

Strode Park Foundation For People With Disabilities

ComCare

Inspection report

Strode Park House
Lower Herne Road
Herne Bay
Kent
CT6 7NE

Tel: 01227365887

Website: www.strodepark.org.uk

Date of inspection visit:

14 July 2016

15 July 2016

Date of publication:

18 August 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

The inspection took place at the service's office on 14 and 15 July 2016.

Comcare provides domiciliary care and support service for people with living with a disability. The office is based in the grounds of Strode Park Foundation for People with Disabilities. The agency currently provides services in Whitstable, Herne Bay and Canterbury. The service is open during office hours, has designated office based staff and an on-call system. At the time of the inspection there were 50 people receiving a service. Comcare also provides an 'Outreach' service of support workers who support people for longer periods, for example, half and whole days.

There was a registered manager employed at the service. 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. The registered manager was responsible for the day to day control of the service. They were supported by a service lead, and team leaders.

The registered manager had recognised, due to recent reduced staffing levels, staff competency 'spot checks' and one to one supervision meetings had not taken place as regularly as they would have liked. They had taken action to address this shortfall and agreed this was an area for improvement.

People told us they felt safe and trusted the staff that supported them. Staff knew how to protect people from the risk of abuse and the action they needed to take to keep people safe. Staff completed regular training about how to keep people safe. The provider had a whistle-blowing policy and staff knew they could take any concerns to other organisations if they had concerns. Staff said they felt confident to whistle blow.

Assessments identified specific risks to individuals and provided guidance to staff on how to minimise risks. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe.

There was sufficient staff employed to give people the care and support that they needed. People told us they received care from regular staff and their calls were always covered in times of sickness and annual leave. People commented, "Happy with the service provided and always get informed of changes" and "Always informed if carers are late".

The provider's recruitment and selection processes were robust, thorough and co-ordinated by the provider's human resources department. The provider's policies were followed when new staff were appointed. Checks, including references and criminal records, were completed to make sure staff were safe

to work with people.

People's medicines were stored safely in their homes. Most people took their medicines independently with no involvement from staff. Some people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff were trained to support people with their medicines.

People said the service was effective and reliable. The provider had a comprehensive training programme and staff completed refresher training to make sure they had the skills and knowledge to carry out their roles effectively.

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported.

People were supported to maintain a balanced diet and to shop for and prepare their meals. Staff supported people to maintain good health. Staff knew people's routine health needs and kept them under review.

People spoke positively about staff and told us they were kind and caring. People were happy with the care and support they received. Staff knew people well and were familiar with people's life stories.

People were involved in writing their care plans. These were personalised and contained detailed daily routines specific to each person. Staff were knowledgeable about people's likes, dislikes and preferences.

People told us they did not have any complaints but would speak to staff in the office if they had any concerns. They said that staff listened to them and sorted out any issues. Each person had a copy of the complaints procedure in their care plans in their home, and appropriate systems were in place to address any complaints.

There were systems in place to monitor the safety and quality of the service and risks were audited to keep people as safe as possible. People and staff were asked for their views and opinions through quality assurance visits, care plan review visits and an annual survey.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager submitted notifications to CQC in line with CQC guidelines.

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.

Risks to people's safety were identified, assessed and managed appropriately. People felt safe and were protected from the risks of avoidable harm and abuse.

People received their medicines safely and were supported by suitably qualified, skilled and experienced staff to meet their needs.

The provider had a recruitment and selection process in place to make sure that staff were of good character.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions. Staff understood the requirements of the Mental Capacity Act.

Staff had the skills they needed to provide people's care in the way they preferred. People were supported to maintain good health and had access to health care professionals when needed.

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respected their privacy and dignity. Staff were aware of, and promoted, people's preferences.

People were encouraged and supported to be as independent as possible. People's records were securely stored to protect their confidentiality.

Is the service responsive?

Good ●

The service was responsive

Staff knew people and their preferences well. People's choices and changing needs were recorded, reviewed and kept up to date.

People received the care and support they needed and the staff were responsive to their needs.

There was a complaints system and people knew how to complain. People said the staff listened to them and any concerns were acted on.

Is the service well-led?

The service was well-led

Audits were completed on the quality of the service and actions taken when shortfalls were identified.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service.

People and staff were positive about the leadership at the service.

Good ●

ComCare

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.

The inspection took place on 14 and 15 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them. The inspection was carried out by two inspectors.

Before the inspection the provider 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 reviewed information we held about the service. We looked at notifications received by the Care Quality Commission (CQC). Notifications are information we receive from the service when a significant event happens, like a death or a serious injury.

On 14 July 2016 we went to the office and reviewed people's records and a variety of documents. These included people's care plans and risk assessments, staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys. We spoke with the registered manager, service lead, team leaders and care staff.

On the 15 July 2016 we visited and talked with people in their own homes. We spoke with office staff who organised the work for the care staff, plus other members of staff.

The previous inspection of this service was carried out in November 2013. At this inspection no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe when they were receiving care and support. People said, "I trust the staff that support me and feel very safe when they are here" and "I feel very safe".

People were protected against the risks of potential abuse. People benefited from being supported by staff who understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and told us how they acted on these to keep people safe. The provider had a policy for safeguarding adults from harm and abuse which staff followed. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people and this was confirmed by the training records we looked at. Staff knew the correct procedures to follow should they suspect abuse. The registered manager had a copy of the Kent local authority safeguarding protocols for staff to refer to. They knew what should be reported in line with guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Risks to people were identified and guidance on how to safely manage the risks was recorded in the care plan. Risk assessments for moving people and supporting them with their mobility were detailed to ensure staff had the guidance to support people as safely as possible. People said that risks associated with their support were managed safely. Staff told us they had received training to move people safely and were confident. The registered manager checked staff moved people correctly. People's care plans were specific to their needs to ensure they were moved safely.

Environmental risks were assessed, for example, street lighting, entering and exiting people's homes, poor weather conditions and lone working. Equipment, such as hoists and slings, was checked before staff used it and regularly serviced to ensure it was safe to use.

Staff understood the importance of keeping people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager. They raised concerns with the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents / incidents and analysed them to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. For example, staff had arrived at one person's home and found them on the floor following a fall. They took immediate action in contacting the emergency services and also spoke with, and referred the person to, the local falls team for an assessment. An overview of accidents and incidents was monitored by the senior management team and discussed at regular health and safety meetings. This overview was used as a learning opportunity to reduce the risk of incidents recurring and shared with other services run by the provider.

There was sufficient staff employed to give people the care and support that they needed. People told us they received care from regular staff and their calls were always covered in times of sickness and annual leave. Many staff had worked at the service for several years. Staff usually worked in teams covering

geographical areas to reduce the travelling time between calls. However, at the time of the inspection staff were covering further afield. The registered manager told us a number of staff had recently left the service and they were trying to recruit. As a short term measure the management team had suspended weekend calls and this was being closely monitored. People, staff and the local authority had been notified and were being kept up to date. A member of staff commented, "Management have involved staff in understanding company issues. We are well informed".

Staff told us there was on-call out of hours management support in place for reassurance and guidance and there was always someone available to speak to if they needed to. For example, one member of staff told us of an incident when they had to immediately leave a person's home. They said they were, "Totally supported by on-call and a subsequent meeting with the manager". They also commented they had been supported to contact the local police at the time. Another member of staff said, "On-call works well and is another channel of information between the staff and the office".

The provider's recruitment and selection processes were robust, thorough and co-ordinated by the provider's human resources department. Before staff started working at the service they had an interview. People using the service were involved in the interview process and could give input into whether they thought staff were suitable. The provider's policies were followed when new staff were appointed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment were discussed during interview. References were obtained and included the last employer. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider renewed staff DBS checks every three years. Staff files were well organised and included proof of identity.

People said staff supported them to make sure they received their medicines safely and on time. People's medicines were managed by staff who had been trained in giving people their medicines as prescribed by their doctor. Senior staff completed medicines competency assessments to make sure staff remained confident and competent to support people with their medicines. There were policies and procedures for staff to follow to make sure people received their medicines safely. Staff made sure people had a continuous supply of their medicines by supporting them to order their medicines, attend doctor's appointments and collect prescriptions from the pharmacy. One person told us they ordered their own medicines and they would discuss any concerns with staff.

People's medicines were stored safely in their homes. Most people took their medicines independently with no involvement from staff. Some people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff recorded when they gave people their medicines in the daily notes or ticked a chart to indicate people had received their medicines.

Is the service effective?

Our findings

People said they were looked after and supported well. They said the service was effective and reliable. People told us staff supported them to be as independent as possible and focused on people achieving their goals and aspirations. One person commented, "I never feel disempowered by the staff. They give me the level of support I want".

Staff completed a corporate induction when they started working at the service. The induction was completed over a number of weeks and was signed off, by the registered manager, as staff completed each section and were assessed as being competent. Staff said they shadowed experienced staff to get to know people, their routines and their preferences. Staff commented they had "Learned lots" during the induction and, "The induction and training has been really helpful. We all know how to do things properly".

A comprehensive training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. A training schedule was maintained by the human resources department. This showed what training had been undertaken and when refresher training was due. Staff said, "You can't fault the training. We get an email that we're booked in and you're in trouble if you don't do it! There's always some training to do, right through the year" and "I have had specific training about epilepsy, diabetes and multiple sclerosis in the past. We get asked if there is any particular training we want to do, and they'll arrange it".

The registered manager told us they encouraged and supported staff to develop their skills further. Staff told us they had acquired or were working on level 2 or 3 qualifications in social care. Other staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life.

Staff said they felt supported by the registered manager, service lead and team leaders. Senior staff had carried out competency assessments with staff. The registered manager had recognised, due to the reduced staffing levels, these had not been done as regularly as they would have preferred. Staff commented, "Spot checks have been developed and now haven't been happening", "Spot checks were very supportive and made the appraisal more purposeful" and, "Rotas have been the absolute priority for the past six months. It has left little time for other things, so spot checks and supervisions have slipped".

Staff told us they had one to one meetings with a senior member of staff but these had not been as regular as they used to be. The registered manager had already recognised the shortfall and taken action. An additional member of staff, from another service owned by the provider, had been seconded to carry out supervision meetings with staff and to complete spot checks. A schedule of the supervisions was displayed in the office and these meetings were taking place during the inspection. The registered manager agreed competency checking and regular supervisions were an area for improvement.

There was an annual appraisal system and this was an opportunity for managers and staff to discuss any identified development and training needs and to set personal objectives. When training needs were

identified staff were supported to access the necessary training. If staff were not achieving their personal objectives they were supported by the management team to look at different ways to achieve them.

Staff understood the key requirements of the Mental Capacity Act 2005 (MCA) and how it impacted on the people they supported. Staff had completed MCA training and they put these into practice effectively, and ensured that people's human and legal rights were protected. The 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 felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. Staff knew that if people were not able to give consent to their care and support they needed to act in people's best interest and in accordance with the requirements of the MCA. There was information in people's care plans about their capacity and consent to care. People told us they were always asked for their consent when staff were providing their personal care. Records showed people, who were able, signed their care plans to agree with their care and support. When people had a Lasting Power of Attorney (LPA) in place this was documented in their care files and staff liaised with the responsible person about their loved one's care and support. LPA is a legal tool that allows you to appoint someone to make certain decisions on your behalf.

People were supported to maintain a balanced diet. The level of support and supervision people needed varied. Some people were supported to budget for their food, go shopping and prepare meals. Staff prepared and cooked meals for others. People's care plans noted what support they needed. For example, one care plan noted 'Meal preparation – involve [person] who could lay the table or get their coffee cup ready. [Person] to remain involved in the food preparation all the time they are able to do so'. Staff told us they promoted good nutrition and hydration by monitoring people's food and fluid intake when necessary. They said they gathered this information and discussed it with healthcare professionals, such as speech and language therapists and dieticians, if they had concerns. Staff had completed training about food hygiene and also nutrition and hydration. People told us staff encouraged them to drink plenty particularly in the warm weather. The provider had employed a housekeeper to support people with their domestic tasks and meal preparation.

People were supported to maintain good health because the registered manager and staff engaged proactively with health professionals. People told us staff knew them well and knew when they were 'off colour'. People said they were involved in their healthcare and that staff empowered them to have as much choice and control as possible. Staff knew people's routine health needs and kept them under review. When staff were concerned about people's health they reported this to the office staff. This information was recorded on the computer system and appropriate referrals were made to health professionals. When advice was given by health professionals this was followed by staff to ensure people maintained good health.

Is the service caring?

Our findings

People told us they liked the staff and they were kind, caring and helpful. People told us about the care and support they received and said, "The staff know me and my routine. They are very good and very caring", "The staff are all pretty good and help me with the things I need to do" and, "I can do lots of things myself and they don't disempower me by doing things for me. They give me the right amount of support in the things I need support with". People said staff made sure they had everything they needed before they left their home. Staff spoke with people in a sensitive, professional and respectful way.

Staff told us, "Team leaders sometimes come to calls with us. That is good. It means they understand the complexity of people's lives and what we do", "We are a good team of carers. We really care about the work we do and the people we support" and, "We go the extra mile for people to support them to achieve their aims and goals".

People told us they were involved in making decisions about the level of care and support they wanted and this was discussed at their reviews. People were asked if they had a preference of a male or female staff to support them and people felt listened to with regard to their preferences. People's preferred name was recorded in their care plan so staff knew how to address people. People were supported to access the community, such as attending day centres and trips to places of interest, and go shopping.

There was guidance for staff about what each person could do independently. This included what support they needed, how many staff were needed to support them safely and any specialist equipment they needed to help them stay as independent as possible. Staff told us how they promoted people's independence. One staff said they were "Proud to have supported people with shopping and cooking and see them go from receiving care to just needing minimal support".

Staff had built strong relationships with people and their loved ones. People told us staff knew them well and understood their preferences, needs, likes and dislikes. People and their families had shared information about their life history so staff knew what was important to them. During the inspection staff spoke with people in a friendly, dignified, caring and compassionate way.

People told us staff were flexible and they contacted the office if they needed to change their scheduled calls or request additional support. All the people we spoke with knew how to contact the office staff and knew them by name. Each person had a 'service users guide' in their home which included names and photographs of the management and office team and important contact numbers.

Some people had family members to support them when they needed to make complex decisions about their care, such as, undergoing hospital treatment. Advocacy services were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

Staff understood people and responded to each person to meet their needs in a caring, considerate and

compassionate way. Staff listened to people, were patient and allowed people time to respond. People told us they were treated with respect and their privacy and dignity was promoted. One person commented, "Yes, the staff respect my privacy". Staff gave us various examples of how they promoted people's dignity, such as, making sure people were covered up during personal care. The registered manager had noted on the Provider Information Return, 'Respecting people's privacy and dignity by ensuring people's human rights, dignity and disability are key elements of the induction training for all staff'.

Staff told us they enjoyed working for Comcare. One member of staff said, "The management look after us. They try to keep us in the areas we work best. I prefer short spells of work with people, like half an hour or an hour, and others prefer whole afternoons and taking people out". Another member of staff commented, "I can't imagine doing another job. I can make a difference to people's lives; that is what is important".

People's care plans gave staff guidance on what people could do for themselves and what support was needed. Staff had an in-depth knowledge of people's needs, routines and preferences and supported people in a way that they preferred and had chosen. People talked to us about their care plans and were aware of their content.

Is the service responsive?

Our findings

People received the care and support they needed and the staff were responsive to their needs. People said they got the support they needed and that communication with all the staff was good.

Before people started using the service their needs were assessed by senior staff to make sure Comcare was able to provide the care and support they needed. This information included the time and length of the calls and how many calls a day would be required. From all this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way they preferred. People we visited told us about the assessment and how staff had visited and discussed all aspects of the care and support to be provided. One person said, "We sat down and talked about what support I needed and that is what I get. If I need any additional help I know I only have to ask".

People were involved in writing their care plans. These were personalised and contained detailed daily routines specific to each person. Staff had guidance to follow and were able to tell us how they followed this closely because they knew people so well.

Care plans contained information that was important to the person, such as their likes and dislikes, life histories and any preferred routines. Staff had a good knowledge of the people they supported. Care plans included details about people's health needs and risk assessments were in place and applicable for each person. Care plans identified people who needed care and support to keep their skin healthy. There was information in the care plans to make sure staff were vigilant and checked people's skin to reduce the risk of pressure areas. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support and care. Senior staff visited people regularly and reviewed care plans with them to make sure they were kept up to date or needed amending.

People's goals and aspirations were recorded in their care plans and staff supported them to achieve these. For example, staff told us how they had supported one person to arrange a four day trip. This had involved booking coach tickets, a hotel and taxis. Staff had spent some of their own time putting together a special wallet for the person which had different sections, such as, 'who I am', 'who to ring in an emergency' and 'where I am staying'. Staff supported the person to manage their money by dividing their spending money into separate days so they knew how much they could spend each day. This had promoted the person's independence and given them peace of mind whilst travelling alone.

People said staff were usually on time and stayed the duration of the call. People told us they were sent a copy of the staff rota each week so they knew who would be supporting them and at what time. Staff had regular people to visit on their schedules to ensure people received continuity of care.

People said that they felt listened to, their views were taken seriously and any issues were dealt with quickly. People we visited commented that they did not have any complaints about the service or the support they received from the staff. People told us, "If I wasn't happy about something I would talk to [the registered

manager] or the staff", "If I'm worried about something I will tell the staff" and, "I don't have any complaints". Each person had a service user guide in their home which explained how to complain.

When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was handled correctly. Action was taken to rectify complaints when needed and shared with staff so it could be used as an opportunity for learning.

Is the service well-led?

Our findings

People knew the staff and management team by name. People and staff told us Comcare was well led. People said, "[The registered manager] is very good" and, "[The registered manager] will always sort out anything I need".

Staff said, "I feel my views are taken on board in management decisions", "Management keep us informed. We have regular staff meetings" and, "We are well supported by the management. There is always someone on the end of a phone if we need support or advice".

People and staff were asked for their views and opinions through quality assurance visits, care plan review visits and an annual survey. These were analysed by the head office and reviewed by the registered manager to see if any actions were needed. Comments from the most recent survey included, 'The carers I have on a regular basis I'm very happy with', 'Through no fault of theirs the traffic has a lot to do with punctuality. Otherwise the service is very good', 'I am very pleased with the fact that I have regular carers on a permanent basis – that way we know each other's ways' and 'Everything is brilliant. Got great care workers'.

There was a clear and open dialogue between the people, staff and registered manager. Staff and the registered manager spoke with each other and with people in a respectful and kind way. The registered manager knew people well, was sensitive and compassionate and had a real understanding of the people they cared for. The management team monitored staff on an informal basis and worked with staff each day as a cohesive team to ensure they maintained oversight of the day to day running of the service. Staff were kept up to date of any important changes to people's care and support needs via text messaging.

Staff told us they were able to give honest views and the staff were invited to discuss and issues or concerns that they had and that the registered manager listened and responded. Staff told us they felt valued by the registered manager and the organisation. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings were taken to ensure that all staff would be aware of the issues. One member of staff told us they had not been able to attend the most recent staff meeting and that the service lead arranged a meeting with them when they returned to work to make sure they were up to date with the discussions held in the meeting. They told us this reinforced the ethos of good teamwork.

Staff were clear about what was expected of them and their roles and responsibilities. Staff told us that there was good communication between the staff in the field and the staff in the office and they worked closely together to make sure people received the support they wanted and needed. The provider had a range of policies and procedures which staff had access to.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they could raise concerns with the registered manager and that action would be taken. Staff commented, "I would speak to [the registered

manager] in the first instance" and "If I needed to I would report to CQC or the local authority".

The registered manager and staff worked closely with key organisations and health professionals to support care provisions and to promote joined up care. These included local GPs, community nurses and specialist nurses, such as Parkinson's nurses.

The registered manager carried out quality audits to monitor and assess the service being provided. They had oversight of the quality of care being provided in all aspects of the service. Care plans, risk assessments and staff files were regularly reviewed to make sure they were up to date. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action. When we asked for any information it was immediately available. Records were very organised and stored securely to protect people's confidentiality.

The registered manager had a clear understanding of their responsibilities in recording and notifying incidents to the Kent local authority and the Care Quality Commission (CQC). All services that provide health and social care to people are required to inform CQC of events that happen in the service so CQC can check appropriate action was taken to prevent people from harm. The registered manager notified CQC in line with guidance.