

Carers Break Community Interest Company

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Inspection report

Room 26 Victoria Commercial Centre
Station Approach
Victoria, Roche
Cornwall, PL26 8LG
Tel: 01726 890828
Website: www.carersbreak.org.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?

Outstanding 

Overall summary

We carried out this announced inspection on 12 & 13 February 2015. We told the provider three days before that we would be coming. This was the first inspection since the service was registered.

Carers Break Community Interest Company is a domiciliary care service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs across

all areas of Cornwall. This includes people with physical disabilities, dementia care needs and care at the end of their lives. The service provides long-term care at night, day duties for a minimum of two hours and live-in care packages. Much of the care provided is to give family carers a break from looking after their relative. As well as

Summary of findings

providing long-term services Carers Break provides short-term respite overnight care to give families a break during a crisis, support people discharged from hospital or provide end of life care.

At the time of our inspection 13 people were receiving a long-term personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the home. 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.

People we spoke with told us they felt safe using the service. One person told us, "I can trust my worker". A relative told us, "when they [staff] are looking after my husband I trust them". Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Staff were matched to the people they supported according to their own skills and interests and the needs of the person. The service was flexible and responded to people's changing needs.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. A relative told us, "staff are fantastic". A healthcare professional told us, "they provide competent carers".

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

People and their families told us the management team was very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. Staff were encouraged to challenge and question practice and were involved in making improvements to the service.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were all very positive about working with the service and how the service sought different ways to improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person. Staff received regular training to help ensure they had up to date information to undertake their roles and responsibilities.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Good



Is the service well-led?

The service was well-led. There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

Outstanding



Summary of findings

People were included in decisions about the running of the service. Staff were encouraged to challenge and question practice and were involved in making improvements to the service.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided.

Carers Break Community Interest Company

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 of Carers Break Community Interest Company took place on 12 & 13 February 2015. We told the provider three days before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. This was the first inspection since the service was registered in October 2013. One inspector undertook the inspection.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed feedback received from questionnaires sent to all people who used the service (for long-term care), all staff and 31 healthcare professionals prior to the inspection. We received feedback from 76.9% of people who used the service, 20.8 % of staff and 29% of health and social care professionals.

During the inspection we went to the provider's office and spoke with the registered manager/director, the other director and two care staff. We looked at two records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We visited two people in their own homes, met two relatives and made phone calls to two staff and one social care professional.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us, “I can trust my worker”. A relative told us, “when they [staff] are looking after my husband I trust them”.

Staff had received training in safeguarding adults. Safeguarding and whistleblowing policies were available and staff were required to read them as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to managers as they wanted people to be safe and well cared for.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, staff were given entry instructions and directions of how to find people’s homes and where to park safely. Staff told us this information was especially important as their duties were mostly at night when it could be more difficult to find peoples’ houses.

The service provided some care packages at short notice and this often meant that care workers were the first member of staff to enter the person’s home. The service obtained as much information as possible over the phone, when the referral was taken, and passed this information to the care worker. The first worker into a new person’s home completed a risk assessment of the environment and any risks involved in providing care to the individual. These assessments were e-mailed to the office so information could be shared with other staff. All staff were trained in carrying out risk assessments.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records we looked at showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number

of people using the service and their needs. The service recruited staff to match the long-term work and new care packages were only accepted if suitable staff were available. There was a ‘pool’ of staff who were recruited specifically to cover work at short notice to enable the service to respond to requests for emergency work. The service recorded details of the times people required their visits and what staff were allocated to go to the visit. All staff who worked in the office could access the system which meant they were working from the same information when speaking with staff and people who might ring to ask about their visits. Office staff were also able to access the system when they worked ‘out of hours’ and this meant they still had reliable information to work from outside of office hours.

People had telephone numbers for the service so they could ring during office hours and in the evening and weekends should they have a query. People told us phones were always answered, inside and outside of office hours. Everyone we spoke with told us they had regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, “I always know who is coming” and “they [staff] are reliable and friendly”. A healthcare professional told us, “in my experience the service tends to be prompt and reliable”.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people’s needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Some people required assistance from staff to take their medicines. The service had a clear medicine policy which stated what tasks staff could and could not undertake in relation to administering medicines. For some people the help required was to verbally remind them to take their medicines and for other people staff needed to give the medicines to the person to take. Each person’s care plans detailed the medicines they had prescribed and the level of assistance required from staff. All staff had received training in the administration of medicines.

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. A relative told us, “staff are fantastic”. A healthcare professional told us, “they provide competent carers”.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. One care worker told us, “I have regular training”. Staff received regular supervision and appraisals from managers. This gave staff an opportunity to discuss their performance and identify any further training they required.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person. During the initial assessment, for long-term care packages, the service found out about people’s interests and hobbies so staff who shared similar interests were allocated where possible. People told us the service provided staff who they felt comfortable with and had common interests they could talk about.

People’s care records included the contact details of their GP so staff could contact them if they had concerns about a person’s health. Healthcare professionals told us the service kept in contact with them and informed them of any concerns about the people using the service. They told us staff were knowledgeable about the people they cared

for and knew how to recognise if people’s needs changed. One healthcare professional told us, “they provide excellent feedback of night time interventions and act on all aspects of the care plan provided. I have confidence that they will call the appropriate services should they encounter problems during their night shift”.

The night care duties the service delivered were mostly to provide a respite service for the family carer so they could sleep at night without being disturbed. Family carers who received this service told us this was a great help to them and they trusted staff would call them in an emergency. One relative told us, “If my wife is in pain and needs me to give her the pain relief injection staff call me, which I don’t mind because I know they will only do so when needed”.

People, or their advocates, signed consent forms to give their consent to the care and support they received. Staff told us they always asked people for their verbal consent before delivering care and support. People we spoke with confirmed staff asked for their agreement before they provided any care or support.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were very happy with all of the staff and got on well with them. People told us, “staff are fantastic”, “it’s nice that you get the same staff with Carers Break” and “the carers are always pleasant”.

Staff were very motivated and clearly passionate about making a difference to people’s lives. Staff told us, “I enjoy the work” and “they provide an excellent service” and “I would be happy for a member of my family to use the service”.

At the time of our inspection people who received a service from Carers Break had capacity to make their own decisions about their care. Those funding the service through direct payments had made the choice to use Carers Break and had a contract in place outlining the expectations of both parties.

Rotas were organised so that people who received a long-term service had regular staff. People confirmed they knew the staff booked to visit and new staff were always introduced to them before they started to work with them. The service had a group of staff who regularly covered short-term work, which was mainly overnight care. These staff were experienced in working night duties and had the relevant skills for the needs of people who were referred to the service. This helped to ensure people who needed short-term services were provided with consistent care and support.

People told us they were involved in developing their care plan and identifying what support they required from the service and how this was to be carried out. The relative of one person we visited talked about there being a continuous dialogue between them and the service to keep the care plan updated as the person’s needs were frequently changing. A healthcare professional told us, “in my dealings with Carers Break I have always found them to be inclusive of service users’ needs and operate in an open and professional manner”.

Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. Care plans also detailed how people expressed their wishes and gave clear instructions for staff as to how to meet people’s individual communication needs. A relative of one person who had specific communication needs told us, “staff all know his needs and how he communicates”.

Staff respected people’s wishes and provided care and support in line with those wishes. People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People told us that staff ensured their privacy was protected when they provided personal care. A relative told us, “staff are always respectful when they help my husband with washing and toileting”.

Is the service responsive?

Our findings

Before people started using the service, for a long-term care package, a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. Care files had comprehensive assessments in place detailing people's needs. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. Care plans contained details of people's day and nighttime routines which gave clear guidance for staff to follow to meet people's needs.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff who carried out night duties, especially for the short-term care packages, e-mailed the service each morning to give an update on the person's needs. This information was passed on to other staff who were going to work with that particular person over the next few days. Staff told us they found this very helpful and it gave them the confidence to know they had the knowledge to provide the right care for people.

Healthcare professionals told us the service was good at managing people's health needs and this helped to prevent

people from being admitted into hospital unnecessarily. One healthcare professional told us "Many thanks [to Carer's Break] from our team for their continued hard work in supporting vulnerable people in the community to remain at home".

The service was flexible and responded to people's changing needs. People told us about how well the service responded if they needed additional help. For example providing extra visits if people were unwell and needed more support or responding in an emergency situation. The relative of one person told us the service had frequently covered additional overnight duties at short notice and this was with a regular member of staff. Another person who used the service had an agreed amount of hours per month and booked these hours at different times depending on their needs. The service had a care worker allocated to them who was happy to be available when the person made their request. This meant the individual was able to be in control of their care package and tailor it to their needs.

People were given details about how to complain and we saw the complaints procedure in the information packs in the people's homes we visited. People said they would not hesitate in speaking with staff if they had any concerns. People told us they were able to tell the service if they did not want a particular care worker. Managers respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request. One person told us, "haven't had to make any complaints". A healthcare professional told us, "I have not received any complaints regarding the services provided by Carers Break".



Is the service well-led?

Our findings

The management structure of the service provided clear lines of responsibility and accountability. One of the directors was also the registered manager and they had overall responsibility for day to day running of the service. The other director worked full-time in the service's office and was responsible for the development of the service. A full-time care co-ordinator also worked in the office and planned the rotas. People told us they knew who to speak to in the office and had confidence in the management team.

The service had effective systems to manage staff rotas, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant that the registered manager only took on new work if they knew there were the right staff available to meet people's needs. A healthcare professional told us, "I have found the organisation to be responsive, interested in collaboration where this could positively impact on their services and thoughtful about how their services are delivered". Staff were positive about how the service was run. Staff told us, "very good management, they see things from all sides", "they put themselves in our [staff] shoes – I completely trust them".

There was a positive culture in the service, the management team provided strong leadership and led by example. The directors had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this was evidenced by what people told us about the way staff cared for them. Staff demonstrated they understood the principles of providing care that was tailored to the individual person by talking to us about how they met people's care and support needs. They spoke with commitment and used words like 'individual' and 'personalised' when they talked about the people they supported. One member of staff told us, "I am proud to work for the organisation". Another member of staff told us they joined the service because other staff had told them what a good service it was to work for.

Staff received regular support and advice from managers via phone calls, texts, e-mails, social media and face to face individual and group meetings. Staff told us the management team were very supportive and readily

available if they had any concerns. Staff told us, "you can go into the office at any time to talk", "they are very supportive" and "always on hand and responsive". We observed that there was an open respectful relationship between staff and the management team. Staff confirmed that they were completely comfortable about expressing their views on any aspects of the service.

Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people's care plans.

People who used the service and their families were regularly asked for their views of the service. The service gave people who received a long-term service questionnaires to complete annually. We saw feedback forms in the service's information packs in people's homes giving people the opportunity to share their views with the service at any time.

The service worked in partnership with other health and social care professionals to seek their advice about current practices and monitor the quality of the service provided. Health and social care professionals were all very positive about working with the service and how the service sought different ways to improve the quality of the service provided. Health and social care professionals told us, "Carers Break care passionately about the quality of care they give to their users and are always looking for ways to improve the service they provide. I would have no hesitation in recommending them" and "they are passionate about their services and the people who need them and proactively engage with partner organisations to ensure they continue to best meet identified needs".

The service was actively working with other organisations to contribute to research about the design and delivery of more effective and relevant home care services. This work had resulted in the setting up of a six months pilot project which started on 23 February 2015. The project provided emergency care for people if their family carer became unwell and unable to cope and the person may otherwise have been admitted to hospital. The aim of the project was to identify a possible unmet need for this service and decide at the end of the pilot if funding this type of service would achieve better outcomes for people living in the community. This project was being completed with funding



Is the service well-led?

from the Kernow Clinical Commissioning Group (KCCG) and to provide evidence for research carried out by Healthwatch Cornwall into the impact that caring for people has on family carers.

Other stakeholders were involved in the development of the business and the service had set up a 'council of reference' with the first meeting taking place in October 2014. The purpose of the group was to 'seek advice and counsel from a representation of those involved in the design, commissioning, delivery and receipt of personal care'. The membership of the group ranged from MPs and healthcare professionals to family carers and paid care staff. The directors advised us meetings would take place regularly and the second meeting was planned to take place soon. The aim of these meetings was also to network with other professionals and people connected with the industry to share knowledge and experiences and use this to help develop the service.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their families told us the management team was very approachable and they were included in decisions about the running of the service. People told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The management team worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.