Mr Richard Anthony Michael Bunce

Carrington Home Care

Inspection report

35 Bear Street ,
Barnstaple, EX32 7BZ
Tel: 01271 344072

Date of inspection visit: 12 and 29 Janurary 2015
Date of publication: 27/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We undertook an announced inspection of Carrington Home Care Domiciliary Care Agency (DCA) on 12 and 29 January 2015. We told the provider two days before our visit that we would be coming as it is a small agency and we needed to ensure there would be staff available to assist with the inspection. Carrington Home Care DCA provides personal care services to people in their own homes. At the time of our inspection 40 people were receiving a personal care service.

When we inspected on 7 October 2014 we found people were not also fully protected from unsafe care and support. This was because staff had not always received the training they needed to do their job safely and effectively. We also found some newer people to the service had not had their needs fully assessed including any risks to themselves or staff and care plans were not always in place in a timely way. As this was a repeat failure to meet this regulation we issued a warning notice in relation to regulation 10, which set out why the service was failing to meet this regulation.

During this inspection we found people were kept safe and free from harm. There were appropriate numbers of staff with the right skills to meet people's needs. Improvements had been made to ensure staff were

Summary of findings

receiving the necessary skills and training to do their job safely and effectively, although they were not always being offered supervision and support in a one to one meeting.

Staff recruitment processes were robust to help ensure only staff who were suitable to work with vulnerable people had been employed. New staff received an induction, but this was not always fully documented.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place at the point a service was started. These detailed how people wished to be supported and showed people were involved in making decisions about their care. This was an improvement from the previous inspection. Staff confirmed they were no longer expected to visit new people without first having detailed information about their assessed needs and preferred routines. This had been a particular issue when we last inspected. The registered manager had made the decision not to take on any new people until they had systems in place to ensure the care plans could be developed and reviewed by staff with the right skills to do this effectively.

People told us they liked the staff and looked forward to the staff coming to their homes. People said staff were kind and respected their privacy and dignity and that they usually turned up at the time they were expected.

People were supported to eat and drink and staff had skills to assist people with complex healthcare needs. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. Where needed health care professionals had been consulted to ensure staff were using the right equipment to meet people's needs safely.

People and staff working for the agency were confident their views were listened to and systems were in the process of being set up to ensure people's care and support was reviewed with them on a regular basis.

The service has a registered manager. 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. The registered manager was ensuring he was more accessible to people and staff. There had been some changes to the office management and this appeared to have a positive outcome. Staff felt more able to voice their views and understood the management structure. Staff said there was a clearer vision about the service and how they provided care and support. Staff acknowledged there had been more training and meetings to help them feel more like part of a valued team.

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.

There were sufficient staff who had the right skills, training and experience to meet the needs of people.

Processes were in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans included how to manage these risks.

The recruitment process ensured only people suitable to work with vulnerable people were employed.

Good

Is the service effective?
The service was effective.

Consent to care and support was considered and acted upon. Most staff understood the importance of upholding peoples' rights and working within the Mental Capacity Act 2005.

Staff demonstrated skills in understanding people's ways of communicating, but had not always been given the right support and supervision to develop their skills further.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Requires Improvement

Is the service caring?
The service was caring.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Good

Is the service responsive?
The service was responsive.

Care plans detailed people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Good

Summary of findings

People's concerns and complaints were dealt with swiftly and people felt they were able to voice their concerns and views about the service.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager. There had been some changes to the office management which had increased open communication within the staff team. Staff felt comfortable discussing any concerns with their manager.

The registered manager had sought external support to regularly check the quality of the service provided. They used visits and phone calls to ensure people were happy with the service they received.

Carrington Home Care

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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. We reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to tell us about by law.

At the last inspection on 7 October 2014 we found the service had not met regulation 10 which relates to ensuring the quality monitoring of the service. This was a repeat failure to meet this regulation so we had issued a warning notice setting out what the registered provider had failed to do in respect of regulation 10. This outlined repeated failures to ensure systems were in place to review and update care plans to ensure people had effective and appropriate care. We had specified the timescale by which the service needed to be fully compliant and prior to this inspection we made several phone calls to the registered provider to gain assurances that they had implemented systems to improve the reviewing and quality of their care planning.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to assure there would be staff available. The inspection was completed by one inspector.

The inspection took place over two days, one full day on 12 January 2015 in the registered office. Time was spent talking to six staff and reviewing key documents. These included four staff recruitment and training files, six care plans and risk assessments as well as policies and procedures relating to the running of the service.

The second day of inspection was completed on 29 January 2015. Time was spent visiting two people in their homes to discuss their experience of being supported by the DCA and providing feedback to the service. We also, following the two days of inspection day, rang eight staff and four people who use the service as well as one relative.

Following the inspection we spoke with two commissioning professionals who had knowledge of the service to gain their views about how well the service were meeting people's assessed needs.

Good

Is the service safe?

Our findings

People said they felt safe using the service. One person commented, "I like the security of knowing staff are around, I can do very little for myself now so having them here gives me that safety net, they are a god send." Another said ''Staff always shout out who they are when coming in so I know it's them, so I feel reassured.''

Staff had received training in safeguarding vulnerable adults. A safeguarding policy was available and staff confirmed they were able to access a copy of this from the office and that the policy had been discussed at a staff meeting. There have been no safeguarding referrals for the last 12 months.

Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said ''I would not put up with any one causing our clients any harm, if I suspected anything I would be straight on the phone to the office and if I did not feel they were doing anything, I would call social services.''

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service where possible, and the staff member.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. This had improved since the previous inspection where not all care files contained the relevant risk assessments. The registered manager said they were introducing senior care worker roles to assist with keeping this information up to date so that any changes to risk would be quickly identified and measures put in place to reduce the risks. Staff were able to describe situations where there had been changes to people's needs which had increased the risk to their safety in moving and handling. Where this had occurred, staff had alerted the manager who in turn alerted the commissioning team to reassess the needs of the individual. This resulted in increased funding to ensure two care staff supported the person safely. This process was done swiftly to protect both the person and staff.

There were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. These arrangements could be adjusted according to the needs of people using the service. Staff confirmed they worked flexibly and some were willing to increase their hours each week if people's needs changed or they needed to cover staff absence.

The majority of people supported by Carrington Home Care DCA and the staff it employed lived locally. They had recently stopped supporting people outside of the local town as they were struggling to find care staff to cover this work and did not want staff living further away to have to travel too far. This meant there were short travel times and decreased the risk of staff not being able to make the agreed visit times. One person said ''Most of the care staff who support me don't drive, so live locally, which means they are usually able to come on time.''

Staff reported that since there had been a change to the office management, their rotas were reasonable and allowed them to work in areas they could ensure they would be able to get to people within their allotted time with each individual. One staff member said ''In the past we would get our rota, then for no apparent reason, it would get changed and we would be visiting people all over the town, which could be difficult in traffic. Since Christmas, the rotas have been okay and we know they won't get changed unless there is an emergency and we need to cover work due to sickness.''

There were suitable recruitment procedures and required checks were undertaken before staff

began to work for the agency. The registered manager said applicants attended an interview to assess their suitability and this was recorded. The staffing records showed that most staff had previous experience of working in health and social care settings and had gained qualifications in care. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care, but these had not always been fully recorded. Staff confirmed they spent time as part of their induction shadowing more experienced staff in visits to people's homes and learning how to support people in their preferred ways. The registered manager said they were now using an external company to assist them in ensuring new staff had a comprehensive

Good

Is the service safe?

induction process, which included training in key areas of health and safety to ensure they were confident and competent to do their job. One staff member confirmed they had received a comprehensive induction.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Where people had specialist support needs, training had been sourced from the community nurse team to ensure staff had the right training to meet people's complex needs. This included assisting people who needed to be fed using specialist equipment.

Staff had not always received regular supervision and appraisal from their manager which was recorded. Supervision allows staff an opportunity to discuss their performance and identify any further training they required. The registered manager said he was in the process of addressing this with the use of an external consultancy who were going to assist him in training key staff to perform this role and ensure this was fully documented. Staff said they could always ring the office for advice and support and several said they often called into the office for a chat and considered they were being supported and offered time to discuss any issues. One staff member said ''Since the changes at the office, I feel more confident to call and seek support if needed and it feels like we are becoming much more like a team now.''

The training records for individual staff members were in the process of being updated at the time of our inspection but staff confirmed they had received training recently in key areas such as moving and handling, first aid and basic food hygiene. The registered manager gave assurances that all staff would have the opportunity to receive training in all aspects of their work in the course of a year. Some of this would be via e-learning and some would be in face to face classroom learning with practical sessions to check competencies.

Most staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager said further training sessions had been organised to help staff understand how this Act worked to protect people's rights. At the time of our inspection no one using the service was deprived of their liberty.

Where possible staff were matched to the people they supported according to the needs of the person, ensuring communication needs were met. For example, one person told us they preferred specific care workers who they knew well and who knew their needs. We heard how the agency tried hard to ensure the person got a staff group whom they requested, liked and understood the person's complex needs.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in a person's care if their health or support needs changed. One person said that when they had particular appointments the agency would try to ensure they had staff available who could drive them and support them.

Good

Is the service caring?

Our findings

People said staff were caring and kind to them. One person said ‘‘I can’t fault the staff, they are excellent. They are caring and we get on fine.’’ One relative said ‘‘The staff appear very kind to my relative, they always chat and make them smile.’’

People confirmed staff were respectful of their privacy and dignity. One person said ‘‘The care staff member I have is lovely. She always makes sure I am comfortable in the bath when helping me and gives me time to have a soak.’’ Staff were able to give examples of how they worked in ways to ensure people’s privacy and dignity. For example, they described allowing people time to do as much for themselves as possible and covering parts of their bodies when assisting with personal care, to ensure their dignity was upheld.

People we visited or spoke with confirmed their care plan was developed in line with their wishes and preferred routines and that they were involved with any reviews about their care. One person described how they were working with the agency to secure more hours of support as they wanted more support throughout the day and night. They said they wanted to stay with this service because they were caring and were meeting their needs. Another person said ‘‘If I need any changes to what the girls do to help me, I let them know and it’s done.’’

For people who did not have the capacity to make decisions and their care and support needs, their family members and health and social care professionals involved in their care made decisions for them in their ‘best interest’. The registered manager said they would make sure the commissioning team had assessed the person’s capacity and completed a care plan, which the agency would then use to ensure they were providing the right care as agreed within this plan.

There had been no missed visits to people and one staff member commented ‘‘We go out of our way to make sure people are cared for and happy. We help each other out because we care about our clients here.’’

Good

Is the service responsive?

Our findings

People said the agency was responsive to their needs. One person said ‘‘When I asked for my visit time to be changed, they said they would do this as soon as they could and they did. I did not want my visit in the morning too late and now I have it at a time which suits me. Sometimes the care staff are late, but usually they let me know if there is a problem.’’

Staff were knowledgeable about the people they supported and were able to describe ways in which they provided care and support which honoured people’s preferred routines and wishes. For example describing how people liked to be assisted to get up in the morning, whether they liked their cup of tea first and time to chat. 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 said they usually worked with the same people and where there was a group of staff working to meet a person’s needs, they would ensure any changes were recorded in the daily records for the next staff member to read. Staff confirmed that where changes to care had been implemented via the commissioning team, additional visits or hours for example, they usually received a text and or memo from the office to inform them to check their rota for the additional hours to be covered.

Where support hours were in place to enable people to access the local community, the agency tried to ensure staff who the person enjoyed spending time with, were available to cover these times. This was because they recognised the importance of ensuring people’s needs were met by staff who understood their diverse needs. For example for younger people, making sure similar age appropriate care staff were available to go out with the person.

Where people had complex needs, the agency had worked with healthcare professionals to ensure the right equipment was in place to meet these needs. One commissioning professional said ‘‘We have worked with Carrington Home Care for a number of years and they keep us informed of any changes to the person so we can assess they have the right equipment in place. We recently were asked to check the hoisting equipment was right for the person they were supporting.’’

People said they were able to make any concerns or complaints direct to the office. One person told us ‘‘I haven’t really needed to complain but I did ring the office to ask if I could change my visit time and they arranged this for me.’’ A copy of the complaints form was made available to people when they started receiving care. This formed part of the care file folder held in each person’s home. The agency had records of complaint issues raised by people with some details of how these had been resolved. The registered manager said that with the introduction of senior care staff being keyworkers and completing reviews of care plans, they would also use the opportunity to gain the views of people and see if they had any concerns or suggestions about how their care and support was being delivered. This system had not yet started at the time of the inspection; however one person said their care staff did always ask them if they were happy with everything.

Good

Is the service well-led?

Our findings

When we last inspected the agency we found there were repeated failures in meeting regulation 10 and therefore issued a warning notice to the registered provider who is also the registered manager. This set out why the service was failing and centred on the fact that there were no systems in place to ensure people's care was being well planned and reviewed in line with their changing needs. During this inspection we heard how the registered manager had made the decision not to take any new service users until they were able to embed new ways of working which would ensure staff would regularly review and monitor the quality of care and support being provided. They were using a consultancy to assist them in training senior staff to be able to complete the role of care plan development and reviews. Staff were positive about this new change, but at the time of the inspection, the senior staff had not fully been trained to take on this role.

The agency had used surveys to elicit the views of people and their families and where negative comments had been made the registered manager said they had spoken to the individual to address their concern. We also heard how they used visits and phone calls to regularly gain the views of people using the service. For example, where one person had complaints and concerns about their care, the registered manager had set up regular meetings with them to talk through their concerns and work out how best to manage any issues.

Staff said there was a clearer management approach now the office staff personnel had changed. Previously staff had said they were confused at times about exactly who was in charge and who they should answer to. They now felt there was a clear line of accountability and also a clear vision of being a small family run agency who provided care and support to people in a specific area. Several staff mentioned they felt proud to work for Carrington Home Care and said it had a good reputation locally.

The registered manager said they were trying to involve staff in the everyday running of the service and were now holding more staff meetings and training and were encouraging staff to come to the office to have a chat and gain support as needed. We heard how staff were monitored via spot checks to ensure they arrived to visits on time, were dressed appropriately and completed the care tasks they were supposed to do. Part of this spot check included gaining the views of people using the service to make sure they were satisfied with the care staff who supported them.

Systems to review records relating to people's care was in the process of being updated to ensure this was more robust. This included making checks in people's home's to ensure staff were completing the relevant daily records and records relating to assisting people with their medications. It was too soon to judge how well this was embedded and see whether there was learning and development from the audits completed. We heard how the consultancy would be adding an extra layer of quality assurance as they would be reviewing audits for the agency.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.