

Careview Caring Support Services Limited

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Inspection report

384 High Street
Carters Green
West Bromwich
West Midlands
B70 9LB

Tel: 01212725727

Website: www.careviewservices.co.uk

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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

The inspection took place on 24 and 26 January 2018 and was unannounced. The last inspection that was carried out on the 9 March 2016 rated the service as Good in all five questions.

Careview Caring Support Services is registered to provide personal care services to people in their own homes. This service is a domiciliary care agency and also provides care and support to people living in a supported living environment, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

On the day of the inspection there were 25 people receiving support. 15 people were living in a supported living environment and 10 received domiciliary services.

There was a registered manager 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.

People received support that was safe and care staff knew what to do where people were at potential risk of harm. There was sufficient care staff to support people on a timely basis. Care staff had access to protective equipment and a good understanding of infection control to reduce any potential risks to the people they supported. Where people were supported with their medicines this was done as it was prescribed.

Care staff received support to ensure they had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice. People decided how they would be supported by care staff.

People were supported by kind, caring compassionate care staff who knew how to support them. Assessments and reviews took place that involved people. Care staff had received the appropriate training to ensure they were able to support people in line with the Equality Act(2010).

The provider had a complaints process in place to enable people to share any concerns.

The provider's spot checks and audits were not consistently effective in identifying areas for improvement.

The provider enabled people to share their views by way of completing a questionnaire.

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.

People were supported in a safe manner.

People had sufficient care staff to support them when needed.

People's medicines were administered in a safe manner.

Is the service effective?

Good 

The service was effective.

People's support needs were assessed.

People's consent was sought before they were supported by care staff. The provider adhered to the requirements of the Mental capacity Act (2005)

People were able to access health care when needed.

Is the service caring?

Good 

The service was caring.

Care staff supported people in a kind and caring manner.

People decided how they were supported by care staff.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good 

The service was responsive.

People were involved in an assessment and care plan process to identify their support needs and they had a copy of the paperwork.

The provider had a complaints process in place so people could raise a complaint where needed.

Is the service well-led?

The service was not always well led.

While the provider had a spot check and audit system in place, it was not always effective in identifying areas for improvement.

People were supported in line with the requirements of the Equality Act(2010).

The provider used questionnaires to gather people's views.

Requires Improvement 

Careview Caring Support Services

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.

Our inspection site visit was on the 24 and 26 January 2018 and was unannounced. The inspection was conducted by one inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We considered this when we inspected the service and made the judgements in this report. We reviewed information we held about the service this included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law.

As part of our planning for this inspection, we also requested information about the service from the local authority. They have responsibility for funding and monitoring the quality of the service.

We visited the provider's main office location and while most people were unable to communicate with us, we spoke with three people, two relatives, three members of the care staff, a care manager, the recently appointed registered manager, the director and the chief executive. We looked at the care records for two people, the recruitment and training records for three members of the care staff and records used for the management of the service; for example, staff duty rotas, accident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

People we spoke with told us they were safe using the service. A person said, "Yes I am safe". A relative told us, "The service is safe, they are outstanding". A member of the care staff we spoke with were able to explain different forms of abuse and told us what they would do if people were at risk of abuse. A care staff member said, "I would stop any abuse to a service user and report it to my manager". Care staff were also able to explain the action they would take if their manager did not take any action. Care staff told us they had received safeguarding training and we saw evidence of the training completed. We spoke to the recently appointed registered manager who was also able to show a good understanding of how people should be kept safe and how they ensured care staff had all the information and training needed to keep people safe.

We found that risk assessments were being used to identify and reduce risks to people and they were reviewed as and when people's support needs changed or at a scheduled review. We found that care staff were familiar with the risk assessment process in place. Care staff we spoke with were able to describe how risks to people were managed. We found that risk assessments were carried out where people were supported with their medicines, where equipment was used to move people who were unsteady on their feet, where people were at risk of choking and where risks to the environment were of concern. A care staff member said, "Risk assessments are completed". We saw all the appropriate documentation was in place to clearly direct care staff.

We found that the provider had systems in place to appropriately record and manage situations where an accident or incident had taken place. Care staff we spoke with were able to clearly explain the actions they would take where accidents had happened and how they ensured people were not put at any further risk from the accident. The registered manager told us that all accidents and incidents were monitored on a regular basis to ensure where there might be trends, action could be taken to reduce any further risks to people. We were able to verify what we were told.

A person said, "Staff are always on time I am never missed and staff are never late". A relative said, "Staff are regular and there is enough staff". Care staff we spoke with all told us there were enough care staff to support people. One care staff member said, "There are enough staff and agency staff is used where needed". We found that there were enough care staff to support people and systems were in place to ensure the right levels of care staff were available at all times.

Care staff we spoke with told us they were required to complete Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure that care staff were able to work with people. We also found that references were sought to ensure care staff had the right character to work with people. We found that care staff skills and knowledge were checked as part of the recruitment process and where gaps in knowledge were identified relevant support was made available to the staff.

A relative said, "Medicines are administered properly and I have no concerns". Care staff told us they were not able to administer medicines until they had completed the appropriate training. A care staff member said, "I have medication training and my competency is checked". We found that the provider had the

appropriate procedures and processes in place to ensure care staff had the right skills and knowledge to administer medicines. We found that the appropriate checks and audits were taking place on a consistent basis to ensure care staff administered medicines safely.

Where people were prescribed medicines to be taken 'as and when required' we found that care staff had appropriate guidance in place to ensure these medicines were consistently administered especially where people lacked the capacity to take their own medicines.

We found that the provider ensured care staff had access to personal protective equipment where appropriate to reduce the risk of infection when supporting people with personal care. Care staff we spoke with confirmed they were able to access equipment when needed and were able to show a good understanding of infection control processes. We found that infection prevention control training was made available to care staff, which care staff confirmed. This ensured care staff knew and understood the importance of infection control and reduced the risk of infection being transferred, so people could be supported in a safe manner.

Is the service effective?

Our findings

Care staff told us they felt supported. A care staff member said, "I do feel supported and if I need to speak to a manager I can".

People told us that care staff had the knowledge and skills to support them. A relative said, "Staff knows how to support him [service user] because they have the skills and knowledge". We found that supervisions, appraisals and team meetings did take place and care staff we spoke with confirmed this. We found that care staff were also able to access training in a range of areas for example, health & safety, maintaining a healthy diet, pressure care management and manual handling. A care staff member said, "We do get regular training in a range of areas so we know how to support people". Care staff gave examples as to how they supported someone to stay safe when they went out with them to ensure they used the roads safely and stayed safe.

We found that an induction process was in place, which included the use of the care certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. A care staff member said, "My induction took 4 days and I was able to shadow more experienced staff. I completed the care certificate in the first 12 weeks". We found that as part of the induction process care staff were able to shadow more experienced staff. Care staff we spoke with confirmed this.

While we found that people did not consistently need support to eat and drink where they did care staff had received the appropriate training and knew how people should be supported to eat and drink. A person said, "I decide what I eat and drink not the staff". A relative said, "Staff do support people to eat and drink where needed". We found that care staff were able to describe how they supported people to eat healthier and how they promoted this and people were happy with the support. A care staff member said, "I do encourage people where needed not to eat just junk food. They are encouraged to eat fruit and vegetables".

We found that communication and hospital passports were incorporated into how the service was delivered. These documents were being used to identify how people's health care needs would and were being met and how health care professionals were involved in meeting people's health care needs if they needed to be admitted to hospital. We found that people's health care needs were being checked and monitored regularly and a record kept of any outcomes or actions needed to ensure people lived as healthier lives as possible. Where people needed to see a doctor, dentist or any other health care professional they were able to do so. A relative said, "I am definitely happy. My son's health care needs are monitored by staff". Care staff we spoke with were aware of the passport process and knew the people they supported well, including their health care needs.

A person said, "My consent is sought by staff". A relative said, "Staff always get his [service user] consent". Care staff we spoke with confirmed they would never support someone without their consent. A staff member said, "I do get people's consent". We observed care staff seeking people's consent before a decision was made as to whether the person was ready to leave the office.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found where people were being deprived of their liberty that an application had been made to the court of protection and the provider was complying with the order. Paperwork was in place with the correct reviews dates to show how people were being deprived of their liberty. Care staff were able to confirm that they had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS). We found that this training was taking place and while care staff were able to tell us who was on a DoLS they were not able to explain the purpose of a DoLS. This meant the provider should take action to ensure care staff knowledge was updated by way of refresher training as people were being supported as needed and were not adversely affected.

Is the service caring?

Our findings

We found that assessments of people's support needs were taking place. Relatives we spoke with told us that they were involved in the assessment process and their views were considered where people were unable to communicate what they wanted to say. We found that care staff received the appropriate training so they understood the impact of the Equality Act (2010) on how they supported people. Care staff we spoke with confirmed this.

We found that there were a range of methods being used by the provider to enable care staff to communicate with people. For example, we saw that pictorial aids were being used and where appropriate a person was able to use sign language with care staff to communicate. Advocacy services were also available where needed to support people to express their views where needed. Care staff we spoke with were able to demonstrate that they knew how to respond and communicate with people appropriately based upon their communication needs.

People told us that care staff were caring. A person said, "Staff are caring and kind". A relative said, "The staff are very good, very nice and compassionate". The registered manager told us that care staff were observed and spot checks carried out on a regularly basis to ensure the way people were supported was caring and compassionate and people decided how they were supported. Care staff we spoke with confirmed the observations did take place and we saw evidence of this.

A relative said, "Staff respect people's privacy dignity and independence". Care staff we spoke with were able to explain how they supported people to ensure their privacy, dignity and independence was respected. A care staff member said, "I encourage people to do what they can and I would always leave the room during personal care tasks". We found that the provider ensured all care staff took part in dignity awareness training so they would know how to respect people.

We found that people were able to live their lives how they wanted. We found that care staff supported people to live independently and where people lacked capacity, appropriate checks were taking place by the provider to ensure people's independence were respected. For example, care managers carried out weekly visits to people's homes to check how care staff supported them and to identify where there maybe concerns to how people were being supported.

Is the service responsive?

Our findings

We found that people and relatives were involved in the assessment and care plan process. A relative said, "A care plan and assessment was carried out and I was involved". Care staff we spoke with told us that people had a copy of their care plan and assessment in their homes. They were able to access these documents when needed and explained how they supported people. The registered manager told us that an assessment and care plan was in place to show the support people received. We saw evidence of this and they reflected people's support needs.

We found that people's equality and diversity was an important part of how they were supported. Care staff told us they received training in this area to improve their understanding and recognising the importance of equality and diversity in how they supported people. We saw evidence of this in the provider training records. Care staff were also able to demonstrate an understanding of equality and diversity and for people we discussed were able to identify their preferences, cultural needs and their sexual orientation. This information was not evidenced on the provider's records however we found from the care staff we spoke with that people's diversity was key to how they were supported.

We found that reviews were taking place regularly within the service. These reviews involved people being able to share their views about the service they received. Care staff we spoke with confirmed how reviews were carried out and we saw evidence of the outcome of reviews that showed people's involvement. From the reviews we saw people were listened to and were able to suggest and decide how they were supported.

We found that the provider had a complaints process in place which was accessible. A relative told us that they knew how to complain, but had never raised a complaint. Care staff we spoke with told us how they would deal with a complaint if they received one. We found that the provider had identified how people could raise a complaint in the service user's guide people were given when they joined the service. We found while the provider had a system in place to record complaints received and how they would be dealt with, the provider had not received any complaints for over 12 months.

Is the service well-led?

Our findings

We found that the provider had systems in place to show how leadership and governance was promoted within the service to ensure the quality of support people received. We saw that spot checks, audits and observations were an important part of how the provider ensured the service people received was what they expected. A person said, "The office staff visit me at home to check on the service". A care staff member said, "Spot checks and audits do take place". However, we found that the checks were not consistently effective in improving the service, as we found gaps in the Medicines Administration Records. These gaps had not been identified by the spot checks and audits carried out to ensure care staff was correctly recording when medicines had been administered.

While we found that the Equality Act (2010) and the protected characteristic was identified within the service and was important to how people were supported. Records we saw did not clearly identify this as part of the initial assessment process carried out before the service commenced. We again found that the provider's audit system was not effective in identifying gaps in record keeping.

We found that the provider used questionnaires to gather people's views on the service and this was done on a six monthly basis. These questions were sent out to people, relatives and care staff and the information gained was used to make improvements to service people received. We found from the last analysis that people were happy with the service and had not raised any concerns for improvement. The provider also told us they contacted people by telephone on a periodic basis to check on the quality of the service. The information gathered was then used to improve the service people received.

People and relatives told us the service was well led. Care staff we spoke with told us the service was well led. We found that the provider had a clear vision as to how people would be supported. They had a clear expectation of care staff and the culture within the service was one of inclusiveness, fairness and transparency. The provider went out of their way to support relatives wherever possible to visit people in their homes by offering a transport service seven days per week where relatives had difficulty getting to see their relatives [person receiving the service]. A relative said, "With the kindness of the provider I would not be able to see my daughter".

We found the service had an open culture where people were encouraged to visit the office whenever they wanted. We saw people being offered a drink and made to feel welcome when they visited the office. A person said, "The service is good and well led". A relative said, "The service is well led, well organised". Care staff we spoke with told us the service was good. A staff member said, "Its good working for this company. Service users are the priority and the office is very kind and supportive". We found the provider's service to be friendly and people focused.

We found that people knew who the registered manager was. A relative said, "I do know who the manager and CEO [Chief Executive Office] is". Care staff we spoke with all told us they knew who the registered manager was and could speak with her for support whenever they needed to. We found that while the registered manager had only been appointed a short while, people knew who she was.

We found that the provider had an out of hours on call service that people told us they were aware of. This enabled people and care staff to contact a managers covering in an emergency when the main office was closed, on bank holidays, weekends or on an evening. Care staff we spoke with confirmed they were able to access managers outside of office hours.

We found that the provider had a whistle blowing policy in place which care staff we spoke with were all aware of and its purpose. Care staff member said, "I am aware of the policy and when it should be used".

It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found that the provider had displayed their rating as required.

The registered manager was able to explain under what circumstances they would need to notify us. They knew and understood their role for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law. We found that the registered manager and care staff had a common understanding of how people should be supported and that people's rights should be respected at all times, which was a strong ethos within the service

We found that the provider worked in partnership with other agencies. For example social workers, doctors, nurses etc. We found that the provider along with care staff we able to access these agencies on a daily bases as part of how they supported people.