Care And Support Shop Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 November 2016 and was announced. At the previous inspection of this service in July 2013 we found they were meeting all of the regulations that we looked at during the inspection.

The service is registered to provide support with personal care to adults and children living in their own homes. At the time of our inspection 55 people were supported with personal care by the service.

The service had a registered manager in place. 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.

The service had appropriate safeguarding procedures in place and staff were knowledgeable about their responsibilities with regard to safeguarding adults. Risk assessments were in place which included information about how to mitigate any risks people faced. There were enough staff working at the service to enable the service to meet people's assessed needs and not miss appointments. Pre-employment checks were carried out on prospective staff. Medicines were administered in a safe manner.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health and wellbeing.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place for people which set out their needs and the support they required in a personalised manner about the individual person. The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

Staff spoke positively of the management at the service and of the working atmosphere. Various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service.

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. Staff undertook training about safeguarding adults and the service had appropriate safeguarding procedures in place.

Risk assessments were in place which included information about how to mitigate risks people faced. The service did not use any form of physical restraint when working with people.

There were enough staff working at the service to meet people's needs in a safe manner. Checks were carried out on staff before they began working at the service including employment references and criminal records checks.

Medicines were managed in a safe manner.

Is the service effective?

Good

The service was effective. Staff undertook regular training to support them in their role and received regular one to one supervision.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

The service worked with other agencies to meet people's needs including their health care needs.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence. People were provided with the same regular care staff so that they were able to build up good relations with them.

Is the service responsive?

Good

The service was responsive. Care plans were in place and were

subject to review so that they were able to reflect people's needs as they changed over time. Care plans were personalised, containing information about how to meet the needs of individuals.

The service had a complaints procedure in place and people told us they knew how to make a complaint if needed.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place. Staff spoke positively of the management at the service.

Various quality assurance and monitoring systems were in place, some of which included seeking the views of people who used the service.

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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.

This inspection took place on 23 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors 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 care service.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection report and notification the provider had sent us. Before the inspection the provider completed a Provider Information Return (PIR). 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. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people who used the service and three relatives. We spoke with seven staff. This included the registered manager, operations manager, administrative accountant, scheduling coordinator, two support workers and a support worker/field supervisor. We looked at eight sets of records relating to people including care plans and risk assessments. We looked at six sets of staff recruitment, training and supervision records. We examined medicine charts, quality assurance and monitoring systems and various policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "'Yes I do [feel safe], they're alright, they give me a shower and I am comfortable with them, they are kind to me." Another person said, "Oh yes, if I didn't I would tell the office. My carer gives me a sponge bath and she does it carefully and properly and dries me well." A third person said, "I do feel safe, they are nice ladies [staff]." A relative told us, "Yes my [family member] feels safe, they bathe her really well and take her out in the wheelchair."

The service had policies and procedures in place about safeguarding adults and children. These made clear their responsibility for reporting any safeguarding allegations to the local authority and the Care Quality Commission. The service also had a whistleblowing procedure which made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate. Records showed staff had undertaken training about safeguarding and staff we spoke with had a good understanding of their responsibility for reporting any allegations of abuse. One staff member said, "I would come here [the office] and tell it to the manager." Another member of staff said, "I would explain everything to my manager." The registered manager said, "I always say to staff if they come across a safeguarding and they feel I haven't done enough, they can contact social services or CQC."

The service had a staff code of conduct in place. This made clear staff were not allowed to accept any gifts from people. There was also a policy in place on supporting people with their finances which made clear that records had to be maintained whenever staff supported people with financial transactions. We saw that the policy was followed and clear records were maintained whenever staff supported people with their finances. This meant the risk of financial abuse was reduced.

Risk assessments were in place, for example in relation to moving and handling. These contained some good level of detail. For example, the risk assessment for one person described in detail how to transfer them using a wheelchair, stating, "Ensure [person who used the service] feet are placed flat within the marked spaces on the footplate. Other areas covered by risk assessments included medicines, the physical environment and skin care.

Staff had a good understanding of how to support people who exhibited behaviours that challenged the service. They explained how they supported people to calm down by speaking in relaxed tones and giving people time and space, and using distraction techniques. They told us they did not need to use physical restraint when working with people.

People and their relatives told us that staff usually arrived on time and stayed for the full amount of time they were supposed to and carried out all required tasks. On person said, "They are usually on time, they log in and out. They stay the full time, I get what I want done." A relative said, "Yes they are on time, they stay for the full time. They do the best they can and take time with her, she's not rushed."

The level of staff support people received was determined by the commissioning local authority in conjunction with the person using the service. Staff told us they had enough time to get from one person to

another for their appointments so they were usually punctual. One staff member said they were, "Usually on time and if you're running late you phone the office and they will phone the client." The scheduling coordinator told us they took in to account where staff and clients lived when deciding which staff should support people to enable them to get to appointments on time. A member of care staff confirmed this, saying, "They will look at where you live and look which clients live nearby." Staff told us that they were never expected to provide solo support to people when they were assessed as needing the support of two staff.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that various checks were carried out on prospective staff before they began working at the service. One staff member said, "They requested for the references from previous jobs" and "I started working once I got the DBS [Disclosure and Barring Service] check." A DBS check is a check to see if a member of staff has any criminal convictions or are on any list that bars them from working with vulnerable people.

The registered manager explained the service's position with regard to supporting people with medicines. They told us, "We have a policy on medicines but we normally only take cases where we don't have to administer medication. If we do, [the medicines] need to be in blister packs. The carer will have training and will keep records of medicine administration for each service user and we check this once a month." They continued to explain, "If medicines aren't in blister packs we do not authorise the carer to administer and we do not give PRN [as required] medicines." The service's medicines policy reflected their practices.

Staff undertook training before they were able to support people with their medicines. Staff had a good understanding of what action to take if an error occurred with medicines. When asked what they would do if they saw unexplained gaps on medicine records one staff member replied, "I would inform the office and they would chase this up with the carer [who left the gap]."

Medicine administration record (MAR) charts were used by the service. These included the name, strength, dose and time of each medicine to be administered and staff signed these charts each time they supported a person to take their medicine. Once these were completed they were checked by a senior member of staff to check people had been administered their medicines correctly. Some people had inhalers and pain relieving patches prescribed. Where staff administered these records showed they had first had training from nursing staff. This meant staff were able to administer medicines in a safe manner.

Good

Is the service effective?

Our findings

Staff received support from the provider through raining and supervision. Staff told us they had an induction programme on commencing work at the service. One staff member said, "We kept on training the first few weeks. They gave us hoist training, first aid, risk assessments about managing the risks. Safeguarding children and adults, all the kinds of abuse you have to protect people from. I had medicines training as well, safe administration of the medicines." The same staff member also told us they met with people using the service before providing care to them. They said, "I went to meet the clients and was introduced to them and we went through their files [care plans and risk assessments]." Staff told us and records confirmed that they completed the Care Certificate. One recently recruited staff member said, "I've been working on the Care Certificate, some of it is still pending." The Care Certificate is a training programme designed for staff that are new to working in the care sector.

Staff told us and records confirmed that they had regular training. One staff member said, "We did first aid training and using the hoist. We keep on reviewing them." Another staff member told us they had, "Training for everything. First aid, how to work with clients, safeguarding for clients and me." Records showed staff training included safeguarding adults and children, understanding the role of a carer, moving and handling, first aid and medicines.

Staff told us and records confirmed that they had regular one to one supervision with a senior member of staff. One staff member said, "You come to the office and have supervision. The manager will tell you about your work, how you have been doing, feedback from the customer. They ask if you have any concerns, the things you feel you need improvement in. They ask if you are happy with all the clients you work with. How would you rate the company and how satisfied are you with the management."

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 found that people were able to make choices about their care and that the service was provided with the consent of people. One person said, "They are always asking what needs to be done." Another person said, "They always ask if I need anything." People had signed consent forms to allow the service to share confidential information about them with relevant persons, such as social and health care professionals. Staff told us they supported people to make choices and where they lacked capacity they relied on family members to provide advice. One staff member said, "The family member will be able to explain more [about people's needs]." The same staff member added about supporting people to make choices, "They go to the cupboard and take out what they want to wear. Then I help them to get dressed."

People told us where staff supported them with meal preparation they were able to choose what they had. One person said, "They just help me with breakfast, I have a choice toast or biscuits. I like strong coffee and

she makes strong coffee. I mostly like biscuits, I have an allergy to eggs, so toast is fine." Staff told us where people required support with food preparation they were able to choose what they ate. One staff member said, "She [person] told me she wants boiled egg on toast and tea. I ask her before preparing the breakfast." Care plans included information about what support people required with eating and drinking. For example, the care plan for one person stated, [Person who used the service] can finger feed himself and drinks from an open cup."

Care plans included contact details of people's GP's. This meant staff were able to contact them quickly in the event that a person was not well. Staff told us and records confirmed that the service worked with other agencies to help people meet their needs. For example, staff had concerns about a person's deteriorating mobility and the service made a referral to the occupational therapy team to carry out an assessment of the person's needs. In other cases the service contacted the commissioning local authority to seek extra support in order to fully meet people's needs as they changed over time. The service worked with health professionals to support people who used the service to healthcare services. The operations manager told us they made a referral to a falls prevention clinic for one person who used the service and all correspondence, referral and assessment documentation were in the person's care plan about this.

Good

Is the service caring?

Our findings

People told us staff interacted with them in a kind and caring manner. One person said, "They are very good, they talk with me, respect me and treat me well. They are kind and talk to me nicely." Another person said, "My carer is very nice, I feel comfortable with her, she talks to me, she will do what I want and what I need, she does everything I need." A relative said, "They are all very good, are kind and respectful. They rub medication on her hand, they never say no. They take the time with her, if her hand is hurting they will cream it."

The registered manager said, "They [people who used the service] are always in a position to choose their carers" and records showed people were able to choose the gender of their care staff. The registered manager told us to promote continuity of care people had the same regular care staff. This helped staff and people to build trusting relationships and helped staff get to know and understand the needs of people. One person said, "I have the same carer every day and she comes on time." A relative told us, "There are different carers, about two or three but we are familiar with all of them, we have the same ones during the week and if one is off then one of the other two will come." However, one relative commented, "There is no continuity in care, this affects my mum, there are about four or five carers and we are familiar with them but my mum is keen on one only. She is great. It's hard to tell new carers what to do and we would prefer just the one regular carer but this is not happening."

Care plans included information about how to support people to retain their independence. For example, the care plan for one person on mobility stated, "[Person who used the service] is able to mobilise herself from the commode to the shower." Care plans also included information about promoting people's privacy. One person received support from the district nurse and their care plan stated, "I would like my personal dignity being respected when receiving support with care [from the district nurse]. I would not like anyone [care staff and others] watching me."

Staff understood how to promote people's dignity when providing support with personal care. One staff member said, "The first thing is I would give them a choice, do they want to have a bath? What shoes to wear? If you are going to change their clothes close the door of the room so they feel secure and safe." On promoting people's independence the same staff member said, "People are usually able to wash their face and hands and they can put water on themselves with the use of the shower." Another staff member said, "Whenever providing personal care it is essential to close the door. When washing the top part of the body we keep the bottom half covered."

Staff we spoke with had a good understanding of how to meet people's individual communication needs and care plans included information about this. For example, the care plan for one person stated, "[Person who used the service] is non-verbal and usually communicates their needs by going over to look at an object. He sometimes points to what he wants or will use an adults hand to indicate he wants more of something."

The registered manager told us that the staff team reflected the ethnic diversity of people using the service.

This meant they were able to provide care staff to work with people with whom they shared a common language. Care staff we spoke with told us they had never had to work with people who they did not share a common language with. The scheduling coordinator said, "When we take on cases the clients might want a Hindi or Gujarati speaker and we do that." A relative told us, "Yes they are trained, they speak in Urdu to my mum and they understand each other. She feels confident with them." This meant people were better able to communicate their wishes to staff.

The staff code of conduct made clear that staff were not permitted to share confidential information about people without authorisation to do so. Confidential records relating to people and staff were stored securely in the service's office and only authorised staff were able to access these. This promoted people's confidentiality and privacy.

Good

Is the service responsive?

Our findings

People told us staff had a good understanding of their support needs and they were responsive to their needs. A relative said, "The one regular carer is great, she knows mum really well. She is very sensitive, she uses her initiative and doesn't need to be told everything that needs to be done. She just knows." Another person said, "I'm happy with the service, it's good. Everything I need is done. They really care." People told us they had a care plan and that they were involved with it. One person said, "Yes there's one in the folder, I am asked if anything needs changing, I think someone comes to go over it once a year." A relative said, "There is a care plan, once a year it is reviewed. We are involved in this as a family, if anything needs changing."

After receiving an initial referral the service carried out an assessment of people's needs. This was done by the registered manager or another senior member of staff. The registered manager told us they always carried out an assessment before providing care, saying, "We are put under pressure [by the local authority who was commissioning the care package] to take clients quickly, but we don't, we do a proper assessment" adding, "We are not afraid to refuse referrals. If we can't provide the care, we can't. If we don't have the carers, we can't commit." The purpose of the assessment was to determine what the persons needs were and to assess whether the service was able to meet those needs. The assessment provided people and their relatives with the opportunity to discuss their care package and what was important to them in the way their care was provided. The registered manager said of the assessment, "During the assessment we go through their needs in all sorts of areas. We discuss with them what has being commissioned so they know what to expect from us."

Care plans were in place which set out the individual support needs of people who used the service. For example, in relation to personal care, communication, mobility and nutrition. Care plans detailed what their personal support needs were, for example in relation to personal care they set out what the person needed support with. Care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. The registered manager said, of care plan reviews, "It's at least once a year. But if there are any changes then we review it." Care plans had been signed by the registered manager and by the person who used the service. This demonstrated their involvement and agreement with the care plans.

Daily logs were maintained. These set out the support that was to be provided to people at each visit which meant the service was able to monitor the care provided on a continuous on-going basis. People's daily care logs were completed by care staff each time they carried out a visit and details of their care were recorded. However, in one person's daily records the language used to change a person's incontinence pad was "Changed nappy." This terminology was used several times in the daily notes and was inappropriate language to use in relation to an adult. We spoke with the registered manager about the use of this kind of language and they explained how they had spoken to staff about the terminology to use and that this was something they were working on with staff.

Staff told us they were expected to read care plans. One staff member said, "We look at the care plan and see what we need to do." Staff had a good understanding of the individual support needs of the people they

worked with and were able to explain to us how they met people's support needs in a personalised manner.

People had signed forms to state that they had been made aware of the complaints procedure and that they knew how to make a complaint. People told us they knew how to make a complaint. One person said, "I would call the office if I wasn't happy, but I don't need to." A relative told us they had complained and their concerns had been addressed, saying, "Yes I did make a complaint about the timekeeping, when the carers were not staying the full time, simple tasks were being left and they were rushing off. I told them I didn't want those two carers, they didn't come back. They were rushing with mum. The office did listen to me, the management came to see me, and they dealt with it because the carers didn't come back." Another relative told us, "The office is easy to get hold off, my wife talks to the office. [Family member] will tell us if anything is wrong and we will tell the office."

The service had a complaints procedure in place and people and their relatives were provided a copy of. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Records showed that the service had addressed complaints in line with the procedure.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. They told us they had an open and inclusive management style, saying, "I have an open door policy, anything I am doing, I'll stop and listen, even if it's about their private life affecting their job they can speak to me. We are all human and we all need support." Staff spoke positively about the support they received from the registered manager. One staff member said, "As a manager she is really cooperative with staff. She gives us clear guidance on what we should be doing." Another staff member said, "My manager is very helpful and good. They help every time I call." A third member of staff said, "He [their line manager] is really good. He provides all the support I need."

Staff told us the service had a 24-hour support line so senior staff could be contacted outside of normal office hours. One staff member said, "We all have the care coordinators number" and added that whenever they phoned this number it was always answered promptly.

The service had systems in place to monitor the quality of support provided. The service carried out an annual client survey and the registered manager told us, "86% of people completed the form [in 2016]. After receiving the completed survey forms we have taken steps in contacting individual customers regarding comments that needed immediate action. For example, one person said they had not received the terms and conditions and we sent this out." We saw records confirming examples of the actions taken in response to the survey and an action plan was developed by the service to ensure people who had raised any issues were responded to and supported accordingly. This meant that the service was using the survey to ensure quality of care and to monitor whether people were satisfied with their care and if not, taking necessary action.

People who completed the survey gave feedback on their care with one person saying, "I am very happy with the service provided. [Family member] is enjoying his activities with care worker and is becoming more independent and confident in going out in the community, thank you." Another person said, "Excellent service." The service used samples of positive feedback and developed a poster using the quotes which was posted in the office and on the noticeboard. The registered manager told us this was to boost morale.

The service also carried out telephone surveys and records confirmed this. We saw examples of telephone surveys, most recently from November 2016 where one person who used the service said, "Very happy with the support." Other examples of feedback from telephone survey's included, "Carer comes on time," and "[Family] is very happy with the present carers."

Staff told us and records confirmed that the service held staff meetings. These gave management the opportunity to communicate with staff and all staff the chance to raise issues of importance to them. One staff member said, "We have staff meetings every three months or so. The management tell us if there are any changes, for example with the telephone thing [referring to a new system where staff log in and out of each appointment by telephone]." Team meeting records showed that discussions took place around out of hour's calls, holiday cover arrangements, appraisals and training. The registered manager told us, "It can be difficult to get all of the carers in so we do send texts and put it on the notice board to encourage carers to

attend. We put the minutes up on the board."

The registered manager told us, and records confirmed that they carried out spot checks on care workers approximately twice a year. The registered manager explained, "We always tell the client we are coming to do a spot check but not the carer. We base our observations on the care certificate standards and feed that in to people's performance. We look at whether they have good knowledge and a good relationship with the client. We want to see that they are doing what is in line with the care plan and whether they are completing daily logs. We also look at whether they are on time." Records showed observations were recorded and care workers were assessed in accordance with what the registered manager told us. If there were ever any issues, the registered manager told us, "We will give staff feedback and learn from it." Staff confirmed these spot checks took place. One staff member said, "Sometimes the care coordinator comes to a customer's house to do some observations of your work."

The service carried out various audits and checks. Senior staff made sure care plans were up to date and checked medicine records. The administration officer carried out checks to make sure staff employment records and supervisions were up to date. We saw a spread sheet which had details of when staff were due their next supervision and when they were due to renew their DBS check, which the service did every three years. We saw that both supervision and DBS checks were up to date.