

Fircroft Services Limited

Carlene Home Care Services

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

The inspection took place on 31 July 2018 and was announced. The last inspection of the service was in July 2013. At that time there were no people using the service.

Carlene Home Care Service is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. It provides a service to adults with and learning disabilities and autistic spectrum disorders.

Not everyone using Carlene Homecare receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. There were two people receiving personal care at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Relatives and staff spoke positively of the leadership and management of the service.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The support people received had been developed and designed in line with the values that underpin the Building the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with a learning disability were supported to live as ordinary a life as any citizen. People's choices and preferences were fully respected. Staff treated people in a kind, caring and dignified manner. Staff understood people's individual communication needs and made appropriate adjustments to aid effective communication.

Assessments of people's care and support needs were carried out before they started using the service. Their care and support were reviewed on a regular basis to ensure their needs continued to be met by staff. People's care files included assessments relating to their dietary support needs. Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff worked in partnership with health care professionals which helped improve the outcomes of people's health and well-being. Staff made referrals to health care professionals when people's care needs changed. Medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. Staff completed an induction when they started to work for the provider. Staff had the necessary skills, knowledge and experience to support people safely and effectively in their own homes. There was enough staff available to meet people's care and support needs.

Staff received training in infection control and they were aware of the steps to take to reduce the risk of the spread of infections. Staff had an ample supply of personal protective equipment (PPE) such as gloves and aprons.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Accidents and incidents were recorded and monitored. The service had safeguarding and whistle-blowing procedures in place. Staff had received safeguarding training and understood their responsibilities to report any concerns and incidents of alleged abuse.

People and their relatives could raise concerns and appropriate action was taken by the service to resolve their concerns. The registered manager monitored and reviewed the quality of the service. Audits were in place; where shortfalls were identified action was taken to make improvements.

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 knew how to identify abuse and report any concerns.

There were systems in place to record, review and monitor accident and incidents.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

There were enough staff deployed to meet people's care and support needs.

There was a robust recruitment process in place to ensure suitable staff were recruited.

Staff ensured that people managed their medicines safely.

Is the service effective?

Good ●

The service was effective.

People had their needs and choices assessed by the registered manager.

The registered manager understood the requirements of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care and support.

Staff had an induction, training and supervision to support them in their role.

Staff supported people to eat and drink enough to maintain a healthy and balanced diet.

People were promptly referred to health care professionals and supported with their health care needs.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with respect.

People and their relatives were fully involved in their care planning.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and clearly identified their care and support needs. This enabled staff to provide person-centred care.

People were encouraged to maintain their independence as much as possible.

People and their relatives knew how to raise any concerns. The provider had an appropriate system in place to receive, investigate and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to provide feedback about the care and support they received.

The provider used the learning from quality assurance audits as an opportunity to improve the service.

People's records and records relating to the management of the service were detailed, well organised and up to date.□

Carlene Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection visit because it is small service and we needed to be sure that they would be at the registered office. The inspection was carried out by one inspector.

Before the inspection, we looked at information we held about the service. We reviewed notifications sent to us by the service. A notification is information about important events that occur in the service, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person and two relatives who were very involved in their loved one's care. We also spoke with two staff as well as the registered manager. We asked for feedback about the service from representatives of local health and social care service teams.

We looked at the care records for the two people who used the service. We checked three staff recruitment files, induction, supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

We asked the registered manager to send additional information after the inspection visit. The information we requested was sent to us promptly.

Is the service safe?

Our findings

People felt safe being supported by Carlene Home Care staff. One person told us, "I feel safe with [Care worker's names]." Relatives were confident the service was safe. They told us, "[The person] is very happy and settled there and we know [The person] is safe. [The person] trusts the carers and so do we" and "[The person] is safe with these carers. I've never slept better knowing [The person] is being cared for by them."

People were protected from the risks of abuse. There was a safeguarding policy in place which informed staff about their responsibilities to protect people and what constituted abuse. They knew how to recognise the signs of abuse and report any concerns internally and externally. Staff were confident the registered manager and provider would take their concerns seriously and deal with them appropriately.

People had individual risk assessments in place. The risk assessments identified risks in relation to people's environment as well as their health and social needs. We noted risk assessments detailed the support people needed with managing their medicines and accessing the community safely. From these assessments, risk management plans were developed and incorporated into people's care plans. These were made available to staff to enable them to manage the risks identified. The registered manager regularly reviewed people's risk assessments to ensure these held up to date information and that staff had the most accurate information available. Staff were aware of the risks each person faced and how to support people in a way which minimised the risk.

The provider deployed sufficient staff to meet people's needs. A relative told us "The carers are always there when they need to be. It's a small team of carers and [The person] knows them all." The registered manager used a dependency tool which meant the number of staff deployed was determined by people's needs. The registered manager liaised with commissioners and care managers to ensure appropriate levels of staffing were arranged when they identified that extra support was needed for people due to changes in their needs.

People managed their own medicines. However, the provider had systems in place to check that they were doing so safely. People's care records documented the medicines they were required to take. Staff recorded when people took their medicines and checked they were taken at the correct time in the right dosage. People had their medicines reviewed at least annually. Medicines were audited by the registered manager as part of their quality audit systems.

The provider had a robust recruitment process in place. Potential staff completed an application form and attended a face to face interview. This enabled the registered manager to assess staff suitability for the role. Following this, the provider conducted pre-employment checks which included obtaining proof of their identity and their right to work in the UK. Criminal record checks were carried out by the Disclosure and Barring Service (DBS). DBS discloses criminal convictions or whether potential staff are barred from working with vulnerable people. This process helped to ensure that only staff suitable for the role were employed to work with people.

People were protected from the risk of infection. The provider had an infection control policy and effective

procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons.

The registered manager had a system in place to record and monitor accidents and incidents. Information about accidents and incidents was shared with staff in supervision and staff meetings. This enabled them to reduce the risk of the incident happening again.

There was an up to date business continuity plan in place to help ensure that people continued to receive safe care in the event of an unexpected emergency. There was an out of hours on call system in place. Staff and people had access to a 24-hour telephone number to speak to a senior member of staff for advice or guidance. Staff told us the management team were supportive if they needed to contact them outside of normal working hours.

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. Relatives told us, "The staff are very good. We've been amazed at how well they work with [The person] and how settled and happy the person is" and "They are very good. I have nothing but praise for them. [The person] is getting the best care possible."

Staff told us they felt well supported in their roles. When staff began to work for the provider they received an induction during which they were made aware of the provider's policies and procedures. Records confirmed that staff received regular supervision. Records also showed that staff had completed an induction when they started work and training which the provider considered mandatory. This training included health and safety, infection control, equality and safeguarding adults. Staff had also received training relevant to people's specific needs for example, diabetes awareness.

The registered manager carried out care assessments of people's needs before they started to use the service. This was to ensure the service could meet people's needs. People's preferences as well as their rights and their capacity to make particular decisions were assessed, discussed and recorded. The registered manager involved people and their family members in the assessment process. People's care plans were reviewed monthly and updated appropriately when there was a change in people's needs.

Staff supported people to maintain good health by monitoring people's health and wellbeing. Staff supported people to access healthcare appointments if needed; they liaised well with health and social care professionals involved in people's care if their health or support needs changed. Records of health care appointments were kept in people's files explaining the reason for the appointment and details of any treatment required.

People were protected from the risks of poor nutrition and dehydration. People were encouraged to eat and drink sufficient amounts to meet their needs, where the service was responsible for this. People's dietary requirements, preferences and how they wished to be supported with this were identified during the assessment process. This information was documented in people's care plans. The meals prepared by staff were based on people's specific preferences. A relative told us, "They [staff] know what [The person] likes to eat and that's what [The person] has."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager told us that when they had concerns regarding a person's ability to make a

decision, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.

The staff we spoke with understood the main principles of the MCA and knew how it applied to people in their care. Staff were aware of the importance of allowing people to make their own decisions and the action they would take if they felt a person lacked capacity to make a particular decision. They told us they always assumed people had mental capacity to make their own decisions; they asked people for their consent before providing care or support and they respected people's choice to refuse support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support.

Is the service caring?

Our findings

Staff were caring and people were treated with respect. One person told us, "I like the carers. They help me a lot." Relatives commented, "The carers are very good to [The person]. They are patient and really have [The person's] best interests at heart. They really care" and "[The person] is really well cared for, the carers are so lovely."

Staff had good knowledge and understanding of people's care needs and preferences. Staff were positive about their job roles and were motivated and passionate about making a difference to people's lives. The registered manager told us, "For me it's about really getting to know people and supporting them to do what they want. I really want them to be happy" Staff told us, "I really enjoy my job. I look forward to going to work because I know I'm making a difference" and "I like what I do, the people I support and the people I work with."

The registered manager and staff spoke about people in a respectful and caring manner. The registered manager told us, "Routine is very important to [The person] so the staff know they can't be late to support [The person] as this will make [The person] very anxious." A staff member told us, "I'm very fond of [The person]."

People received care from a consistent staff team. Each person was allocated a keyworker. This was a member of staff who regularly supported them. The registered manager told us she matched people and their keyworkers taking into account their personalities and interests. This helped staff to get to know people well and form meaningful relationships with them. People knew their keyworker and told us that they could talk to them if they had any problems. A relative told us, [The person] has a lovely relationship with their keyworker. They are like good friends. She really understands [The person]."

People were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People felt in control of the care they received and told us that they made the decisions about their care and support. Staff supported people to maintain their independence. They encouraged people to do as much as they could for themselves which helped people to develop life skills. For example, people were supported to do their own shopping and make their own meals. People who were willing and capable of managing their own medicines safely were actively encouraged and supported to do so.

The registered manager and staff demonstrated a sensitive and compassionate approach to protect people's human rights. The provider provided equality and diversity training for staff as part of their training programme. The provider shared updates and guidance on good practice with the registered manager; equality and people's rights formed part of the discussion in staff meetings.

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services provided. This guide ensured people were aware of the standard

of care they should expect.

Is the service responsive?

Our findings

People were satisfied with the quality of care they received. One person told us, "I'm very happy. I like all the carers." A relative told us, "I could not ask for more. [The person] is getting everything they need. We are reassured that [The person] is clean and tidy, eating properly and safe." Another relative commented, "They do an absolutely fantastic job."

People's care files contained referral information from the local authority that commissioned services from the provider as well as detailed information from relatives. For example, one person's care file contained information on where the person liked to sit on car journeys. The registered manager told us the person would get upset and anxious if they were not seated in the correct place. The comprehensive information in people's care files enabled staff to provide personalised support which met their needs.

Staff arrived on time for scheduled visits and stayed for the time allocated. Staff were aware of people's preferences and interests, as well as their health and support needs. They were knowledgeable about the people they cared for and knew how to recognise if their needs had changed. There was good communication between staff and the registered manager so that people's care plans were updated promptly when people's needs changed. The registered manager reviewed care plans monthly to ensure they met people's changing needs.

People were supported to lead full and active lives in line with nationally recognised evidence-based guidance (Building the Right Support). The registered manager told us, "They have very busy lives. We help them to organise that and make sure they are safe." Care plans contained guidance for staff on how to effectively communicate with people. The registered manager was aware of the need to make information accessible to people; information was provided in an easy to read format using pictures to illustrate the text. For example, people's care plans, health action plans and the complaints procedure.

The provider had a complaints procedure which was made available to people and their relatives. The procedure was clearly explained and set out the action the provider would take in handling a complaint. People and their relatives knew how to make a complaint and told us they would do so if the need arose. At the time of our inspection, the provider had not received any complaints.

Is the service well-led?

Our findings

People received care and support from a service that was well led. People and relatives told us the service was well-organised and well-managed. People and their relatives said they knew and had regular contact with the registered manager and staff who were friendly and helpful. Relatives told us, "I'm happy with them. They're reliable and organised and care about [The person]" and "I cannot recommend the service highly enough."

The service had a registered manager in post who was fully aware of her role and responsibilities. Providers are required by law to notify the CQC of various events and incidents to allow us to monitor the service. The registered manager was aware of her responsibility to submit statutory notifications to the CQC in a timely manner. She demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager and provider. A staff member said, "[The registered manager] is very good. She's supportive." Another staff member told us, "[The registered manager] is always available if you need to speak to her."

There were regular staff meetings and these were recorded. At each staff meeting the registered manager and staff would review two or three of the provider's policies to ensure staff knowledge of these areas was up to date. Staff told us they worked well together and regularly discussed how to improve the service so people continued to receive good quality care. The registered manager showed us records of unannounced spot checks and competency checks they had carried out to make sure staff were supporting people in line with their care plans and to confirm staff were punctual and stayed for the time allocated. There was also a system of "buddy feedback" where senior staff observed and gave feedback to staff on their working practices.

People were kept informed of matters relating to their care and the development of the service. For example, people were given information in a format they could understand on their rights in relation to how their personal information was handled following recent changes in the data protection laws. This information helped to empower people.

People's personal information was securely stored and kept in accordance with current legislation. We requested a variety of records relating to people, staff and management of the service such as the provider's policies and procedures. These were promptly located and well-organised. People's care records were comprehensive, accurate and up to date.

The provider had effective systems in place to assess and monitor the quality of care provided. This included audits of people's care plans, risk assessments, daily notes, staff training, supervision and accident's and incidents. Staff also completed medicines balance checks to ensure people were managing their medicines safely. The provider sought the views of people and their relatives on the quality of care provided. This information was used to develop the service and improve the support people received.

The service worked in partnership with external organisations to make sure they were following current

practice, providing a quality service and that people received safe care and support. These included local authority care managers and health care professionals. The registered manager demonstrated an eagerness for continuous learning to improve people's experience of receiving care from Carlene Home Care staff. The registered manager attended training sessions relevant to her role and shared guidance on good practice with staff.