

Calvern Care Limited

Calvern Care Limited

Inspection report

Calvern House
23 Parker Road
Chelmsford
Essex
CM2 0ES

Tel: 01245356755
Website: www.calverncare.co.uk

Date of inspection visit:
08 June 2016

Date of publication:
11 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 7 and 8 June 2016 and was announced. This meant the provider knew we were coming. One inspector carried out the inspection.

Calvern Care is a domiciliary care agency based in Chelmsford, providing personal care and support to people in their homes. At the time of inspection there were 42 people using the service. There is a Registered Manager at this location. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager ensured staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People received a service, which was based on their personal needs. Changes in people's needs were identified and their care package amended when their needs changed. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

Staff was motivated and proud of the service. They said they were supported by the registered manager and received a programme of training and supervision that enabled them to provide a high quality service to people.

People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as respect, and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was respected.

People's needs were met and by sufficient numbers of staff. The risks to people were identified and reviewed to ensure people remained safe. Staff members understood their responsibilities and managed medicines safely.

The registered manager carried out improvements when these had been identified and people who used the service, family members, and staff were consulted about the quality of the service they received.

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.

All people expressed confidence in the ability of the service to keep people safe.

Risk assessments were detailed, individual and regularly reviewed to manage risks.

Pre-employment checks of staff ensured the service reduced the risk of unsuitable people working with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and appraisals.

Staff understood when to support people's health through the on going involvement of a range of healthcare professionals.

Staff received a range of mandatory training as well as training specific to the needs of people who used the service.

Is the service caring?

Good ●

The service was caring.

People told us that staff was respectful people's dignity and privacy.

People were involved in making choices about their care and their independence was encouraged.

Staff understood the importance of building a rapport and developed meaningful relationships with people.

Is the service responsive?

Good ●

The service was responsive.

People told us the service was flexible and based on their

personal wishes and preferences.

Staff knew people's needs and preferences well and paid attention to important details to ensure the care was delivered in the way the person wished.

People's feedback was valued and people felt they could raise issues.

Is the service well-led?

Good ●

The service was well led.

Staff was supported in understanding the values of the service and was proud about the service they offered.

There were effective systems to monitor quality including spot checks and observations of staff practice.

People were asked for feedback about their experiences of the service. When improvements were highlighted these were used to learn from.

Calvern Care Limited

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 checked 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 the 7 and 8 June 2016 and was announced, which meant the provider knew we were coming. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR.) This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events, which the provider is required to send to us.

We looked at the care plans of four people and three staff files; we also reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During our inspection, we spoke with the registered manager, four members of staff, eight people who use the service and two health professionals.

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "I always feel safe when the staff come." Another person explained, "I always feel safe, even when I am being hoisted."

We checked records, and found safeguarding policies and procedures were in place and staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse. They understood the process for reporting concerns and escalating these to external agencies if needed. We noted there was a poster was on display in the office that gave people information about how to report safeguarding concerns to the local authority.

People we spoke with told us there was enough staff on shift and that they turned up on time and stayed for the duration of the visit. One person said, "They stay for long as I need them to, if there are more things to do then they stay longer."

We checked records relating to staffing levels and found there were sufficient numbers of staff available. We looked at rotas and the providers approach to allocating work. The provider used an on call system to track and allocate work. This system required staff to call at the end of each shift to confirm that all the care calls had been completed. The deputy manager gave us an example of how this had worked well. "On one occasion someone had been really unwell, at the end of the shift the carer called and told us that they needed to go home. So I went and stayed with the person until they felt better and their family could get there to help them."

We spoke with staff and they told us there was enough staff on shift to enable them to carry out their role. If people were absent due to sickness, staff was flexible and covered absences. One staff member told us, "We have never failed a service user because of a lack of staffing. If people are sick, as a senior either I, or another senior carer will cover. We have good staff and they are brilliant at helping us. We have never been in a situation where we can't provide good care."

We checked records, risk assessments were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks.

Accidents and incidents had been recorded. Each report recorded the details of the person who had the accident, where and when it occurred, and the outcome. Risk assessments included details of fire risks and means of escape. When incidents had occurred these were used as learning for staff.

People told us they received the support they required with their medicines. We checked records and systems and found the service managed medicines well. One person said, "I take my own medicines myself but the staff always say 'have you taken your tablets'."

We looked at records and found they described the type and amount of medicines people needed. Records

stated when people were encouraged to look after their own medicines. We checked Medicine Administration Records (MAR) records and found these had been completed correctly. MAR records were audited on a regular basis with any recording errors or concerns promptly followed up. Staff members were trained in the administration of medicines and had their competency assessed frequently. We noted when an error was identified the provider used this as a learning point at team meetings. This meant all staff could learn when things needed to be improved.

We checked recruitment records and saw the registered manager had taken the necessary steps to make sure people were protected from staff that may not be fit and safe to support them. Checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Is the service effective?

Our findings

People told us they received effective care and support from staff who arrived on time. One person said, "I don't think there is anything they could improve on. The carer's do everything I want and they know their job well."

We spoke with a staff member who had recently joined the team and they told us they were working towards the care certificate and had received a good induction. We checked records of people who had recently been employed by the provider and found they were either working toward or had completed an induction and were enrolled to complete the care certificate.

All of the staff we spoke with told us they had received training which enabled them to be confident in their role. One staff member told us, "The training I have received helps me to know what I am doing." We checked records, and found staff had a training plan in place, which was individual to their needs. We noted that after training had taken place, competency tests had been carried out to make sure the staff member was able to transfer the learning into practice.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant staff was supported in their role.

We checked care records and found information regarding dietary needs, preferences and food allergies. When people required support from the speech and language therapist (SLT) their involvement had been clearly recorded. There was detailed guidance available for staff, some of which included pictorial guidance, nutritional and swallowing assessments, weight monitoring and food and fluid charts. This meant staff had access to the correct information to assist them to carry out their role. The manager told us, "It is really important to have detailed information for staff. It means we can get it right and that is what is important for us and our customers."

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 records and found consent had been obtained and recorded within each care plan. Where a person had a lasting power of attorney (LPA) this was documented. Some care plans had noted LPA's were in place and did not have copies of the relevant documents retained on file. When we brought this to the registered managers attention, they said they would take immediate action and review all of the care plans to ensure that copies were within the care plan. We noted during our inspection the manager had obtained copies, and filed them appropriately. A lasting power of attorney (LPA) is a way of giving someone the legal

authority to make decisions on a person's behalf if they lack mental capacity.

People's care records showed the involvement of health and social care professionals. We checked the records of people who used the service and found examples of when staff had worked with professionals to access other services, like GP's, occupational therapists and social workers. This meant staff took action to get other agencies involved and had the correct information available so that people's needs were met. One professional told us, "The staff at calvern care always goes the extra mile. They are particularly good at reporting when someone's health deteriorates to us quickly. This means we can turn things around for the person. Not all agencies are that effective at communicating these changes to us." Another professional said, "I am not allowed to recommend care providers, but when people tell me that they are receiving care from calvern care I know it is going to be good."

Is the service caring?

Our findings

People we spoke with were pleased with the care and support they received from the service. Most people we spoke with told us staff were kind and happy towards them. One person told us, "I feel a lot better for seeing them all, they are very kind." Another person said, "All the carers are pleasant and come with a smile on their faces. I look forward to them coming." Another said, "I like the staff outlook, they always have a smile on their faces, they are not at all resentful. They get on with the job with a smile and we have a good rapport."

Staff told us how important it was to be kind and caring, one staff member said, "This is a caring company, if we don't do our job well, then it is reflected on the company." Another staff member explained, "Sometimes we may be the only person they see that day, so it's really important to be happy, caring and friendly."

People told us staff treated them with dignity, respect, and upheld their right to privacy. One person explained, "The staff are very respectful towards me, and I have never had any problems. In fact they were recommended to me by three different people."

All of the people we spoke with told us they received care from staff that encouraged them to do as much as they could for themselves, in a way they wanted to do it. One person told us, "They [the carers] always let you do as much of it as you can, yourself. They just help you with the bits you can't do. They are very patient and never rush."

We checked records, found staff had received dignity, and respect training. Staff we spoke with understood the importance of promoting people's independence and told us they encouraged people to do as much for themselves as possible. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "When I am giving personal care I always make sure the person is covered with a towel, and try and make small talk."

Is the service responsive?

Our findings

People told us they felt the provider was responsive to their needs. One person said, "I told them that I only wanted female carer and I have always got this." Another person told us "When you need something and call the office you always get an instant answer."

People told us they were supported by carers who knew their needs and arrived on time. One person said, "They arrive on time and I always know who it is who is coming." The registered manager told us that they tried to match people up as best as they could with the staff's personalities. They explained, "We try as much as possible to group people together, so our customers know who it is who will be providing their care. This helps people to establish better relationships."

We checked care records and found care plans were regularly reviewed and people had their needs assessed before receiving a service. The manager explained how important it was to make sure the service was flexible and responsive to people's needs. We spoke with people who told us, that staff would often stay for longer to get the job done, and was flexible to make changes when their needs had changed.

Each person's care record contained information about the person's details. This included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition and health requirements. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. People we spoke with knew about their care plan. One person said, "I know where my care plan is."

Staff told us about the importance of people being supported to maintain their independence. One staff member explained, "Everyone is different, and you have to respect difference. Everyone wants things done a slightly different way. That is why it is important to really know the people you care for." Another person said, "If we know what they want, it means we will be able to meet their needs."

People told us the service allowed them time to try to undertake tasks by themselves. One person said, "They never rush me, and I do a lot myself, but it's nice to know if you need them, they are there."

People told us they knew how to complain and thought it would be dealt with if they ever needed to. No one we spoke with had raised any concerns or had any complaints about the service. One person said, "They do all I need. I've never had reason to grumble about anything."

We checked the provider's complaints process and found a system was in place for people and relatives to provide feedback about the care and support being provided. When complaints were made these were processed in a timely way, with outcomes clearly recorded. Compliments about the service were also recorded in the same way. We noted a significant number of compliments had been received about the service.

Is the service well-led?

Our findings

At the time of our inspection we found this service was well led. People and staff were complimentary about the registered manager and the service. One member of staff told us, "The management here is good, [Name] is very supportive and I feel encouraged."

The registered manager was held in high regard. People, staff and healthcare professionals all described the management of the service as open and approachable. One person told us, "The manager is approachable; you can talk to them any time." Another person said, "I have no trouble at all, the service is good."

The service had a well-defined management structure, which provided clear lines of responsibility and accountability. For example, people were responsible for leading various sections of the business, whilst the registered manager had overall responsibility for the service.

Staff told us there was a positive team culture, which had been encouraged by their manager. For example, The provider looked at ways in which staff could be recognised for their achievements by arranging nights out and encouraging people to participate in fund raising events, such as race for life. The manager explained that they also gave people awards for long service and commitment to the service.

The provider's values were integral to the company's approach, and we found that staff could easily tell us what these were. We were told that the value of the service were, "to provide the best service we possibly can, and to make sure this is at the heart of everything we do." The registered manager explained that they also aimed to "Strive to provide a genuinely, bespoke service for each person."

Both the staff we spoke with and the registered manager were proud of the service. Staff told us there was a positive culture where they felt included and consulted. One staff member said, "It is good working here, everyone is happy." Some staff we spoke with explained about the important of being cheerful, and really listening to what people want.

Staff told us the registered managers took on board any suggestions to improve and develop the service. One staff member told us, "I can contribute my ideas any time, [Name] is always open to suggestions and feedback."

We checked records and found staff meetings took place on a regular basis. We noted that these were used to share and learn when things had gone wrong. The registered manager told us, "Quality is integral to what we do and it is important to use examples, when things have gone wrong." This meant the service had a way of reviewing how it could continuously improve and used this information for learning and development purposes.

Systems for the quality monitoring of staff practices while working with people were in place. Staff told us their practice had been observed regularly to check if they were working in the correct way. When we checked records, we noted that observations of the carers practice had been carried out frequently and on arrange of different aspects specific to the care they were giving.

We checked records and found quality assurance surveys were undertaken annually. The results were analysed and action taken when improvement had been identified. The registered manager told us this year's survey should have been sent out the month prior to the inspection and that this would be sent out shortly.

There was a stable staff team and staff told us morale was good. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.