

Karrek Community CIC

The Elms

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?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 30 November 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service had not previously been inspected under the current registration.

Currently the service is registered with CQC under the name of 'The Elms' at the previous service address in Redruth. The service has subsequently relocated to St. Austell and has submitted the appropriate registration application to relocate the service and will re-register under the service name of Karrek Community CIC. This name will be used throughout the report.

Karrek Community Interest Company (CIC) is a not for profit domiciliary care agency that provides care and support to people in their own homes. The service provides help to people with physical disabilities and learning disabilities with care and support needs in Cornwall. The service provides a combination of short and longer support visits to support people with personal care, to help people get up in the morning, go to bed at night, support with meals and support to access social activities in the community. At the time of our inspection 15 people were receiving a personal care service. The services were funded either by Cornwall Council or NHS funding.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

In addition to the registered manager, there was also an operations manager, team manager and a part-time development manager. The provider was also actively involved in the running of the service. Twenty-two support staff worked for the organisation.

The provider told us Karrek Community CIC was a community care organisation with a Christian faith perspective. The provider told us, "Karrek is inclusive by nature, so we would support anyone from any faith but we have a Christian ethos and approximately 60% of the people we support also share this ethos."

People received care and support from care staff they felt safe with. Care staff understood their roles and responsibilities and knew how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced care staff to meet people's needs.

The provider carried out employment checks on care staff before they worked with people to assess their suitability. The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. People were supported

to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring and compassionate service. Care staff took time to listen and talk to people, they were described as "very kind" and "They genuinely care about the people they support." A relative of a person who received a service told us, "We are delighted to have been able to use them and have nothing but praise for the care and support they provide. [Person's name] isn't the easiest person due to their challenging behaviour and they do a great job with [them]."

People were involved in planning the care and support they received. Staff protected people's confidentiality and need for privacy.

The service responded to people's needs and the care and support provided was personalised. Staff providing care and support were familiar to people and knew them well. The provider encouraged people to provide regular feedback on the service received. This was primarily done in person as well as during any care planning reviews.

People received a service that was well-led because the registered manager and other senior staff provided good leadership and management. The vision and values of the service were communicated and understood by staff.

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. There was a complaints procedure in place and the provider had responded appropriately to complaints.

Staff understood their roles and responsibilities. The quality of service people received was continually monitored and any areas needing improvement identified and addressed. Staff commented positively about the service, "A lot of the current staff group have come across from another service provider when Karrek took over. It's been a good move" and "They are a great company to work for, very supportive."

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 received care from staff they felt safe with. People were safe from harm because staff were aware of their responsibilities to report any concerns.

People were kept safe and risks were well managed.

Recruitment checks were carried out to ensure people received care from suitable staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA).

People were cared for by staff who received regular and effective support and supervision.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were caring and compassionate.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

The service listened to comments and complaints and made changes as a result.

Is the service well-led?

Good ●

The service was well led.

The vision and values of the service were clearly communicated and understood by staff.

The registered manager and provider were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

The Elms

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 announced inspection took place on 30 November 2016. The inspection was carried out by one adult social care inspector. We gave the service 48 hours notice that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

The provider asked people if they were willing to speak to us once the inspection had been announced to the service. Before the inspection visit we spoke on the telephone with eight relatives of people who used the service. During the inspection we visited two people in their own homes. We spoke to these people about the service they received. We spoke with six members of care staff, two team managers, the CEO of the company and the registered manager.

We looked at the care records of four people, the recruitment and personnel records of four staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel safe because they support me as I wish and they want the best for me, so they always have my wellbeing and safety as a priority." A relative told us, "They take time to do a good job. I would always recommend them. They are excellent." Another person told us they felt safe and we saw from the way care staff supported them that their safety was of paramount concern.

Care was provided at the time identified in people's care records. People said this was important to them and contributed to them feeling safe and secure. Staffing rotas were provided to people in advance and people told us they knew in advance who would be supporting them. A relative told us, "[Person's name] feels safe because they have a stable and consistent team of staff who are consistent. We know where we stand and they are very dependable. They understand [person's name] and know what makes [person] feel safe and that is very important."

We saw daily records which showed that staff arrived when they were scheduled to and stayed for the agreed period of time. Staff said they would always contact people if they were going to be late. People confirmed staff arrived promptly.

Staff knew how to keep people safe and how to recognise different types of abuse and what action to take if abuse was suspected. Staff were able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about 'whistle blowing' to alert senior management about poor practice.

A range of risk assessments were in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, one person who used a wheelchair had risk assessments in place regarding safe use of their kitchen when preparing their meals. Risk assessments were also in place to guide staff when helping people to move around using mobility aids. Staff told us they had access to risk assessments in people's care records and consistently used them. Each person's care records contained an environmental risk assessment. This showed the provider had considered factors to keep people and staff safe. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs. The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe.

People were protected from the risk of being supported by staff who were not suitable for the role. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. This meant people were protected from the risk of being supported by staff who were not suitable for the role.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us they received care and support from staff they knew. People told us they were happy with the staff providing care and support. One person said, "I have the same group of carers who provide my care most of the time. They know me and know how to support me." A relative told us, "We have been lucky because even when the service moved across from one provider to another we kept the same carers and [person's name] is very happy with them."

There were clear policies and procedures for the safe handling and administration of medicines. Medicine administration records demonstrated people's medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. The majority of people were supported to self-administer their medicines. People received their medicines as prescribed. Staff administering medicines had been trained to do so.

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. We saw staff used appropriate protective equipment and staff said they could always get supplies of gloves and aprons from the office when required.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "They are a very positive group. [Person's name] looks forward to hearing them arrive" and "staff are very kind and lovely and they know what they are doing" and, "We are very happy with Karrek." Relatives told us they believed the staff team were 'competent and well trained'.

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. We checked whether the service was working within the principles of the MCA.

Management had an understanding of the MCA and how to make sure people who did not have the mental capacity to make particular decisions for themselves, had their legal rights protected.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions. Wherever possible, people had been involved in drawing up their plans of care and had signed to give consent to the care they received. One person told us, "I told them what I needed before they started and they put together my support plan. I know what's in it gets looked at quite regularly to make sure I'm happy."

Training records showed the provider ensured staff received a range of training to meet people's needs. Training provided to staff included e-learning packages and face to face training and covered a range of topics. Staff told us they had received training to meet people's needs. One staff member said, "We get the training we need to be competent at our jobs and we also can ask for more specific training if a person's healthcare needs require it." Another staff member said, "Training is very good. I feel supported."

Newly appointed staff completed comprehensive induction training. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service, and familiarisation with the service's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work with people unsupported.

The registered manager told us staff were supported to complete health and social care diploma training if this was something they wanted to do. Training records showed staff had a range of training including staff who held or were working towards toward health and social care diplomas.

Supervisions and annual appraisals were used to improve performance. Staff records showed that supervision was held regularly with staff. Staff told us they found supervision helpful. One of the care staff said, "We receive regular supervision. It provides an opportunity to talk about your work." Staff also received an annual appraisal. This meant staff had a formalised opportunity to discuss their performance and identify any further training they required.

People's dietary needs were planned for as part of the care planning process. Care records showed that people's needs around their food and drink had been discussed and agreed with them. We saw staff checked people were happy with their choice of foods and when a person said they no longer enjoyed a certain type of food, this was recorded in daily records for the person's relative to read and reported immediately back to the office. This meant the service understood people's preferences could change and were responsive to making sure changes were made quickly to meet people's needs.

Health and social care professionals were consulted and their advice taken. One healthcare professional told us, "Everyone we have worked with who have used Karrek have been very happy with them. They are consistent and ensure a small and regular staff team supports [person's name] and this is important to their welfare" and "Professionally I have no issue with them at all. They have been reliable and interested in getting the best out of hydrotherapy sessions for the client I work with." Records showed that care staff ensured people had access to health care professionals when needed.

Is the service caring?

Our findings

People told us staff were caring. Comments included, "I like the team who support me. They are kind and they don't patronise me." A relative told us, "I would happily recommend the service. They are very caring under some extreme circumstances due to the level of people's health needs. It's not an easy job and they do it well."

People received care, as much as possible, from the same care staff. A relative we spoke to said, "We are very happy with them. They are caring and our [relative] has a stable and consistent team of staff from the beginning." We were told of instances when the service had responded positively to people's increased care needs. For example, instances when the service were asked to increase the care package, at short notice on a temporary basis and had been able to accommodate this.

We saw that staff took time to chat with people and share their day with a laugh and a joke. One relative told us, "[Person's name] loves going out with the staff. He considers them friends" and "They make time to listen to [person's name] and nothing is too much trouble for them in the care they provide." Relatives told us, "They are absolutely great overall. The support workers are excellent and support [person's name] with everything he likes to do such as meeting up with friends, going out for lunch and doing domestic tasks like getting shopping in" and "The main thing for us is we were keen that [person's name] kept his independence as much as possible. He was very active and he loves to walk and go swimming and he still does these things regularly, which he loves."

Staff spoke positively about the support they received in order to be able to deliver high quality care. One staff member said, "Everyone at Karrek is really supportive from the top down. We are shown as much care and consideration as we provide to the guys we support" and "Karrek is a great organisation with a caring Christian ethos. The people we support are very much part of the Karrek community and as such they have a hand in how the service is run and planning for the future. It's very inclusive."

People were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. One person told us they had requested a female only support team and this had been arranged. The views of the person receiving the service were respected and acted on.

Senior staff said that wherever possible, they matched the skills and characteristics of care staff to the person. For example, one person loved to be as active as possible and enjoyed long walks. The service had built this into the core team who supported the person.

Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care delivery arrangements. One relative explained how this arrangement worked when arranging their relative's care package, "In a sense I am both next of kin and

commissioner for the service my [relative] receives as we hold a personal budget. Karrek have been very good at ensuring we know exactly how the support package is working out and we are very pleased with the service." Another relative told us, "We liked them so much that when the previous service ended we encouraged the owners to start up Karrek and it feels like we've been with them right from the very beginning."

Staff respected people's privacy and maintained their dignity. Staff told us empowering people to have control and choice over every aspect of their lives was a key value of the service. Staff told us they gave people privacy to undertake aspects of their personal care but ensured they were close by if help was needed. One person told us "They are considerate and respectful in the way they approach coming into my home. My support team understand my needs because they have got to know me as a person." Staff told us about people's preferences and showed good understanding of when to assist and when to encourage people's independence skills.

Everyone we spoke with from people who used the service, relatives, external professionals and staff all told us they would recommend the service to others. Comments included, "They are reliable and respectful of [person's name] needs. Very patient and good at keeping us involved in what is going on. They use a communication book to share with us what has been happening and what [person's name] has achieved with their day."

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people's needs came first. We also heard senior staff discussing people's needs, assessments and reviews and were struck by just how much individualised thought went into considering the welfare of each and every person, including their emotional well-being and things that might worry them.

All staff were enthusiastic about their roles and spoke positively about the people they cared for. One member of care staff said, "I am happy working for Karrek. Every person we support has their own challenges but with the right support they can all achieve so much with their lives. I am proud to be part of a team that supports this" and "We respect one another, as well as our clients, and we are dedicated to all that we do."

The provider, registered manager and operations manager continued to cover shifts as carers and told us they benefited from this because it meant they had a good understanding of all of the clients who used the service. People also clearly knew and trusted management and senior staff because they had met them in person and told us they trusted that if there were any issues management would sort things out.

Is the service responsive?

Our findings

People said the service was responsive to their needs. One relative said, "They are definitely a responsive service; whether it is taking on board information from other professionals, listening to the people they support and involving the families in what is going on, they take their lead from all of us who have the best interests of our [relative] in mind." A professional who worked alongside the service supporting a person told us, "I have only ever had a positive experience with the service. They are keen to do the right thing, inquisitive about how they can implement the training supplied and very flexible about how they work with this client. I would say they are very well engaged and person centred."

People who used the service said they made choices and decisions regarding their care and support. One person said, "I wrote my support plan with [staff member's name] and so I know what is in my plan and what I can expect." Relatives told us, "The support plan is well written. It reflects the here and now and if anything changes the plan is changed to reflect this. They are on the ball with that." A professional told us, "It is very clear the team have read the hydrotherapy care plan because they ask me pertinent questions about it and are keen to make sure they are doing all they can be to successfully implement it in the sessions they support [person's name] with."

Staff were confident to take the initiative when faced with unexpected situations. We heard of one recent example when a support worker supported a person to temporarily move out of their home due to an urgent boiler malfunction. Working with the out of hours service the support worker was able to work to keep the person safe while repairs were made to the boiler. This meant that the service were responsive to people's needs in emergency situations. Relatives expressed their appreciation saying, "Can I please say how helpful and amazing tonight's support worker has been – thank you."

Care records were held at the service office with a copy available in people's homes. People's needs were assessed and care plans completed to reflect their needs. Staff said the care plans held in people's homes contained the information needed to provide care and support. They said the registered manager and senior care staff took care to ensure any updated information was placed in care records in people's homes and at the office.

Care records were person centred and included information on people's likes, dislikes, hobbies and interests. Staff told us this information meant they could get to know the person they were caring for. Staff said communication between staff about changes to people's needs was good. One staff member told us, "There is always excellent communication between Karrek and the staff group. It helps that we are a relatively small and close team still. We meet together fairly regularly and when needed we'll receive emails, text messages or phone call to make us aware of any issues that may have arisen."

The service provided was person centred and based on care plans agreed with people. Some people received assistance with personal care and domestic help, others with accessing their local communities and taking part in social activities. One person was supported to do their shopping, other people had support to help prevent against social isolation, while others needed support with cooking meals and

personal care. A relative told us, "Through the work Karrek have done with our [relative] it has opened up a whole new world of friends for [them]... now meets up with a group of other people with learning disabilities and they socialise together, go for a cup of tea or lunch. Loves the social side of it."

The service had a complaints policy and procedure. We saw that where a complaint had been raised the management had dealt with this effectively and without delay. People said they felt able to raise any concerns they had with staff and that these were listened to. One person told us, "I have no complaints about the service. If there was anything I needed to raise I wouldn't have a problem doing so" and "The very fact that I have a good, happy relationship with the staff who support me should tell you all you need to know, because it hasn't always been this way with other services. I have no difficulty complaining if I have to." Relatives told us they knew how to complain and were confident their concerns would be addressed.

Is the service well-led?

Our findings

Throughout our inspection we found the provider, registered manager and operations manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided. This was achieved by training and supporting staff appropriately. There was a positive culture within the service. Staff spoke positively about the leadership and management of the service. Staff told us they felt well supported by systems of supervision and the general attitude of openness encouraged by management. Comments included, "It is a supportive organisation. Training is good and they really care for their staff as well as their clients."

In addition, management and senior carers ensured the quality of care was consistent by carrying out regular checks with people who received a service. People confirmed this happened and spoke positively about all aspects of the service.

The registered manager was supported by the operations manager and area team manager. There was also a part-time development manager who supported administration for the service from the office. All staff had clearly defined roles that were understood by the staff team as a whole. Twenty-two support staff worked for the organisation. Staff spoke very highly of how the service was managed, "It is an excellent service to work for. I appreciate the values and ethos it has towards the people we support and all of the staff who work for Karrek" and "I find it a pleasure to work for Karrek as we have a great team of staff and management. We all pull together as a team and I enjoy my role very much."

Staff we spoke to understood their roles and responsibilities. Each staff member had a job description and contract of employment which clearly laid out their duties. Audits were carried out monthly, including a review of care files for people and staff files. Actions identified from quality assurance audits were monitored and completed.

People told us they were cared for in a person centred manner. Relatives commented positively about how the service was managed as did professionals who were familiar with the service. Comments included, "The service and management has been very good. At the end of the day it comes down to the quality of the staff and management. They are really good at what they do and all I can say is I have been impressed with them."

People received good care and support when they wanted it and were encouraged to be empowered to live their lives as they wished. The management team were respectful of people's desire to continue to do as much for themselves as they wished and were able to and this was reflected in the care planning. Guidance for staff underlined this, for example, we saw clear direction about when to offer support and when to recognise that people may take longer to do something for themselves, but this was important to their well-being.

Effective systems were in place that ensured management could communicate effectively with staff when

they were working in the community. This included the use of email and mobile telephones which were programmed to communicate with the on-line rota system. This ensured management were aware of when calls had been made and meant any late or missed calls would be automatically flagged up on the system. All staff we received feedback from commented positively about communication within the service.

People, relatives and professionals all commented positively about management using terms such as 'flexible', 'accommodating', 'reliable' and 'professional.' Staff described the management team as approachable and told us they could be contacted for advice at any time. One staff member said, "We can always contact a senior member of staff." The service operated a 24 hour on call service, so staff could contact a senior member of staff if necessary.

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and saw a range of areas were discussed including the results of quality audits. Staff told us they found these meetings useful.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff. Systems were in place to check on the standards within the service. These included a monthly care quality audit and an annual quality audit. There were also plans to send out a customer satisfaction survey.