Care Relief Team Limited

Care Relief Team Limited - Unit 8 The Bridge Business Centre

Inspection report

Unit 8 Beresford Way, Dunston
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Date of inspection visit:
08 March 2016

Date of publication:
04 May 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

Care Relief Team Limited is a domiciliary care service providing care for disabled adults who need care at home. The service is managed from an office at Dunston, on the outskirts of Chesterfield, and covers northern Derbyshire. The service is registered to provide personal care.

We carried out this inspection on 8 March 2016. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure that the registered manager, or someone who could act on their behalf, would be available to support our inspection.

At our last inspection of this service on 28 August 2013, we found that the service was compliant with the regulations and no concerns were identified.

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 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.

Staff were appropriately recruited, trained and supported. They had all undergone a comprehensive induction programme and, where necessary, had received additional training specific to the needs of the people they were supporting. Communication was effective and regular meetings were held to discuss issues and share best practice. Staff understood their roles and responsibilities and spoke enthusiastically about the work they did and the people they cared for.

The provider had detailed policies and procedures relating to medicine management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicine training was updated appropriately.

Staff knew the people they were supporting and provided a personalised service and used effective systems for gaining consent. Individual care plans, based on a full assessment of need, were in place detailing how people wished to be supported. This helped ensure that personal care was provided in a structured and consistent manner. Risk assessments were also in place to effectively identify and manage potential risks.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Systems were in place to effectively monitor the safety and quality of the service and to gather the views and experiences of people and their relatives. The service was flexible and responded positively to any issues or concerns raised. People and their relatives told us they were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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 relating to people's care and support were assessed and appropriately managed. People were protected by safe recruitment procedures which helped ensure they received care and support from suitable and appropriate staff. Medicines were managed appropriately by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good

The service was effective.

Staff knew individuals well and understood how they wanted their personal care to be given. People who use the service and their relatives were happy with the care and support provided. People who were unable to make decisions about their care were protected as staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People and their relatives were involved in the planning and reviewing of their personalised care.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and compassionate and treated people with dignity and respect. People were involved in making decisions about their care. As far as practicable they were consulted about their choices and preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Individual care and support needs were regularly assessed and

monitored, to ensure that any changes were accurately reflected in the care and treatment people received. Personalised care plans detailed how people wished to be supported and their care reflected their individual needs, preferences and choices.

A complaints procedure was in place and people were able to raise any issues or concerns. People were confident any such issues would be taken seriously and acted upon.

Is the service well-led?

Good

The service was well led.

There was an open and inclusive culture. Staff felt valued and supported by the management. They were aware of their responsibilities and competent and confident in their individual roles. Accidents, incidents and risks were closely monitored to identify trends and help ensure lessons were learned and necessary improvements made. The management regularly checked and audited the quality of care and support provided, to help drive service improvement and help ensure people's needs were met.

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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 team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with 12 people who use services, seven relatives, three care workers, one team manager, the general manager and the registered manager. We also looked at documentation, which included four people's care plans, incorporating comprehensive risk assessments, as well as three staff training files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People who used the service had no concerns about the care and support they received. They said they were well cared for and felt safe and confident with the staff who provided their personal care. One person said, "I do feel safe and if there is anyone I can't take to I will ring and tell them at the office - and they don't come again". Another person told us, "They definitely keep us safe, they are magic. They always tell us to lock the door and not let anyone in." Relatives we spoke with were also happy with the safety of their family member. One relative told us, "The staff are very good I trust them to keep mum safe. For example, we were late one day and the carer had let herself in to check mum was OK. She left us a note explaining what she had done and replaced the key back into the safe. That tells me mum is looked after well and we've no worries."

We asked people about the consistency of the carers and whether they were informed of who was going to be turning up. Some people said they received a rota in advance but not always, and this did not always represent the actual carers who arrived. For most people this did not seem to be a problem. However, one person said they felt it was important that they knew who was coming and when they had spoken to the provider this had been sorted out. They told us, "At one time it was an issue not getting the same carers, as I like to know who is coming to set up a rapport. It's only been a month since I got regular carers but it seems to be working out at the present."

Another person told us, "We have a team of about five carers they alternate and cover for one another. It works very well." This view was shared by other people we spoke with. One person said, "We don't normally get the same people but they all are part of a team and we know them well. I've never had a rota, I just accept who comes. I never bother with the time. They just come and go and that's it." Another person told us, "I have been getting the same girls on the whole and everybody is very good."

Safeguarding policies and procedures were in place. Staff had received relevant training and had a good understanding of what constituted abuse and their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice and were confident any such concerns would be taken seriously and acted upon.

Potential risks to people were appropriately assessed and reviewed. Care records contained up to date risk assessments and staff told us individual care plans helped to ensure consistency and continuity of care. One member of staff told us, "We all work closely as a team, the communication is good and so we all know how to support people safely." Another member of staff told us, "Communication is such a massive thing. If they [people using the service] don't feel safe and comfortable with you, you're not doing your job right."

Not everyone we spoke with required staff to administer medicines or support them in taking them, although some people described how staff would prompt them. One person told us, "They will remind me to take my tablets otherwise I get muddled." Another person said, "They come to give me my tablets and I have an egg cup, as I don't want them handling them. It works well." One relative explained how staff would

remind their family member to take their medicine. They told us, "They prompt her with her tablets and make sure she's had them, and then they sign the MAR sheet." Staff told us they had received training in handling medicines, which was updated regularly. This was supported by training records we were shown.

People were also protected by staff following infection control procedures. People spoke about carers using protective clothing, such as gloves and aprons, when they were being supported with their personal care. Staff told us they were aware of the relevant procedures and understood the importance of effective infection control.

The registered manager told us any accidents and incidents were reviewed and monitored monthly. This was to identify potential trends and to prevent reoccurrences. They also said that care plans and risk assessments were regularly reviewed to reflect changing needs and help ensure people were kept safe. We saw documentation to support this.

People were protected by a safe and robust recruitment process. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. We saw that all staff had completed an application form and provided proof of identity. Each staff file also contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service, the staff and the care and support provided. One person told us, "I think they are very well trained. I have only had the hoist three weeks now. The Occupational Therapist came down and staff were shown how to use it. They all seem very competent. They always ask if I am comfortable in the hoist." Another person told us, "They all seem to be well trained, they do what I want and they know what they are doing."

Some people did say that they felt not all of their carers were maybe as 'effective' as others. One person told us, "The older carers, those that have been doing it for a while seem more confident than others." Another person said, "Some are lovely and spot on but for others it is clearly a job not a career. One girl came and got very upset because I asked her to make my breakfast she said, "I am only here to sit and watch TV." I wasn't very happy as you can imagine I did report it and she never came again."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. They described how any new carers were "shown the ropes" by more experienced staff. One person told us, "They brought a new chap yesterday. He didn't actually do anything but was watching." Another person said, "They sometimes send a new girl but it will always be with someone who has been before." The new ones need time to shadow and get to know you."

Staff told us they received an induction and completed training, including moving and handling and infection control, when they started working at the service. They confirmed they received appropriate support and the necessary training to undertake their roles and responsibilities. One member of staff told us, "There's loads of training here and the trainer is excellent. We only have to ask for training and we get it."

Another member of staff spoke about the benefits of face to face training in groups. They told us, "I think we all prefer training together, rather than the online stuff. I like the group discussions where we can talk about personal experiences. I find it a much better way of learning and it's all relevant to what we do. We all say things like, "Why didn't I think of that," and "I might try that." They also described how they 'shadowed' more experienced colleagues, when they first started work, until they felt confident and had been assessed as competent to work independently.

Staff received regular supervision, spot checks and appraisals. Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. Records showed staff also had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. The registered manager confirmed that regular supervision sessions and annual appraisals were carried out for all staff and we saw appropriate records to support this.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff were aware of their responsibilities under the MCA. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves.

Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. They were aware decisions made for people who lacked capacity needed to be in their best interests. Mental capacity assessments had been undertaken where people were unable to make specific decisions about their personal care and support. We saw, where appropriate, family members and health and social care professionals were involved in these decisions. We saw that there was a record of meetings held and decisions made in the best interests of the individual.

People's individual health care needs were met through their own doctor or the district nursing service if necessary. Staff told us that if they had any concerns about a person's health they would liaise with the office for advice, or in an emergency situation they would contact the GP or the paramedics directly.

We saw people who used the service were included in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. People told us the care staff always respected their right to make their own choices. Care plans we looked at contained a signed contract and service agreement that identified which services were in place and confirmed people's awareness and consent to their personalised support. This demonstrated that people understood and had consented to the care and support they received.

Good

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person told us, "I always look forward to them coming to see me. They are all lovely girls and they always turn up with a smile." Another person told us, "I'm very happy. The staff are very caring and absolutely brilliant. They help me to get dressed but they don't take over for me. They are very patient with me."

Relatives also spoke positively about the support provided and the caring and compassionate nature of the staff. One relative said, "The staff who come here are always good with [family member] and she is very fond of them. They even make a fuss of the dog. I think they are all very caring people."

Staff were knowledgeable and showed a good awareness and understanding of the individual preferences and care needs of people they supported. Communication was effective, and regular formal and informal meetings took place to enable staff to discuss issues, including ongoing support packages. As far as practicable, people were involved in making decisions about their care, treatment and support. Staff emphasised the importance of developing close working relationships with individuals and being aware of any subtle changes in their mood or condition. Consequently they were able to respond appropriately to how individuals were feeling. This meant people were supported in a structured and consistent manner by staff who understood their ongoing care needs.

People felt 'in control' of their care and support and confirmed, where practicable, they had been consulted and involved in the writing and reviewing of their care plan. This was supported by plans that we saw, which clearly demonstrated that people's preferences, likes and dislikes had been taken into consideration. People's relatives told us, where appropriate, they had been involved in developing their family member's care plan. They said they were also consulted regarding any changes to the care plan and had taken part in reviews. People and their relatives told us they felt confident their views were listened to, valued and acted upon where appropriate.

Staff recognised the importance of treating people as individuals, with dignity and respect. One member of staff we spoke with said, "We are invited into people's homes, so we need to respect how they choose to live their lives." Without exception, the people and their relatives we spoke with said staff provided personal care and support in a respectful and professional manner. One relative told us, "The staff are always very respectful and polite, we have a laugh sometimes. They put my [family member] at ease and she is relaxed and comfortable with them."

People described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This meant that people received care and support in a way that helped ensure their privacy and dignity was maintained.

Good

Is the service responsive?

Our findings

People told us they felt listened to and said the care staff responded to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. They and their relatives also described the thorough assessment process which they had been involved with, to identify and discuss what care was needed. People told us they each had a plan of care which had been signed either by themselves or their relative, to confirm how they wished their care and support to be provided. They said they had a file in which staff wrote during each visit, to record what they had done.

One relative we spoke with was very happy with the plan of care which they felt really supported their family member to maintain as much independence as possible. They told us, "We have even agreed that staff will take [family member] out for walk when they see she is getting restless. I think it is so important she is kept mobile. They are supporting her to do something normal in daily life, which she enjoys doing but couldn't do on her own."

The general manager explained that before anyone received a service with Care Relief Team, a comprehensive initial assessment of their personal circumstances was carried out, with the full and active involvement of the individual. The assessment established what specific care and support needs the person had and incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives.

From this initial assessment a personalised care plan was developed, again with the active involvement and full agreement of the individual. The plan specified what care and support the person required and detailed just how they wished that support to be provided, in accordance with their identified preferences. We saw samples of completed plans and spoke with people regarding their personal experience of the care planning process. People said they were fully involved in drawing up their personal care plan and confirmed that the plan accurately reflected their individual support needs. Relatives confirmed that the support provided was personalised and met their family member's needs.

People felt the organisation was flexible and they could change timings to fit around appointments or other commitments. One person told us, "They all know me in the office and are very good when I ring up to cancel a call, if we feel like a run out." Another person said, "I sometimes need to change the time of my call to go to the hospital but there never seems to be a problem."

Everyone we spoke with was aware that care plans were regularly reviewed. Some people told us they were "every six months" although not all were aware of this timescale. One person said, "I have just had a review as I have just come out of hospital. They have made sure my medication is up to date." One relative said they had been involved in reviewing specific aspects of their family member's care plan. They described how a review had been held after their condition had changed and they were considered to be at a higher risk of falling. They said following the review, the care plan was changed to provide additional support. This meant that individual care plans were up to date and accurately reflected people's changing needs.

We asked people whether they had been contacted by anyone from the office to make sure they were satisfied with the level of care and support they received. Some people said they had been telephoned and asked about their views on the service provided. One person described how they had been visited by a manager from the office, accompanied by the district nurse. They said, "They came to make sure I was getting everything I needed."

There was a complaints procedure in place to be followed should a concern be raised. The general manager confirmed that any concerns or complaints were always taken seriously and acted upon. People and their relatives we spoke with were confident they could make a complaint or raise an issue if they needed and said they had contact numbers for the service. They were happy with the service provided and were aware of how to make a complaint, if necessary. They also felt confident that any concern would be listened to and acted upon.

Everyone we spoke with was aware of who they could contact to raise and discuss any issues or concerns, this tended to be the care co coordinator. One person told us, "There is a number which is available if I need to bring up any issues. I have never needed to complain as such but I think they would listen". Another person said, "There has been one occasion when I have had to ring to bring up an issue. It was dealt with professionally and very quickly."

Good

Is the service well-led?

Our findings

People who used the service told us they thought it was well-led. One person told us, "I would say they manage it all pretty well. It can't be easy." The majority of people we spoke with said they would be happy to recommend the service to others. One person told me they already had done so. They told us, "The next door neighbour has started using the company on my recommendation."

The general manager explained how, in response to staff concerns, care teams were now deployed to work in specific area, which had improved the travelling between calls. They worked in teams with responsibility for set geographical areas, with a team leader and a care co-ordinator assigned to each team. Care workers we spoke with said they were happy with the system and confirmed their rotas incorporated realistic time for travelling between calls.

Care staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included choice, involvement, dignity, respect, equality and independence for people. We found a positive culture which was centred on the needs of people who used the service. Staff spoke positively about the registered manager and recently appointed general manager, describing them as, "Dedicated and committed" and, "Always approachable and very supportive." They also spoke positively about the open and inclusive environment, the "Team spirit" and the effective communication throughout the service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of reportable events.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.

There were effective and robust systems in place to monitor and improve the quality of the service provided. We spoke with the compliance manager, who described how their role had evolved over recent months to cover quality assurance. They said they were responsible for ensuring regular service audits were completed, such as care records, medication records and reviews of the individual support people received. We also saw that audits had been completed to seek feedback from people who used the service, their relatives and other stakeholders. This included sending out surveys and telephoning people who used the service and their relatives. We saw examples where changes had been made and 'lessons learned' as a result

of feedback received, including care staff being replaced if not considered suitable. This demonstrated the service was committed to improving standards and quality of service provision.