Newbury Care Services Ltd

Newbury 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?	Requires Improvement

Summary of findings

Overall summary

This announced inspection took place on 18 January 2017 with phone calls made to people using the service and their relatives on 19 January 2017. The provider had 48 hours' notice that an inspection would take place, so we could ensure staff would be available to answer any questions we had and provide the information that we needed.

This was our first inspection of this service since it had been registered with us in October 2015.

Newbury Care Services are registered to deliver personal care. They provide support to adults living in their own homes. Five people were currently using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available on the day of the inspection.

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role, however where concerns were detailed on criminal checks no risk assessments were in place. People received the support they needed and were satisfied with the timings of calls. Staff had knowledge of the risks posed to people and supported them safely.

Staff understood people's needs and provided specific care, however it was not always clear in the documentation that people's preferences had been noted and no history of the person had been provided. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

People were happy with the service they received and felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to. Quality assurance audits were not carried out appropriately.

Staff had the skills and knowledge required to support people effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily.

People were involved in making their own decisions about their care and their own specific needs. People

felt listened to, had the information they needed and were consulted about their care. Staff provided dignified care and showed respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

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.

People using the service felt safe.

Risk assessments were in place.

Staff recruitment was not always carried out safely.

Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, on-going supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place, but did not acknowledge people's social and emotional requirements.

Staff were knowledgeable about people's needs.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance audits were not carried out.

Some terminology within documents was inappropriate.

People were happy with the service they received and felt the service was well led.

Newbury 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 18 and 19 January 2017 and was announced. The inspection was carried out by one inspector. The provider had 48 hours notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with two people who use the service, two relatives and two staff members. We looked at four person's care records and three staff member's recruitment, supervision and training records. We looked at systems in place to monitor the quality and management of the service.

Good

Is the service safe?

Our findings

People spoke positively about the care they received from staff. One person told us, "I am very safe, they [staff] help me wash and keep me safe whilst doing it". A relative told us, "The staff are definitely very good at keeping [relative] safe" and a second relative said, "[Person's name] is really safe we have no concerns". A staff member told us, "People tell us that they are safe, if they said they didn't feel safe then we would do something about it".

Staff were able to describe to us possible signs or symptoms that may indicate someone was experiencing abuse. One staff member told us, "We safeguard people and if I see any change in behaviour, such as people being withdrawn or having bruises I will report it to the registered manager who would pass it onto the safeguarding team at the local authority". Although this process had not yet been used we saw the policy in place for staff to follow. We saw that staff had undertaken training in safeguarding and this was due to be updated as required.

We found that there were no incidents or accidents that had occurred within the service, however a log book was in place to record any incidents alongside a procedure to follow should the need be there. Records showed that body maps were completed for people and these recorded such issues as blisters or bruises.

We found that risk assessments were in place to keep people safe. Risk assessments identified and considered the risk and what support could be offered by staff to minimise it. Possible risks considered included, risks around space within the home to carry out care, the possibility of falls, skin viability, health and diet, moving and handling, personal care and mental health needs. Risks around equipment used by people were also considered for example grab rails in bathrooms. Staff were able to speak knowledgably on these issues.

People told us that there was consistency of staff that supported them and that they knew the staff members caring for them. One person told us, "They only have two members of staff, but they are great and it's always either one or the other, never late". A second person told us, "They are always on time, you could set your watch by them, no missed calls either". A relative told us, "They always spend time with [person's name] we know them well and have no problems".

The service was currently recruiting new staff and we looked at the recruitment files of the current staff member and two new staff members who had not yet started in the post. The staff member told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We found that where a disclosure had been noted on a DBS certificate there was not a risk assessment in place to ensure that people using the service were adequately safeguarded. The senior staff member we spoke with told us that this would be rectified immediately with a risk assessment put in place. Records showed that staff members had given a full work history as part of their application.

People told us that they were only prompted to take medicines and that staff did not assist them. One person told us, "They always tell me to take my medicine and make sure they are taken at the right time". Relatives told us, "They [staff] prompt [person's name] to take their tablets and always remind him to take them at the right time. We have never had any problems" and, "They always ask if [person's name] has taken their medicines and will get them ready for them to take if needed". Staff that we spoke with told us, "If we need to give medicines in the future we are trained and ready". Information on people self medicating and the medicines they were taking was not recorded.

Good

Is the service effective?

Our findings

People told us that the service provided was effective. One person said, "They [staff members] have a good level of knowledge, they are well trained girls". A second person told us, "They [staff] really understand my needs". A relative told us, "The staff know how to support people". A staff member told us, "We work hard to keep up to date with the kind of care that people need".

A staff member told us, "I had a good induction, I did face to face and online training". We saw that a plan was in place for the new staff members who were about to start work. The registered manager had registered to use the Care Certificate to form the structure of the induction provided.
The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "I have supervision every four to six weeks, but I can speak to the registered manager at any time". Records we saw confirmed that supervision had taken place. We saw that training had been completed and that the registered manager was in the process of booking further training, which would enable staff to meet people's needs effectively.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) 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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA. We saw that the initial assessment carried out to determine people's needs asked if people could make decisions for themselves and we saw that where family or friends had power of attorney to help people make decisions this was recorded.

Staff we spoke with were familiar with the principals of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict the person and that they should ensure that people consented to their care and support. We found that care plans informed staff to seek consent from people before carrying out tasks. One person told us, "The staff always ask for my consent and I will tell them if I am happy with what they are doing". A relative told us, "[Person's name] often refuses to allow people to assist, so staff encourage him, but listen when he says no". A second relative said, "The staff always ask permission and consent, [person's name] would soon tell them if they didn't ask". A staff member told us, "We always ask for people's permission, so that it is the person's decision and we haven't pushed anything onto them".

People told us that they were satisfied with how meals were prepared for them and one person told us, "I have porridge in the morning, I like it". A relative told us, "The staff give [person's name] their food and drink as they should, we have never had a problem". A second relative told us, "The staff do breakfast and

sometimes lunch. They are always careful to do exactly what [person's name] wants. He only thinks of his basic needs, but they think beyond that. An example being he would only eat inappropriate food all the time, but the staff talk him through options and prepare them for him. He gets what he wants but they try for the healthy option". A staff member told us, "We mainly provide breakfast, but will encourage people to eat healthily. We have been working with some people to formulate menus, as they will go all day without food and they need a bit of guidance. Drinks and snacks are left out for people, so they don't go all day with nothing". We saw that a food chart was kept to record what people had eaten each day. There was no explanation as to what was done with this information, but when asked a staff member told us that it was kept in case any professionals working with people may request it.

A relative told us, "The staff have contacted us before if [person's name] has been poorly". A second relative told us, "I have noticed that where there was a medical problem the staff have got [person's name] to agree to contact a doctor, whereas it would take us ages to get it sorted". A staff member told us, "We like to be aware of people's on-going health needs as it helps us to help them. We ask that all medical appointment letters are kept in the folder at home, so we are aware of situation. We are flexible with our visiting times if somebody has a hospital appointment".

Good

Is the service caring?

Our findings

One person told us, "They are kind, caring staff, who are really good". A relative shared, "The staff want to listen to people's needs and care about them". A staff member told us, "I think that people feel that the staff are kind and caring. We have a bit of good natured banter and a good professional relationship. I know everyone's name and they know mine". Staff we spoke with were able to tell us in detail how the person wanted to be looked after and what their likes and dislikes were.

People told us that staff took time to stop and chat with them, with one person telling us, "They sit down with me or chat whilst they are doing things, it is nice". A staff member told us, "I chat with people, as there is enough time to. I always remember that I might be the only person they see all day".

One person told us, "I am given choices on what I want to eat, drink or wear, they [staff] aren't bossy at all". A relative told us, "The staff respect the decisions [person's name] makes even if they are wrong ones". A staff member told us, "When we go into people's homes, it is just that, their home, so they make the decisions". We saw records that showed where staff had concerns about a person's choices that may lead to negative issues this was raised with family members.

People told us that they were encouraged to be as independent as possible, with one person saying, "If I can do something myself, I like to, they [staff] know that and agree". A relative told us, "The staff ask every day what [person's name] wants doing and they encourage her to be independent and don't just take over". A staff member told us, "I ask what assistance people would like on that day as people's needs can change and they may be more independent one day than another".

People and relatives told us that staff were able to maintain people's privacy and dignity. One person told us, "The staff are such respectful people". A relative told us, "If [person's name] has to have a change of clothes, this is done where it suits him best usually in his own bedroom, he decides". Staff were able to tell us how they promoted people's privacy and dignity and one staff member shared, "I give complete privacy when I carry out personal care, I keep the curtains shut and will stay just outside of the door if people do things for themselves".

Although nobody was using an advocate through the service, staff were able to tell us about the advocacy policy. We were told that staff would refer people onto the local authority where they could discuss their advocacy needs.

Good

Is the service responsive?

Our findings

People we spoke with felt that staff understood their care requirements well, however we found that the care plan was clinical in its approach. It read more as a list of things that staff had to do rather than a plan centred around the person's emotional and social needs. We found that care plans did not include the person's history, any likes or dislikes, equality or diversity requirements or information around on-going health needs. Staff we spoke with acknowledged this and said that they understood where the plan was lacking in content and that this would be updated.

People told us that they had some recollections of discussing their care with the registered manager at the start of their association with the service. A relative told us, "The manager first visited when [person's name] came out of the hospital and it was discussed what kind of care we wanted in place, the manager was very accommodating". Records we looked at showed that the care plan had been written up in partnership between the person receiving care, family members and staff. We saw that reviews were undertaken in a timely manner and a summary of changes and how these would be actioned was included.

People told us that they knew how to complain and that if they had any concerns they would take them to the registered manager. A relative told us, "No concerns have ever arisen, but if they did I am sure the manager would respond and all the details of making a complaint have been given to us in a handbook". We found that no complaints had been received, but a complaints policy was in place and people have been given details on how to complain.

Requires Improvement

Is the service well-led?

Our findings

We saw that although a protocol was in place for audits to be carried out, this was yet to be put into practice. Staff were unable to produce any audits for us to look at. Policies regarding how quality assurance may be undertaken in the future were sent to us later, but this did not give detail into how trends and patterns would be monitored in order to develop the service. We were told that because only a small amount of people were using the service and no incidents had taken place, there had been no audits undertaken. However this could give an unclear picture, as no recording at all could be interpreted incorrectly. We saw that daily records were completed, but that no audits were completed of these so it was not clear if any issues had been identified.

We found that some of the terminology within care plans was inappropriate. Paperwork compiled by the registered manager spoke of what people's "problems" were rather than their needs and people who utilised pads for incontinence were described as, "wearing a nappy". Staff told us that they had not realised that this was inappropriate, but they would ensure that appropriate changes were made.

We found that no feedback had been taken from people as to how they viewed the service and the care provided. Staff informed us that this was something that was planned for the future, but would be part of the growth of the service.

One person told us, "I am so glad I found this company, they are great". A relative we spoke with told us, "I cant praise the staff highly enough, they have made some very difficult months much easier and they have improved [person's name] quality of life". A second relative shared, "They are by far the best company we have ever used and we have used a lot".

People were complimentary regarding the registered manager's leadership style. One person told us, "She came out and introduced herself, she is a very good manager". A second person said, "I have seen the manager many times, she always makes herself available to you". A relative said, "It is refreshing how the manager approaches us with any issues, the communication between us and her is excellent". A second relative shared, "The service is very well-led and the manager has lots of experience and enthusiasm".

Staff told us that they felt supported by the registered manager and one staff member said, "The registered manager is very hands-on and visible and is very supportive. She has time to talk about any issues of concern and will do something about it. If I come back to the office worried about the skin viability of a person she will go out on the next visit to see them, she is extremely pro-active. People we spoke with confirmed that the registered manager visited their home regularly to carry out care and took an interest in their needs.

We saw the minutes from staff meetings, which discussed care provided to people, office issues and staffing. Staff members told us that they had the opportunity to voice their opinions at meetings and that their ideas and opinions were listened to. One example given by a staff member was the suggestion to use specific books to record in and not pieces of paper which could be lost and this was taken on board.

We saw that policies and procedures were in place to inform staff on issues such as confidentiality and mental capacity and whistle-blowing. Staff told us that they would not hesitate to whistle blow if they saw practice being carried out that they felt was below an acceptable standard.

We had not received any notifications as no incidents had occurred, but staff were aware of the process to take, should a concern arise. We saw that a policy was in place for this.