Carmel Domiciliary Care Limited

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 28 September and 5 October 2016 and was announced. Carmel Domiciliary Care is a domiciliary care service which provides support and care to people with mental health needs in their own homes.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run. The registered manager was only available on the first day of our inspection; however a team leader assisted us on the second day of our inspection.

The registered manager regularly worked alongside people and staff which gave them an insight into the running of the service and people's needs. However, the systems in place to assess, monitor, action, evaluate and mitigate any risks relating to the welfare of people, staff development and the quality of the service was not effective.

People were protected from harm and abuse. People were supported to take risks such as accessing the community alone but the management of their risks was not always recorded. People were protected from financial abuse as new systems were in place to store and record people's income and expenses.

People received their medicines as prescribed. The service was working with a new pharmacist to ensure there were safe systems in place to manage their medicines. Protocols were needed for people who required medicines 'as required' such as if they became agitated.

There were adequate numbers of staff to meet people's needs. The registered manager was reconsidering the management structure to ensure people and staff had clear direct line of support. A safe recruitment system was in place though any discrepancies in staff employment histories were not always recorded. Staff told us they felt trained and supported, although clear recorded systems were not in place for monitoring their training and development requirements.

There was caring and friendly interaction between staff and people. Relatives were positive about the care people received. They complimented the nature of staff. People had access to a range of activities of their choosing. Some people preferred their time at home while others enjoyed community based activities. People were encouraged to maintain a healthy and well balanced diet. Together they planned the weekly menus with staff to ensure their preferences were catered for.

People had been involved in the planning of their care. Staff always sought people's permission before they supported them with care. Staff described people and the support they required positively. They showed a good understanding of the triggers for a person's anxiety and how they supported them. Care plans were

tailored to the person. Where a person's mental or physical health presentation had changed it was evident staff worked with other professionals including the community mental health team. Staff had also supported people to attend routine health care appointments.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 generally safe.

Plans were in plans to effectively record the assessments of people's personal risks. People's medicines were mainly managed well, although there were limited protocols in place for people who had been prescribed medicines to be used 'as required'. This was immediately acted on.

The reason for gaps in staff employment histories were known but had not always been recorded.

Staffing levels were deployed appropriately to meet people's needs.

Staff were knowledgeable about reporting any safeguarding concerns.

Is the service effective?

Good

The service was effective.

Staff told us they were trained and supported to meet people's needs.

Staff gained people's consent before they supported then with personal care.

People's dietary needs and choices were catered for. People were supported to access health care services as required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people.

People were treated with dignity and respect. They were supported to be independent.

Is the service responsive?

Good

The service was responsive

Staff provided people with the support they needed. Their approach was flexible and responsive to people's needs and wishes.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Regular checks on the quality of the service had not been completed. Where shortfalls had been highlighted their re no records that actions had been taken to address issues.

Clear systems to monitor staff development and recruitment were not in place.

Staff and people felt supported by the registered manager.

Carmel Domiciliary 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 28 September and 5 October 2016 and was announced. 48 hours' notice of the inspection was given because the service 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. The inspection was carried out by one inspector.

Before the inspection, the provider completed a provider information return (PIR). The PIR 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 also examined information that we held about the provider, previous inspection reports and reviewed notifications which are information the provider is required to send us about significant events.

We visited five people who were supported by the service and shared a house. During our visit we spoke with one person and another person's relative as well as observing staff interacting people. We also talked with one member of staff, a team leader and the registered manager. We looked at the care records of four people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports. We also followed up on previous concerns about the quality of service provided.

After the inspection we spoke with one relative by telephone and two health and social care professionals.

Good

Is the service safe?

Our findings

People's historical known risks had been recorded within their personal history which provided staff with background information about people and how they had lived with their mental health problems. Staff knew people well and could tell us about the needs and well-being of each person. They were aware of the risks associated with people's current mental well-being, social and reactional activities but these risks had not always been recorded. For example, whilst staff were able to tell us about the risks associated with people smoking, or being in the community alone these risk had not been individually assessed or recorded. For instance, staff had supported one person to walk to the local shops independently. They had discussed and mentored the person regarding the risks associated with being alone in the community and put strategies in place such as monitoring the time they were away from their home, however these strategies were not recorded. Although we found people's risks associated with their health had been assessed, they were not always reviewed into reflect the person's current needs and risks. Staff told us they were informed of the changes in the ways people's risks were being managed at the beginning of each shift. We raised our concerns with the team leader who told us plans were in place to review and update everyone's personal risks associated with their care and support.

People were supported to take positive risks, however there was limited recording of their risk assessments and risk management plan. This has been addressed within 'Is this service well-led?' of this report.

People appeared relaxed and happy around staff and in the company of each other. People were supported by staff who were knowledgeable in recognising different types and signs of abuse. Safeguarding policies were available for staff to refer to. The registered manager was aware of their safeguarding responsibilities and had attended advanced training in safeguarding and protecting vulnerable people. People were supported with areas where there was a risk of being abused. For example, some people were not able to manage their own finances and required support from staff to manage and store their money. Other people had requested that their money should be securely stored in the office. They had access to their money when they needed and wanted to access it.

However concerns had been raised with CQC before our inspection regarding the management of people's finances. At the time the information was provided to us, we asked the registered manager to investigate these concerns. Their investigation had highlighted some shortfalls in the storage, management and records of people's finances. We found the registered manager had taken action and people's money was being managed and recorded effectively. Records showed audit trails of the income and expenditure of people's finances. These were regularly checked and monitored by staff to ensure people were not being financially abused. We observed one person checking and signing for their money with a staff member before it was stored away securely. One relative commented that they had no concerns about how people's money as being managed. They said, "I'm confident in how staff manage his money." We were reassured at the time of our inspection that people's money was being managed well.

Peoples' medicines were generally managed, stored and administered safely. The service had recently changed the system of storing and recording people's medicines. They were working with a new pharmacist

to ensure that people's medicine administration records (MAR) were in a clear format which could be understood by staff to ensure people were being given their correct prescribed medicines. Staff recorded in a 'medication communication' book if there were any discrepancies or changes in people's medicines. MARs were checked weekly and randomly checked by team leader.

Some people had been prescribed medicines to be used 'as required' such as medicines which had a calming affect if people became agitated. People's medicine administration records showed when staff had been given 'as required' medicines to people. However, there were no protocols in place to guide staff when these medicines could be used. We addressed this with the team leader who was responsible for the management of people's medicines who immediately implemented protocols for the use of 'as required' medicines.

People were cared for by suitable numbers of staff. The staffing levels were planned around people's individual needs, activities and allocated individual support hours. A team leader was responsible for managing and deploying staff to ensure people's needs were met. Some people required minimal support while others required full time support with their personal care and daily living activities. Some people had been allocated periods of time per week where they would be supported by an individual member of staff to carry out activities such as shopping, banking or attending appointments. People's allocated support hours were indicated in their care plans. The service had worked with the local authority to implement an electronic monitoring system to ensure staff were delivering the accurate amount of support to people which was funded by the local authority. We were told this had reduced the risk of people missing their allocated support times.

Staff and relatives of people told us that the staffing levels were stable. They told us people were mainly supported by staff who were familiar to them and had an understanding of their needs. Where there had been gaps in the staff rotas; staff had carried our additional hours to ensure people were suitably supported. The registered manager regularly visited people in their homes and sometimes provided care and support if there was a shortfall in staff availability. Staff mainly supported people alone. A 'lone working' policy was in place to give staff guidance. Staff told us they were happy with the support arrangements. They told us they could always contact the registered manager or a senior member of staff if required or call on staff who were working neighbouring houses. An on call system operated out of hours to give staff advice and support when needed. They also had access to the local community mental health team if required.

A recruitment system was in place to ensure that suitable staff were employed to support people. Records showed that the registered manager had completed checks on new staff to ensure they were trustworthy and of good character before they were employed. Since our last inspection, three staff members had been recruited, however only one staff member had continued to stay employed. We therefore looked at the recruitment checks for this new staff member.
We found that new staff were required to complete an application form including their employment and medical history. Employment and criminal checks had been carried out on all new staff. References had been sought from previous employers however the reason for gaps in their employment had not been recorded, although the team leader was aware of the reasons. We were told that plans were in place to invite people who use the service to be present during the interviewing of new staff in the future.

Good

Is the service effective?

Our findings

People were supported by staff who felt trained and supported to carry out their role. Staff told us they had been supported to develop their skills and qualifications necessary to be able to support people. Staff had been encouraged to undertake national qualifications in health and social care. They told us their training gave them the skills they required to support people if they became agitated and frustrated. They felt confident to support people with complex emotional needs. We were told that staff had received in house training from specialised health care professionals when people's needs had changed. They had also received training sessions from the registered manager (who is a registered mental health nurse) after staff meetings in relevant topics such as mental health conditions and associated medicines. Plans were in place for staff to be updated in fire prevention and awareness.

New staff had been given support and training to carry out their role. They had been given the opportunity to shadow and observe experienced staff and were mentored by a senior staff member. Allocated time had been designated to allow people to be slowly introduced to new staff. New staff had undertaken the care certificate during their induction period. The care certificate assesses the skills and knowledge of new staff against national expected standards. The staff training matrix was in place but did not provide the registered manager with a clear understanding of when staff had achieved their training or when their training was about to expire. The team leader was aware that the training matrix was not accurate and did not reflect the training achievement of staff. They told us they had inherited the matrix from the previous manager. The team leader told us they would implement an accurate system which would show the training achievements, desired training and expiry dates and supervision meetings for each member of staff.

Staff told us they felt supported by the team leaders and the registered manager as they were always on hand to provide advice and support. One staff member said, "We are a very small organisation, the manager is always around. I can always contact her or any of the seniors if there is an issue." Another staff member explained that the restructuring of the senior management team had improved the quality of leadership. Staff meetings were held quarterly where staff discussed the implementation of new processes and changes in the running of the service. Most staff had received their annual appraisal to discuss their personal development and performance. Records showed that staff had received a private formal meeting at least once a year as well as their practices being observed. However the frequency of staff receiving formal support meetings to discuss their personal development was not always in line with the provider's policies. Since our inspection the registered manager has reviewed the service's staff supervision policy to reflect current practices.

The service's medicines policy stated that staff who had been trained in managing people's medicines should be regularly observed to ensure they retained the skills to administer people with their prescribed medicines. However, we were told that this practice was carried out but not recorded. There were no records that new staff had received individual support meetings during their probation and induction period to discuss any concerns or their personal development requirements. The team leader told us that because the service was small they continually observed and assessed the skills and competencies of staff and would directly address any poor practices, however this process was not always recorded.

Whilst staff told us they felt trained and supported, the management and recording of the support and training of staff has been addressed within 'Is this service well-led?' of this report.

People who were supported by staff with their personal care were able to consent to the care being provided and were able make day to day decisions for themselves. They had been involved in the planning of their care and had agreed to the level of care and support they received. Families and significant health care professionals had been involved in assisting people about their care and support. Staff told us how they encouraged people to make choices about their daily activities and offered them support when needed. They told us how they supported people in their best interests such as providing support based on their known background or preferences. Staff explained how they supported people to make decisions such as offering them choices and respecting their decisions, including the refusal of their care or support. Throughout our inspection we observed staff conversing with people and asking their opinion and giving them choices and the freedom to make their own decisions. Staff respected the choices people made and supported them when they needed help. For example, we heard one member of staff asking a person if they were ready to be supported with their personal hygiene. The person asked if they could have their shower later; to which the staff member replied "Just let me know when you are ready and I will help you."

People ate and drank what they wished and when they wanted to. Most people required support to plan, prepare and cook their meals according to their needs and abilities. Staff supported people to have meals and food choices suitable to their dietary needs and followed recommendations made by health care professionals. People were encouraged to maintain a healthy and well balanced diet. Together they planned the weekly menus with staff. They were encouraged to choose healthier options and to try out new meals with their agreement. Some people enjoyed a take-away meal. Staff meeting records showed that staff had been reminded to offer people alternative options if they did not wish to have a take-away meal. People were weighed frequently to ensure they maintained their ideal weight. One person was being supported to attend a slimming club.

Where people's physical and emotional needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. The service has good links with the community mental health teams and staff supported people to attend appointments when required. People were encouraged to maintain their general health and well-being such as attending the chiropodist. The registered manager shared with us several examples of people being supported by other health care professionals such as occupational therapists. They said, "We always ensure the service users are referred to health care staff quickly and will always take on their advice." A relative confirmed staff were very responsive to people's changing health needs and referred them to external health care services when required.

Good

Is the service caring?

Our findings

Not everyone who received support from Carmel Domiciliary Care received support with the regulated activity of personal care. As a result, we only visited one house where people required more support and assistance with their personal care and daily living. People had lived and shared their house together for several years. They appeared relaxed in each other's company. We observed people freely walking around the house and being relaxed and comfortable amongst staff. Staff spoke to people with kindness, respect and patience. People told us they were happy where they lived and the staff were kind to them. Relatives also complemented on the caring nature of staff. One relative said, "I'm absolutely 100% sure that they are receiving good care here, I have no concerns. The staff and manager are very caring."

One person told us the staff were nice and their approach had improved. They said, "Staff have improved, it's a lot better now." However, they went on to describe an incident when they were required to have a medical investigation and staff had been very caring during this period. They explained that staff had spent time with them in hospital and provided them with the reassurance they needed. Another person had a significant health problem and was required to make a decision about their treatment. Their care records reminded staff to listen to the persons thoughts about the possible treatments and allow them the opportunity to make an informed decision and not to influence their decision.

People were involved in making decisions about the day and how their shared house was run. They were being encouraged to be more independent and take a more proactive role in the running of the house. Staff and people had discussed a rota of weekly jobs such as drying up the pots and dishes and setting the table which was being implemented. Information in people's care plans prompted staff to encourage people to become independent and support people from a distance and prompt whilst prompting them where necessary, such as changing their clothes or bed linen.

People respected each other's space and individual personalities. They had personalised their own bedrooms and made suggestions towards the decoration of their shared house. People had the opportunity to have a cigarette in a designated smoking area. People and staff knew when people wanted some privacy or space and respected this.

Staff chatted with people about how they wished to spend their day, although most people liked to spend time in their home. One staff member said, "They usually like to do the same thing each day but we always offer and see if they want to try something new." Throughout our inspection, we heard staff asking people their views such as what they wanted to eat and respectfully assisting them with various options or suggestions. The registered manager had assisted one person to research and purchase items on- line which were delivered to the person's home. One person showed us some items they had purchased and said they enjoyed having their parcels delivered to their home.

A small notice board was on display providing people with information about advocacy groups, the complaints process and which staff members were on duty that week.

Good

Is the service responsive?

Our findings

Carmel Domiciliary Care provided personal care and support to people with mental health needs. People using the service required different levels of support depending on their individual personal physical and mental health needs. Some people shared their accommodation with others whilst others lived alone. Most people had been supported by the service for many years and had built up a strong rapport with staff and the provider.

People's individual needs and preferred routines had been assessed. Their care plans reflected their needs and choices. Information about people's likes and dislikes helped staff understand how people preferred to spend their day, including their preferred routines and how they wished to conduct their life. For example, their care plan stated how people wished to be supported with their personal care such as assistance with their personal hygiene. Staff supported people to have routines which were flexible around people's their individual wishes and choices such as having a lay in. Staff knew people's routines and provided support they needed in the way that they preferred. People had been involved in planning for their care and support. Relatives were positive about the service being provided and felt their loved ones were well cared for. One relative said, "The care is very good here. The girls (staff members) are very good and will do the best for people." People told us they had a key worker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met including supporting them with activities and updating their care records.

People were encouraged to make their own decisions about their day and manage their own risks such as going out into the community independently. We observed staff providing care and support to people which was personalised to their individual needs and requirements. Staff had encouraged people to explore new opportunities such as attending various events in the community. People received individual support from staff to carry out activities of their choice such as attending local group and clubs. We were told some people had enjoyed a holiday away with the support of staff. People were supported to maintain contact with their families when appropriate and recognise significant events such as birthdays and anniversaries.

People lived with long term mental health problems and could be unpredictable in their behaviours. Their care plans gave staff details about people's individual behaviours and emotions and how they should be supported. Guidance staff how to support people if they became upset or frustrated.

Some people had their own style of dress. Staff were reminded that they should complimented and support them with their own individual style. The registered manager was actively involved in supporting people especially with activities in the community such as attending appointments and shopping. They told us they had improved their recordings of these activities.

The registered manager and team leader were aware that people's care plans required more detail. We were told that plans were in place to upskill and retrain the keyworker staff who were responsible for updating and maintaining care records which reflected people's needs.

People were supported to raise any concerns or complaints they had. People's relatives told us they were confident to raise any concerns they had with staff or the registered manager. One relative said, "I have never had any concerns that I recall of but I know they would sort it out of I had any in the future. The care here is very good. They get three good meals a day and they are well looked after."

People were supported to express their views daily or during house meetings. For example, we were told a relative had raised a concern about a family member's mattress. The service responded quickly and replaced the mattress. Plans were in place to implement a simple form which could be easily completed by people, families, and visitors if they wanted to make a short written comment about the service. The registered manager valued people and their relative's views about the service they received. A survey had been sent out to people and their relatives in the summer of 2016. People's feedback and views had been reviewed and acted on. People had access to advocates or designated local authority staff who would work with people to ensure any concerns raised would be fairly addressed.

The registered manager had not received any complaints since our last inspection. They told us people's concerns and complaints would be listened to, taken seriously and addressed. However a concern had been raised with CQC before our inspection from a health care professional about people not receiving the full amount of allocated care and staff not visiting people. We were told the risk of staff not visiting people had been reduced due to the implementation of the electronic monitoring system which monitors staff visit times.

Requires Improvement

Is the service well-led?

Our findings

Whilst the registered manager was frequently in touch with people and staff, they did not always have systems in place to effectively monitor the quality of the service being provided.

The staff training matrix indicated which courses the staff had 'completed', however there was no clear system to identify the date of their training or when their training was about to expire. For example, the training matrix indicated that all staff had completed all the on-line training available to them in various subjects but did not state when this had been completed. We were told that staff skills and knowledge would be discussed with them after they had completed their training but this was not recorded. This meant the registered manager did not have a clear understanding of the competencies and training needs of staff.

We were reassured that the skills and knowledge of staff was being observed and monitored however this was not consistently recorded. For example, the provider's medicines policy stated that staff should be observed during their first handing of medicines after training, after three months and then annually. There were limited records to show that staff skills and competencies had been observed. Whilst staff told us they felt supported to carry out their role, there was no clear system in place to identify when staff required their supervision. The frequency of staff receiving formal support meetings to discuss their personal development was not in line with the provider's policies. Exploration in discrepancies in staff employment histories was not always recorded.

Accidents and incidents were being reported and recorded by staff. The reports were reviewed by the registered manager, although there were variations in the quality and details of the reports. A summary of the accident or incidents was also written in the people's daily notes as well as the communication hand over book to ensure all staff were fully aware of the incidents and any precautions they should take. However the registered manager was not consistently recording and monitoring the actions that should be taken to prevent the incident reoccurring, although there was a form available for staff to use. They did not carry out analysis of the incidents to identify if there were any patterns or trends in the accidents and incidents occurring.

People's care and risks had been assessed and recorded. However people's individual risks and management plans to reduce their risks were not always updated or recorded to reflect their needs. Not all care plans had been dated and signed by staff and people.

The registered manager had been responsive to people and their relative's day to day views about the service and had also asked them to complete a survey. Whilst the registered manager had analysed and reviewed the completed surveys they had not documented the action that were required and whether they had been completed. The registered manager carried out spot checks on different aspects of the service but this was not always recorded. They spoke to staff or left written messages in the staff communication book if they felt an aspect of the service required improving.

We inspected several of the provider's policies. We found that not all policies had been updated and

reflected current practices and legislation and contact details. Although, significant policies which had been updated were available to staff.

The systems in place to assess, monitor, action, evaluate and mitigate any risks relating to the welfare of people, staff development and the quality of the service was not effective. People's care records did not always reflect their needs and risks. This is a breach of Regulation 17, Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager (who was also the owner) was committed to providing care which put people at the centre of their service. They were registered as a mental health nurse and kept their professional skills and knowledge up to date by attending local provider's forum which informed them of local and national changes in the social care sector as well as attending local advice courses such as safeguarding for managers.

The registered manager had a 'hands on approach' with people who used the service and was also in regular contact with staff who supported people. They knew people well and frequently provided support to people, which gave them the opportunity to listen to people's concerns and views of being supported. Staff told us they had regular opportunities to speak to the registered manager. We were told that the registered manager was approachable. One staff member said, "She (the registered manager) is always around, we can always talk to her or ring if we have any problems."

The registered manager shared with us the challenges they had faced since our last inspection which included the implementation of a 'phone tracker' system which monitored staff visit times as well the reorganisation of the senior management structure and the recruitment of new staff. The structure of the senior management team was in the process of being reviewed. At the time of our inspection the registered manager was being supported by two team leaders and senior support workers who had been also been given additional responsibilities. We were told this organisational structure was being reviewed to include the position of a deputy manager.

Some parts of the service provided were monitored daily or weekly. For example, Staff were required to complete a daily task sheets which indicated which tasks they had completed during their shift such as cleaning rooms and assisting people with household tasks such as laundry and cleaning their bedrooms. This was checked and monitored by the registered manager. Regular maintenance and fire safety checks were completed to ensure people lived in a safe environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor, action, evaluate and mitigate any risks relating to the welfare of people, staff development and the quality of the service was not effective. People's care records did not always reflect their needs and risks.