Ben Russell Carers Limited

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Inspection report

Finsbury Tower
London
EC1Y 8TG

Date of inspection visit:
21 March 2016

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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 was announced and took place on 21 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection.

The service had been registered in 2011 but had moved its office location in March 2015. This was the first inspection at their new address. The last inspection at the previous location in January 2014 had found the provider had met all the standards inspected. Ben Russell Carers Limited provides care and support to one person in their own home. The service was set up specifically to meet this person's needs. The inspection team consisted of one adult social care inspector.

When we visited there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.
Health and social care professionals were very complimentary about the provider. For example one health professional said, "I have consistently been impressed by the quality and professionalism of the care provided to (person). This is a well organised team, with good leadership."

Throughout the inspection there was evidence that the registered manager and staff delivered care to the highest standards, often undertaking additional tasks to ensure the person was protected and had a good quality of life.

There were sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed that the staff took the time to talk with the person throughout our visit. They had developed a relationship which was caring and supportive. They offered care that was kind and compassionate; they respected their privacy and dignity.

Staff had been recruited safely and their induction involved both training and shadowing more experienced staff. Staff were not allowed to work until they, the registered manager and the person said they were happy for them to work with them. Staff had received training and understood their roles in respect of safeguarding vulnerable adults. They had also received training to support their understanding of the Mental Capacity Act (2005) and the impact this could have on the person they supported.

The person was kept safe by staff who had been trained and supervised. The person and their relatives confirmed they had confidence in staff and the management and were involved in developing their care plans and a regular review took place. Staff spoke positively about the management and teamwork and the open culture at the service. There was a high staff morale that was well led.

Care files were computerised and personalised to reflect the person's personal preferences. Care plans

identified their needs and were very detailed to guide care staff to ensure they received safe care. There was a small staff team with a low staff turnover which meant the person's care to ensure they received the right care and treatment. There were safe procedures and systems in place to ensure medicines were administered safely.

The registered manager had a quality monitoring system at the service. They actively sought the views of the person, their close relatives and staff. There was a complaints procedure in place; however no complaints had been made.

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.

There were systems in place to ensure staff were recruited safely.

There were sufficient staff to meet the person's needs.

Staff understood and recognised the forms of abuse and ensured the person was treated with dignity and respect.

The person was protected by risks and needs assessments being undertaken.

Medicines were administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff had the necessary skills and knowledge to support the person competently and confidently. Training included an induction and training identified as essential by the provider.

Capacity had been assessed in line with the Mental Capacity Act 2005.

The person was supported to maintain their physical and mental health by staff helping them to arrange and attend appointments with health providers including their GP and dentist.

Is the service caring?

Good

The service was caring.

Staff knew the person well and treated them with kindness and compassion.

Everyone was full of praise for the service.

The person and staff showed affection and friendship towards each other.

Staff undertook additional tasks to make the persons live better.

Is the service responsive?

Good

The service was responsive.

Needs and preferences had been assessed and care plans had been developed to support these.

Staff understood how to support the person and when their needs changed, reassessment and appropriate changes to care plans were made.

The person and relatives were able to contact the registered manager or nominated individual at any time. They knew how to raise concerns when they had them.

Is the service well-led?

Good

The service was well-led by a registered manager and nominated individual who understood their responsibilities. There was a clear vision for the service which staff understood.

All the comments received from health professionals described the leadership very positively. The person and their family knew all staff well and said they would always tell them if they had a concern or worry.

There were systems in place to monitor the quality of the service provided and evidence of actions taken where there were issues.

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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 was announced and took place on 21 March 2016. The registered manager was given 48 'hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection.

The service had been registered in 2011 but had moved its office location in March 2015. This was the first inspection at their new address. The last inspection at the previous location in January 2014 had found the provider had met all the standards inspected. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed information we held on our systems. This included whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

Ben Russell Carers Limited provides care and support to one person in their own home. The service was set up specifically to meet this person's needs. We visited the person at their home and spoke with two close relatives to discuss the person's care package.

We spoke with eight staff, including the registered manager and nominated individual. We looked at two staff recruitment records, and training and quality monitoring records.

We sought feedback from five health and social care professionals of the service and received a response from two of them.

We looked at care and medicine administration records which related to the person's individual care. We looked at two staff recruitment records. We reviewed records which related to the running of the service,

including staff schedules, supervision and training, records and quality monitoring audits.

Good

Is the service safe?

Our findings

The person and their relatives said they felt safe with the care provided by the service. They said they were happy with everything about the service and felt the person was well looked after.

Staff had attended training in safeguarding adults and had an understanding of what might constitute abuse and knew how to report any concerns they might have. They had access to the organisation's policies on safeguarding people and whistle blowing. Staff said they were confident any concerns they raised would be investigated and actions taken to keep the person safe. They said they felt the service was safe and caring.

The person and their relatives confirmed there were adequate staff to meet their needs. Staff confirmed needs were met promptly and felt there were sufficient staffing numbers. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that they had a couple of staff on the bank who they could call upon to undertake duties. They, along with existing staff and the nominated individual would also step in when required to cover unexpected absences. When they had needed to they had used a local care agency to cover and tried to ensure consistency by requesting a regular staff member. We were assured that if agency staff were used they would always work alongside experienced staff. The registered manager also made us aware that staff would not finish their shift until there were two staff to take over from them.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The person's individual risks were identified and the necessary safety and risk assessment reviews were carried out to keep them safe. These included risk assessments for skin integrity, nutrition and manual handling. Staff were proactive in reducing risks by anticipating the person's needs and intervening when they saw any potential risks. They had undertaken an environmental risk assessment which considered their environmental risks. For example the assessment included slips and trips risks, identified hot surfaces and equipment which might cause a hazard. There were also procedures in place to guide staff what to do in the event of electricity failures causing equipment requiring power to fail. The provider had also ensured the persons safety by having back up ventilators and suction machines in the event one should go wrong.

There were systems in place to keep the persons money for day to day activities safe. Money was counted daily and checked against the log by two staff to ensure it tallied. Any money used had to be signed out by two staff and receipts kept. The management team undertook a check of the money to ensure there were no discrepancies.

Medicines were administered on time and in a safe way. Medicines were dispensed in a monitored dosage

system (MDS). This is a medicine storage device designed to simplify the administration of solid oral dose medication and therefore reduce the risk of errors. Staff had received medicine training from an external training provider. They also completed a medicine questionnaire and had their competency annually assessed. The person received their medicines through a percutaneous endoscopic gastrostomy feeding tube, (PEG). Staff had received specialist training in order to administer their medicines safely. Medicine administration records (MAR) were recorded on the services personalised computer system. Staff had a unique access code and could record on the system when they administered medicines. The nominated individual was able to monitor that staff were administering the person's medicines safely. The medicine policy required two staff to be present for all medicines administered.

Good

Is the service effective?

Our findings

The person and their relatives confirmed they felt the staff were well trained and knowledgeable about their needs.

There were twelve staff employed at the service including the nominated individual and the registered manager. There had been a low turnover of staff at the service, the last new employee started over a year before the inspection. Records demonstrated that staff had completed an induction when they started work at the service, which included training. The induction required new staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles. The registered manager said, new staff do a minimum of two weeks as a third person supernumerary to make sure they are competent." The registered manager was aware of the new national Skills for Care Certificate, which is a detailed training programme and qualification for newly recruited staff. However they had not needed to implement the training as no new staff had started at the service.

Staff received training, which enabled them to feel confident in meeting the person's needs and recognising changes in their health. They received annual training in subjects including safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and health and safety. These were provided by an external trainer with annual updates. On the day of our visit five staff were receiving their annual update training in health and safety with the other staff scheduled to attend the training the following day. In addition, all staff had done training courses to support the person's particular needs including Percutaneous endoscopic gastrostomy (PEG) feeding, catheter care and tracheotomy care. Owing to the person's medical needs the service was required to employ a registered nurse (nominated individual) to oversee their care, so they could stay at home. The nominated individual described how they supported staff with updating skills through in house training and working alongside them. Training was also provided by specialist health professionals for example, bladder and bowel training. Staff said they found the training provided helped them perform their role and were positive about the in house training they had received. One care worker commented, "Really good here for training." Another said, "The level of training we get is good." Relatives confirmed they felt the staff were well trained.

Staff received supervision every three months with the registered manager and an annual appraisal. Staff confirmed they felt supported by the registered manager and nominated individual.

Staff worked with health professionals to support complex physiological needs associated with food and drink. For example, the person required feeding using a Percutaneous endoscopic gastrostomy (PEG) feeding tube, staff had been trained to ensure this was carried out safely and effectively. Staff described and records showed they worked with a dietician to monitor the person's weight and manage the amount of specialist food given. They supported the person to see appropriate health and social care professionals when they needed to meet their healthcare needs. One health care professional said, "The team have always been keen to listen and to learn… and as a consequence (person's) physical status has been extremely well maintained… The team is stable and work well together, which I believe has been key to maintaining (person's) health and well-being."

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 who lacked mental capacity to make particular decisions were protected. The registered manager and staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice.

Before the person received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Staff had received training on the MCA which enabled them to feel confident when assessing the capacity of the person to consent to treatment. Where the person lacked capacity to make more significant decisions about their care and treatment, there was evidence staff worked with the person, other family members and health professionals to make decisions in the person's best interest. For example, they had stated they didn't want to undertake a certain activity in relation to their physical health needs. The registered manager and nominated individual demonstrated an understanding of the MCA and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

Good

Is the service caring?

Our findings

The person confirmed they felt cared for by staff. Because of the low staff turnover and small team the person had consistent staff which was important to them.

Staff said they felt the person received good care from the service. Comments included, (Person's) care is the best."; "We work together quite well, (person) gets the best care."; "Wouldn't get this care anywhere else, everyone has been here so long it is like another family."

Health professionals said that the person was well cared for. Comments included, "I have not yet met a team member who has not cared for (person) in a humane and compassionate manner. It is my impression that the team members really care about (person) and try to best meet this person's needs… Within the limits of his communication difficulties, I have repeatedly witnessed them listening to (person's) requests and acting upon them; this ranges from basic needs such as itching a nose / wiping an eye, to changing his position, or a TV programme! …the team have shown respect for (person) and have treated them with warmth, compassion and good humour."

It was apparent throughout our visit that the person was involved in making decisions about their care and support. Their opinions were sought about how best to care for them and were listened to. They confirmed care staff cared for them in a way that respected their privacy. One staff member said, "It is really important that he can choose his own things."

Staff were respectful of the person's privacy, dignity and maintaining independence. They were respectful; they always consulted the person when people arrived to gain their consent to let them in.

The person was supported with their communication needs. To assist the person who was unable to verbally communicate staff used an alphabet system. They identified different sections of the alphabet to the person. The person would indicate which one and then the staff member said each letter in turn until there was recognition and words were formed. An example, we asked the person who they would raise a concern with, they responded jokingly using this system, "Man in the moon."

Relatives and friends were able to visit without being unnecessarily restricted. However, the person could decide if they received visitors. Staff made sure that visitors coming to the person's home should not be shown in without first checking the person wished to receive visitors. Relatives said they appreciated how care staff were courteous to them when they visited.

Staff spoke about the person in a respectful manner, in a compassionate and caring way. When they spoke about their role they took pride in their job. They demonstrated empathy in their discussions with us about the person and showed an understanding of the person as a person.

Good

Is the service responsive?

Our findings

The person received personalised care and support specific to their needs and preferences.

Care plans reflected the person's health and social care needs and demonstrated that other health and social care professionals were involved. There were detailed care plans for each element of their needs. For example, for someone with a tracheotomy, staff had step by step guidance how to undertake suctioning and the size of tubing required. Care plans were up to date and gave care staff information about the care required. For example there were care plans regarding nutrition, continence, emotional, skin care, hygiene and health needs. We observed that care staff had a good understanding of the person's personal needs. The person confirmed they felt they were involved with organising their care plan and were happy care staff understood their needs. Care plans were fully reviewed annually with on-going changes made by the nominated individual as needed.

The provider had a computer data system developed to meet the person's specific requirements. All staff had a unique access code to the system. However there were security processes in place so only the registered manager and nominated individual could make significant changes to some of the sections. For example, medicine records. The nominated individual was in close contact with the service that created the computer system and could have amendments or additions made if needs changed. Staff had a daily task list populated by the nominated individual which they were required to tick once they had completed the task.

Care plans were in place which included personalised general information about the person's life history, care needs and wishes. They also identified the relevant people involved in the persons care, such as their GP, dietician and respiratory nurse. Relevant assessments were completed and up to date and were reviewed if changes occurred. The person and their relatives were given the opportunity to be involved in reviewing their care plans and could look at them whenever they chose.

Staff would record care provided on each shift on the computer records. For example, fluid intake, medication, whether suction had been required and the frequency. The computer systems would add this information to the daily session report where staff could also record any changes which had occurred.

There were regular opportunities for the person and people that matter to them to raise issues, concerns and compliments. They knew who to raise concerns with and relatives said they had not needed to make any complaints. One relative said they had a meeting every month with the registered manager and nominated individual and were confident concerns would be addressed. The registered manager and nominated individual were in day to day control at the service and any issues were dealt with immediately before there had become a concern.

The person was supported to engage in activities to stimulate and promote their overall wellbeing. The registered manger was very positive about supporting the person to be active and achieve things they

wanted to do. They said, "Things people say he can't do… try to prove he can." Some staff were able to drive the person's personal vehicle and took them out on outings of their choosing. They attended the Calvert Trust where they could undertake outdoor leisure pursuits. This included sailing, canoeing, rock-climbing and horse riding. They also supported the person to enjoy family time, playing on the play station, going for walks and riding on a specially adapted pushbike. Staff had supported the person with their cooking skills. The registered manager said they had been looking for a way for a person to attend cookery classes. The person had built up friendships with the children of staff and welcomed them into their home to watch football together. The staff and relatives had assisted the person to be involved in sponsored events which had included abseiling. One relative said, (person) has regular outings, he has been to the theatre this week and we are going out for afternoon tea."

The registered manager could oversee and monitor the activities undertaken, the frequency and location. This was because all activities were recorded on activity care plans with details about whether the activities were initiated by the person or staff and whether the activity was inside or outside of the persons home or in the community.

Good

Is the service well-led?

Our findings

The person was supported by a team that was well-led. The registered manager worked alongside the nominated individual who was a registered nurse and had responsibility for the clinical needs of the person. There were a small team of nine care workers who all had clear lines of responsibility. Relatives spoke positively about the management and how they worked well with them.

Care workers were positive about the management team and their leadership style. Comments included, "Office door is always open and we can phone at any time."; "We have everything we need, if we ask for something they will sort it out."

Health professionals said they had confidence in the management team and service. Comments included, "I have consistently been impressed by the quality and professionalism of the care provided to (person). This is a well organised team, with good leadership. The team are provided with good working conditions and their training needs are thoughtfully considered and met. Each and every team member has been a real pleasure to work with."

Care staff said they felt supported and valued and that there was good team working and an open culture at the service. One care worker commented "It is like an extended family here."

The person, their relatives and care staff were actively involved in developing the service. They had a review with one of the management team every three months. They were asked their views on the service and the care they received. There were also monthly meetings with relatives which the person could also attend to review the service and discuss any concerns and ideas.

Care staff attended staff meetings every four to five months, which were held in two parts so all staff could attend. Meeting records showed meetings took place on a formal basis and were an opportunity for care staff to air any concerns, as well as keep up to date with working practices and issues affecting the service. The last meeting held in March 2016 discussed appropriate times to open windows, a maintenance issue which was being addressed and reminded staff to help a person to pick their clothes each night for the following day. Staff had suggested a team building exercise, and other items which were being actioned by the management team.

Care staff had a handover meeting at the changeover of each shift where key information about each person's care was shared. There was a thirty minute overlap between shifts for staff to discuss any concerns or suggestions. Staff could also leave messages to each other on the computer system. The computer system could send alerts to staff so they were informed of changes. The management team could monitor if staff had read the alerts. This meant care staff were kept up to date about changing needs and risks.

Quality assurance checks were completed on a regular basis. The management team undertook weekly checks of care plans and daily records. They also pulled off reports from the computer data base to assess care delivered. This helped them identify where improvements needed to be made.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. The registered manager said, "We look at accident records to see if we can eliminate or change something so they are not having accidents." They gave us an example where staff had been catching the door in the bathroom due to using the hoist. They were looking at ways to change the way the hoist was used in the bathroom and whether the ceiling rail might need to be extended. We saw in the minutes of the March 2016 staff meeting that the track of the hoist was being extended.

Although the registered manager had not needed to notify the Care Quality Commission of any significant events which had occurred, she was aware of their legal responsibilities.