service and that they felt enabled to raise and discuss any issues with the registered manager and office based staff. We saw that where people's needs or requests were raised these were responded to by the service. Examples included adjusting hours to accommodate people in being able to access a local club and one person being able to go on an overnight hotel stay.

Staff told us that they received supervision and that members of office based staff carried out unannounced spot checks to monitor their work performance. We saw records to confirm this to be the case.

Regular audits of the service were in place to ensure that people were receiving an effective and safe service. The registered manager and senior staff undertook audits regarding people's care and support and their views were sought regularly. We saw any areas for action were highlighted and an agreed action plan was put in place to deal with any identified concerns or shortfalls. Examples included updates regarding; risk assessments, staff training and policy updates

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about. Our findings showed that the registered manager informed the CQC of these events in a timely manner. This, and the way they supported staff, demonstrated that the registered manager was aware of their responsibilities. The registered manager was aware of the CQC guidance of 'Registering the Right Support' (CQC's policy on registration and variations to registration for providers supporting people with learning disabilities). They understood the principles of the guidance and provided individualised support to people in line with this guidance.

The service worked in partnership with other organisations. Comments from health care professionals were positive and they felt that any concerns and issues were dealt with and that communication with the service was professional. They said that any concerns were promptly and efficiently dealt with.

The service had good links with the community including helping people to access shops, sporting facilities, day/educational centres and local pubs and cafes.