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Caterham Domiciliary Care Agency

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

Caterham Domiciliary Care Agency provides personal care and support to 28 people living in their own homes and up to 24 people living in six properties owned by the provider, only two of these people received the regulated activity of personal care. Services are provided to older people, people with mental health issues, physical and learning disabilities and sensory impairment.

The inspection took place on 29 and 30 June 2016. The provider was given twenty-four hours' notice of the first inspection day.

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.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. When asked about the service one person said it was, "First class, I am well looked after." Another person said, "The service is everything I expected it to be, everything I need they do." All the staff we spoke with were extremely happy in their work and proud of the job they do.

People received a safe service from the Caterham Domiciliary Care Agency. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

Staff recruitment procedures were robust to ensure staff were suitable to support people. The provider had carried out appropriate recruitment checks before staff commenced employment. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People's dietary support needs were recorded and met by the staff.

People were supported to maintain good health. When people's health deteriorated staff responded quickly and made sure they received appropriate treatment.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout our inspection. When people visited the office staff talked with them and showing interest in what they were doing. When we visited a supported living home, the same positive interactions were seen. The staff knew the people they cared for as individuals, and had a good rapport with relatives, giving a family feel to the service.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. They gave a good level of detail for staff to reference if they needed to know what support was required.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the service. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.
Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people. One person said, "Everybody that has come here has always been very nice and friendly." A staff member said, "I can honestly say I have been happiest working here, it has a family feeling and it's not all about the money for the management, they truly care for the people."

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 safely delivered.

People felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the home.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported

them. People were clearly relaxed with staff and felt happy and confident in their company.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

Is the service responsive?

Good

The service was responsive to people's support needs.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People were supported to do activities that matched their interests. Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance processes were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought via an annual survey and regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Systems for monitoring quality and auditing the service had recently improved since our last inspection and were being used to develop the service.

Caterham Domiciliary Care Agency

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 over two days on 29 and 30 June 2016. The inspection team consisted of one inspector, an expert by experience who was experienced in receiving care in their own home.

The provider was given 24 hours' notice of the first inspection date in order to ensure representative of the provider were able to meet with us and provide access to records. On the second inspection date we arranged to visit one of the supported living locations in Caterham.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

Across the two inspection days spoke with five of the people who currently received the regulated activity of personal care, and three relatives. We attempted to talk with another eight people who used the service, but they declined to talk with us.

We spoke with 10 staff, which included the registered manager and provider of the service. We also reviewed care and other records within the home. These included six care plans and associated records, three

medicine administration records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted Healthwatch, and commissioners of the service to see if they had any information to share about the home. At our previous inspection in July 2014 we had identified two concerns at with the service.

Good

Is the service safe?

Our findings

People were safe receiving care and support from the Caterham Domiciliary Care Agency. One person said, "Yes they are friendly, talkative and we know them as we have a regular core of carers that come around."

People were protected from the risk of abuse. One person said, "I've got too much personality to worry about that." Meaning that they would speak up if they had any concerns. A relative said, Yes I can (raise any concerns) but it's perfect." Another relative said, "If you do have any problems, they have an evening number so you can always get in contact. No one makes me feel uncomfortable." Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Team or police and that they could do this themselves if the need arose.

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one person said, "Always enough for me. They do a lot, I'm lucky to have them." A relative said, "They're always punctual this year. Sometimes they're even early. We have never had a time when nobody turned up." The staff used a computer system to track when staff had made calls to people, and this enabled them to take action if there was a risk of a call being missed, or delayed. The system was linked to care staffs mobile phones so they knew which calls they had to make each day. The system made it simple for the management to ensure enough staff were deployed to meet people's needs.

Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. When asked if staff stayed the full time agreed one relative said, "Yes, definitely, they are always here a good half hour, sometimes longer." Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care. They understood that if they took on too much without having staff in place, this could impact on the safe care of the people they looked after and supported. This was confirmed by a staff member who said, "The manager is still looking for more staff as he has a lot of work waiting, but he won't take it on until we have the staff in place."

People were kept safe because the risk of harm from their health and support needs had been assessed. At our last inspection in July 2014 we had raised a concern to risks to people had not been assessed. The provider had taken action and assessed the risks to people. One relative said, "I am aware of all the risks and how to handle them." People were not restricted from doing things they liked because it was too 'risky'. People and relatives told us that staff supported them to do as much as they were able. Assessments of risk had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help people mobilise around their home. Risk assessments had been regularly reviewed to ensure that they continued to reflect

people's needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. This included staff having a clear understanding of the checks they needed to do when they finished the call to make sure that they left people safe. One staff member said, "We do security checks on the house before we go, like making sure windows are closed and locked, the cooker is turned off and make sure they have their 'life lines' to hand." A life line is a personal alarm that some people have so they can call for help if they have an accident when no one else is in their home. People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One person said, "I can't remember all their names but I know what they're for." Another person said, "Yes, staff give it to me every day." Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. One staff member said, "We have to follow the MAR, if the medicine is not on the MAR I won't touch it." The provider managed some people's medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. They also had a robust computer system that was routinely backed up so that if something happened to the office, they would be able to carry on working at another location without losing peoples information and staff support rotas. Staff understood their responsibilities in the event these emergencies took place.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. One relative said, "They Come in pairs in the morning so if one's not trained the other will help them." One staff member said, "I did shadowing at one of the supported living homes for a week, I could have had longer if I wanted." This familiarised staff with the standards of the service and enabled them to get to know people that they supported.

Training had been devised and presented by the provider specifically to assist staff in understanding their roles better. This was regularly updated at training sessions or during staff meetings. Areas covered included moving and handling (which included the use of hoists), dementia, multiple sclerosis and mental health. This ensured staff was able to understand and help people they supported.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. One staff member said, "They ask if I have any worries or if I think anything about the service needs to change. They also give me feedback about how I am doing." People that gave medicines also received additional observational supervisions to check that they were giving medicines correctly.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. People also had access to advocacy services. These offer help to people who may not have anyone else who can help them with decision making, and make sure they are supported and cared for in the person's best interest.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "It's about doing what's best for people but not taking away their rights, and making sure they

can make decisions for themselves." One relative said, They always ask my family members approval before they do anything."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Able to describe the individual requirements of the people they supported. For example one staff member described how a person had to have their food liquidised to help prevent choking, but they also had to keep each food item separate on the plate so the person could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and drunk, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. On person said the service was, "First class, I am well looked after." Relatives were also positive about the care staff. One relative said, "Everybody that has come here has always been very nice and friendly." A staff member said, "I can honestly say I have been happiest working here, it has a family feeling and it's not all about the money for the management, they truly care for the people." This matched with what we saw on the day of our inspection.

The atmosphere between people and staff both in the office and in one of the supported living homes were relaxed and friendly. There was a positive and friendly banter between people and staff which highlighted that people were clearly confident and comfortable in the company of staff.

People's privacy and dignity was respected. People told us that staff always respected their private space. In the supported living home when people required personal support we saw that this was provided discreetly and in a way that upheld people's dignity.

Staff demonstrated the values of caring and empathy towards the people they supported. A relative said, "They're always so gentle and talk to him and tell them what they're going to do. They talk to him even if he doesn't understand or he just smiles to them. He recognizes them and they're more like a friend." When we spoke with staff they were passionate about people and spoke up for their rights.

Staff were very caring and attentive with people. A person said, "They talk to me too and keep me company." One relative said, "The carers that come around are very good. One of the carers is willing to go the extra mile by taking my family member for a walk or playing board games with them." Staff knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. When people visited the office all the staff, including those that had no direct care function, were seen to talk to people, asking their opinions and involving them in what was happening. Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support.

Staff communicated effectively with people. When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication. A relative said, "The communication goes back both backwards and forwards over the phone (with the office). They tell us what's going on and we can ask them whatever we like." People were involved in their day to day care and support needs.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the office via telephone and email, or they could visit the office if they wanted to ask any questions. A relative said, "They have an office I can call and I have some of their mobile numbers."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith, or staff would help them, for example by reading from religious texts to them.

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. A relative said, "Two of the staff come around. My brother and myself were there at my mother's house. We had a detailed conversation about creating a care plan." Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or team leader. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

People's needs had been assessed before they received the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs. During the inspection the registered manager had a discussion with the local authority about a possible new person to use the service. On review the registered manager said that although they would like to support the person, they were not yet able to meet the person's individual support needs.

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans addressed also areas such as how people communicated, and what staff needed to know to communicate with them.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed monthly with people so they reflected the person's current support needs. A relative said,"My family member had one visit from the manager to update it (the care plan)."

Staff spent time with people to support them with activities, as well as providing personal care. One relative said, "My family member is fairly limited in what she can do now. Some of the carers play board games with her which is very much appreciated." Other people were supported to go out for walks, or maintain their independence by going shopping.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. One relative said, "I would speak to the managers. I feel I have a very good relationship with them." There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service

had dealt with their concern.

There had been three complaints received at the home in the last 12 months. These had been clearly recorded and responded to in accordance with the provider's complaints policy. Each person had received The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A number of compliments about the care provided were also received in the same period of time. One example stated, "Thank you for all your help over the last year. You've made a big difference." Another compliment stated, "You will never know how very much I appreciate your services. I have proper care now with you. I feel very safe and happy."

Good

Is the service well-led?

Our findings

There was a positive culture within the service, between the people that were supported, the staff and the management. One person said, "The service is everything I expected it to be, everything I need they do, I don't think there's anything they haven't done for me." People told us the service was well managed. One relative said, "Yes, I do think it is well run. We are new to this. It's the first care agency we've had and it's been good so far."

At our previous inspection in July 2014 the provider did not have effective systems in place to assess and monitor the quality of service that people received. At this inspection we found that the management and staff strove to continually improve the standard of care and support given to people. Senior managers were involved in the service provision and carried out regular visits to check on the quality of service being provided to people. One person said, "We get two ladies from the office visiting to make sure everything's alright." These visits included talking with people and relatives, an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as health and safety, and medicines. In addition the registered manager and team leaders also carried out unannounced spot checks to see that people received a good standard of care. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

People benefited from a provider that strove to find ways of improving the service they gave. The provider compared themselves to other services to see if they could learn anything to improve. One example included identifying why staff had left other providers and then taking action to address those issues. This resulted in the introduction of schemes such as all staff having access to their own company car. People were then more likely to get on time visits from carers as the carers had their own transport.

Staff understood and followed the values of the service. One member of staff said, "It's for people to be able to live as normal a life in their own homes as possible with our help. It's not about us taking over, but building relationships, and showing an interest in people." All of the staff emphasised that the management constantly reminded them that when they provide care and support they must, "Take our time, to get to know people and really care for them." Our observations over the course of the inspection and our conversations with people and staff matched with this ethos.

Staff felt supported by the management, and enjoyed their job. Staff told us the "The managers are very understanding and help me out if I need help with anything." Another staff member said, "They are very fair with the staff and the people that use the service. If we are doing a good job and get some positive feedback from people they will let us know. If we are doing something wrong they tell us and explain, which helps us do a good job." Staff told us the manager had an open door policy and they could approach the manager at

any time. Staff felt able to raise any concerns with the manager, or senior management within the provider.

People benefitted from a smooth and well managed service. There was a clear staffing structure and staff understood their responsibilities. One staff member said, "I know who does what in the office, so I know who I need to speak to if I need help with anything."

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.

People and relatives were included in how the service was managed. Questionnaires were sent out to ask people for their feedback and suggestions for improvements to the service. The last survey had a good response with almost 50% of the people that used the service replying. Questions covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. Overall the feedback was very positive, and people were happy with the care provided by Caterham Domically Care Service.

Staff were involved in how the service was run and improving it. There were meetings held to ensure people received safe and effective care. Staff meetings included training updates covering topics such as Infection Prevention and Control; Safeguarding; Health and Safety; and general staff meetings. These meetings were well attended by staff and tightly focused on the issues at hand. Staff were also able to present ideas if they felt the service could improve. An example was where a discussion was held about introducing a company uniform. Staff feedback that the needs of people should be taken into account, as some would not want their care worker identified as such when out and about. They would much prefer it to look like they were out with a friend, rather than receiving care. Staff were focused on how their actions could affect people. The meetings had a positive impact on people because issues raised became part of an action plan devised at the end of each meeting. It was possible to track an issue from its source to resolution, which showed the ethos of continuous improvement was well ingrained in the service.

The registered manager and provider were present on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager and the provider were very 'hands on', and helped around the office, and at the supported living accommodation. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the service's high standards. The registered manager had a good rapport with the people and, staff and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

People received a good standard of care and support by a caring and well led service. A person said, "They're fine. They do everything I want them to do."