

# West Anglia Crossroads Caring for Carers

## Carers Trust Norfolk - Turbine Way

### 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

This announced inspection took place on 1 June 2017. Carers Trust – Turbine Way is a service that provides care to people in their own homes. At the time of our inspection, the service was supporting 24 people which included some children.

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.

People felt safe with the staff. The staff knew how to keep them safe and protect them from the risk of abuse or avoidable harm. The registered manager had dealt with any concerns raised and had reported these to the relevant authorities.

There were enough staff working for the service to keep people safe and to meet people's individual needs and preferences.

The staff were well trained and received good supervision to enable them to provide people with good quality care. Where required, they helped people to eat and drink enough and supported people to maintain good health.

Staff sought people's consent before providing them with care and empowered people to make their own decisions. They did this by offering them choice as far as possible. Staff understood their responsibilities to act in people's best interests if the person could not consent to any aspect of their own care.

The staff were kind, caring and compassionate and treated people with dignity and respect. They were responsive to people's individual needs and helped them to maintain their independence.

The leadership within the service was good. The staff were supported and guided by an approachable management team. This team had promoted an open culture within the service so people and staff felt comfortable to raise any concerns or issues they had which were quickly dealt with and resolved.

The provider had effective systems in place to assess, monitor and improve the quality of care people received. People were listened to and the provider learnt from people's feedback to make improvements to the care 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.

Systems were in place to protect people from the risk of abuse and to ensure people received their medicines when they needed them.

There were enough staff to provide people with care to meet their needs.

Staff knew how to reduce risks to people's safety.

### Is the service effective?

Good ●

The service was effective.

Staff had received sufficient training and supervision which helped them provide people with effective care.

The staff supported people to make choices and acted in their best interests if they were unable to consent to their own care.

People were supported to maintain their health and with eating and drinking where this was part of their care package.

### Is the service caring?

Good ●

The service was caring.

The staff were kind and caring and knew the people they supported well.

Staff respected people and protected their dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs and preferences.

People's concerns and complaints were listened to and acted

upon to facilitate improving the quality of care people received.

**Is the service well-led?**

**Good** ●

The service was well led.

There was an open and transparent culture in the service and the leadership in place was good. Staff morale was good and they enjoyed working for the service.

Effective systems were in place to assess, monitor and improve the quality and safety of the care people received.

# Carers Trust Norfolk - Turbine Way

## **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 was a comprehensive inspection that took place on 1 June 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in their own homes. We needed to be sure that people would be available to provide us with feedback on the care they received.

The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the service. This included notifications that the provider had to send to us by law. Prior to the inspection, the provider also 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.

Most of the people who received care from Carers Trust – Turbine Way were not able to provide us with feedback about their care. Therefore we were only able to speak to one person who used the service. However, we did speak to four relatives about the quality of care their family member had received. We also spoke with four staff and the registered manager.

We looked at three people's care records, three staff recruitment and training records and five people's medicine and care records. We also viewed records regarding how the provider assessed and monitored the quality and safety of the care they provided.

# Is the service safe?

## Our findings

Systems were in place to protect people from the risk of abuse and avoidable harm. Everyone we spoke with told us they felt safe when they or their relative was being provided with care by the staff working for the service. One person told us, "Yes I do. They are very good, excellent in fact. They are careful handling me as I have them to either shower or wash me and will do anything else for me. [Staff member] helps me a lot." A relative said, "One hundred per cent yes! They are amazing. They support [family member] safely." They went on to tell us how the staff always ensured their family member had their walking stick with them to help them walk safely.

The staff we spoke with demonstrated they understood what types of abuse people could experience and how to report any concerns, if they had any. They knew who they could go to out outside the agency if they needed to. The registered manager had dealt with any concerns raised with them appropriately. This had included alerting the relevant authorities, investigating the matter and taking any action they had deemed necessary to reduce the risk of people experiencing abuse.

The staff had assessed risks to people's safety and the staff we spoke with were knowledgeable about how to reduce these risks. They told us how they protected people from the risk of avoidable harm such as injury from falls or from choking on food or drink. The staff said that if any incidents occurred in relation to people's safety, these were reported to the office and recorded. Records we saw confirmed staff had taken this action. Any incident had been brought to the registered manager's attention. They had then conducted a full investigation and fed back to the staff their findings in an attempt to reduce any repeat incident from occurring again in the future.

People's care records contained information in relation to these risks. Some of the information to guide staff on how to reduce a risk to a person's safety was clear and specific. However, we found that others required more information. For example, for one person's risk assessment stated they wore specialist equipment to protect them from injury if they fell, but it had not been recorded specifically that staff needed to ensure the person was wearing this equipment. For another person, the actions staff needed to take to reduce the risk of the person falling was not specific enough. We spoke with the registered manager about this. They showed us an audit they had recently conducted on people's records regarding risks. They had identified that some records, including the ones we looked at, required more information. They were in the process of updating these.

There were enough staff working at the service to meet people's needs safely. Everyone we spoke with told us this was the case. They said that the staff always visited them when they were expected and they stayed for the required amount of time. One person told us, "Yes [staff member] does [stay for required time] and always asks if there is anything else I need before they go. [Staff member] also always makes a cup of tea for us as well before they leave." A relative said, "No they never rush at all. They are brilliant with [Family member]. Nothing is too much trouble for them."

The staff we spoke with told us they felt there were enough of them to provide people with the care they

required. They said they had to electronically sign in and out when completing their care visits to people's homes. This helped office staff to monitor whether care staff had arrived at a person's home. The electronic system would alert the office staff if a staff member was running late or if a call had been missed. They could then take immediate action to rectify this. Records showed that there had been two missed visits in 2017. Both of these were due to communication issues with the staff. The registered manager had completed a full investigation with a view to reducing the risk of this recurring.

The required checks had taken place prior to a new staff member commencing work at the service to ensure they were safe to work within the care sector. This included criminal record checks and checks of the staff member's character. These were received in the form of references from previous employers and a Disclosure and Barring Service check. The staff member's identification had also been checked.

People received their medicines when they needed them. Only one of the relatives we spoke with told us their family member was receiving some assistance from the staff with their medicines. They told us the staff helped the person with these appropriately. All of the staff we spoke with said they had received training in how to give people their medicines and that their competence to ensure they did this safely had been regularly assessed. The staff records we viewed confirmed this.

At the time of the inspection visit, five people were receiving some assistance with their prescribed medicines or creams. We checked their medicine administration records (MAR) to see if they indicated that the person had received their medicines correctly. All apart from one showed that staff had signed to say the person had been given their medicine. One MAR that was for a cream, contained some gaps in the records. The registered manager had recently conducted an audit on all of the MARs and had identified this issue. They had spoken to the staff and had identified that they had applied the cream but had not updated the record. The registered manager told us that people's MAR were audited each month so they could identify any issues and act on them, in a timely manner. Records we viewed showed this was the case.

## Is the service effective?

### Our findings

Staff had received appropriate training and supervision to enable them to provide people with effective care. Everyone we spoke with told us they felt the staff were well trained. One person told us, "Yes I certainly do (feel that staff are trained). [Staff member] is lovely. They support me well when bathing and I have complete confidence in them. [Staff member] always makes sure I am alright before they leave." A relative said, "Oh yes, you can see that their training and skills are good. They are so careful with [Family member]." Another relative said, "Yes in my opinion they are all very well skilled. They are excellent with [Family member]."

The staff we spoke with told us the training they had received was good. They said the provider was very responsive if they wanted to undertake training in a subject that was not mandatory. One staff member told us how they had recently asked for more training in relation to providing care to children and that this had been booked for them. Another staff member said they were interested in learning about autism and again, this had been arranged for them. Training records showed that staff had completed training in a number of different subjects such as dementia, moving and handling and food hygiene. Training in relation to some people's specific needs such as epilepsy had also been undertaken by staff who provided care to people with this condition.

All of the staff said they felt supported in their role and that their competency to provide people with effective care had been regularly assessed by more senior staff. The staff records we looked at confirmed this. Staff supervision was comprehensive and covered a number of different areas including reflective practice in relation to the care that staff had provided to people. Staff told us they found this useful to help them learn and think about how they could improve the quality of care for people if this was required.

There was an induction programme in place for new staff. This included a period of shadowing more experienced staff and the completion of the Care Certificate. This is a nationally recognised qualification within health and social care. The registered manager had completed an induction checklist to ensure staff had received the support they required during their initial training.

The person and relatives we spoke with told us that staff requested consent before providing care. The person told us, "Yes [staff member] does. She always asks if I fancy a strip wash or a shower when she comes and does what I fancy." A relative said, "Yes indeed. They always ask if [Family member] fancies playing cards or anything else that they can do with him and won't do something if not required."

The staff told us that some people using the service sometimes lacked capacity to make their own decisions in relation to their care. The staff therefore had to work within the principles of the Mental Capacity Act 2005 (MCA). The 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.



Staff had a good understanding of the MCA and how this impacted on their daily practice. They told us they offered people choice and took actions in people's best interests, if they were unable to consent to a decision themselves. Records showed that staff had been trained in this subject.

The care records we looked at had considered whether people had difficulty with their memory but the staff had not specifically assessed whether people had capacity to make certain decisions about their care. For example, it had been recorded in one person's care record that their memory was poor, that they had dementia and that they were not always orientated to place or time. There was no information to guide staff on how to support the person with this or what decisions, if any, staff may need to take for the person in their best interests. We spoke with the registered manager about this. They told us they had recognised this area needed some improvement and that they were currently working on this.

Staff supported some people to eat and drink. The relatives we spoke with whose family members received support in this area told us it was received when required. One relative told us, "Yes they get [Family member] a drink and give them some food. I usually prepare the food for him but they give it to him if I am not back. They can eat but needs the food cut up into small bits which they do if it is required." Another relative said, "The only food and drink they do is getting her a cup of tea and give [favourite food]. [Family member] loves that!"

The staff were able to demonstrate that they had a good understanding of the importance of ensuring that people received enough food and drink to meet their individual needs. One staff member told us how they ensured the person had their food cut up so they could swallow it more easily. Another said they always left a choice of food with one person if they had refused to eat a meal whilst they were present. They told us they ensured it was a choice of food that the person liked. When they went back to the person later in the day, they said the person had usually eaten this food. Records showed that people's food and drink likes and dislikes had been assessed. There was clear guidance for staff to follow regarding how people liked their food and drink to be prepared. For example, how many sugars people liked in their tea. Where people required a specialist diet, information about how to prepare the food correctly was included within their care records.

People were supported with their healthcare if this was required. The person and relatives we spoke with said they all arranged their own healthcare appointments. However, they said they were confident the staff would do this for them if there was a need. One person told us, "[Staff member] would if I needed her to but she hasn't had to." When we spoke with staff about this subject, they gave us a good account of other healthcare professionals they would report concerns to if they were worried about the person's health. This included alerting the person's GP, a district nurse or an occupational therapist with the person or relative's permission.

## Is the service caring?

### Our findings

Staff had developed caring relationships with the people they supported. Everyone spoke positively about the staff and told us they valued seeing them. Some relatives described the staff as 'friends'. One person told us, "Well I'm very happy with them. [Staff member] is very caring and steady with me. Yes, I'm well pleased." A relative said, "Very kind and caring, I have no complaints at all. Brilliant, like a friend. [Staff member] will even make me a cup of tea if I am feeling unwell!." Another relative told us staff were, "...brilliant. All three of them."

The person and relatives we spoke with told us they usually had visits from the same staff. This helped them develop relationships with them. One person told us, "I always have [Staff member] but if she is off [Staff member] comes, so just the two. Yes they know me well I am very happy with them both." A relative said, "We have three in total that come and they are all excellent and fully aware of his needs." Another relative told us, "We only have the two. They are both fully aware of [Family member's] requirements." Everyone when asked, also told us that if their usual staff member could not visit them, that the office would always let them know so they knew who to expect. When asked about this a relative told us, "Yes, they certainly do. They (the office) always let us know if she can't come or is on holiday and they send someone else but whoever comes, they are excellent and know what to do."

It was evident from our conversations with staff that they knew the people they supported well. They were able to tell us about the person, their personalities and likes and dislikes. They were also aware when people any had any diverse or cultural needs and were respectful of this. They said they were given time to get to know the person and their relative so they could adapt the care to how they wished to receive it. The registered manager told us that when a person started using the service, they took time to match an appropriate staff member to the person. This was a staff member they felt would help the person be comfortable and reach their individual goals.

The service supported people to express their views and to be actively involved in making decisions about their care. Everyone told us they felt listened too and respected. One person told us, "Yes I do. [Staff member] listens and does as I ask. I couldn't ask for more." Everyone we spoke with also told us they were always offered choice and asked for their opinion before the staff had started to provide them with support.

Before people started to use the service they were involved in an initial assessment of their requirements and needs. They had been asked what care and support they required and what their personal goals were so they could make a choice. People had been involved in regular reviews of their care, both over the telephone and face-to-face, where they were encouraged to provide their opinion on the support they received. The registered manager told us that information was given to people when they started using the service and that this could be provided in different formats such as large print or in pictorial format when required.

Everyone said the staff treated them or their family member with dignity and respect and that their independence was encouraged. A relative told us, "Yes they certainly do. They are very good and respectful

with [Family member]. [Staff member] plays cards with him. It keeps his brain, which is working well, stimulated. [Staff member] gets him to stand and tries to help him walk as much as he can" Another relative said, "Yes they are amazing with [Family member]. I cannot fault them at all. So respectful. I would say by making sure she is safe when going shopping and giving her that support, she feels more independent and not housebound."

Records and feedback from staff supported that the service involved other healthcare professionals to assist people with their mobility to help them remain independent. For example, staff had facilitated for one person to be seen by an occupational therapist so they could access equipment to help them retain their mobility.

The staff were able to give us a good account about how they respected people's dignity and privacy. They said they protected people's privacy by for example, ensuring doors or curtains were closed when providing people with personal care.

## Is the service responsive?

### Our findings

Everyone we spoke with told us the care and support that was provided met their individual needs and preferences or that of their family members. A relative told us, "They understand [Family member's] needs and are excellent with him. They gives him drinks and are very good all round with him in every aspect." Another relative said, "[Family member] can be quite demanding at times but they are excellent with him. They understand his needs well."

Everyone said the support was responsive to their needs and that the staff provided them or their family member with care that met their individual preferences. They said the staff were rarely late when visiting them but that if they were, the office staff always kept them informed. This contributed to people being able to receive care at their preferred times. One person told us, "They are always on time. They have never been late or missed me." A relative said, "They are always on time and have never missed a call. Also if our regular one is on holiday they always let us know and offer someone else." Another relative told us, "They are very, very, rarely late. If they are held up for any reason, and that hasn't been the case for ages, they phone and let me know but they always turn up."

Care records were in place that demonstrated that a thorough assessment of people's individual needs and preferences had taken place when they started using the service. All of the staff we spoke with told us they felt the care records gave them enough information about the person so they could support them in the way they wanted. Some staff said they had to visit people they were not always familiar with if a staff member called in sick at the last minute. They said when this happened, they were sent information about the person's needs or discussed this with the staff in the office so they could provide the person with the correct level of support. This was also the mechanism used to provide staff with updates if people's needs had changed.

We saw evidence that the staff had worked well as a team on several occasions when they had been asked by the local authority to provide either new care or extra care to people who urgently needed it. Some care packages had been arranged within 24 hours to ensure people were safe and received the support they required.

The registered manager had recently conducted an audit of all people's care records. They had identified that improvements were required in some areas such as having more specific information in relation to the person's needs. We found this to be the case for one person who was diabetic. There was little information within their care record to guide staff on how to support the person with this condition. The registered manager told us that all care records were currently in the process of being updated.

The staff were mindful that some people they provided support to could be at risk of social isolation. They told us they were able to signpost people to other services such as day centres or activities within the local community if this was needed. We saw that a person had written to the service to express their thanks for a hamper they had been sent by the service at Christmas time. The registered manager told us that staff regularly put Christmas hampers together as a surprise gift for people who did not have family.

Everyone we spoke with knew how to raise a complaint if they felt this was necessary. They all said they would speak to the office and had confidence that any concerns raised would be dealt with immediately. No one we spoke with told us they had had reason to raise a complaint.

Information was provided to people when they started using the service that gave them guidance on how to make a complaint or raise a concern if they wanted to do this. The registered manager told us that three complaints had been received within the last 12 months. They had analysed these complaints and identified that there was a theme to them. The theme had been regarding a lack of communication to people and relatives if their care visits had needed to be rescheduled due to last minute unplanned staff sickness.

In response to people's concerns, the registered manager had implemented a new system to improve this communication. This had involved staff being given mobile phones so they received information about people's call visits in a more effective manner. They could then relay any changes quickly to people if needed. Also, relatives and people using the service had been given access to the provider's rostering system so they could check the care visits they were due to have. This gave them more control over their visits and if they had any concerns, they could discuss this in a timely manner with the staff in the office. The registered manager confirmed that since the implementation of this system, they had not received any further complaints in relation to this issue. This example demonstrated that the registered manager had learnt from complaints and had taken them seriously.

Everyone we spoke with told us the communication with the care and office staff was good. They said they could always get hold of someone in the office to discuss things if they needed to and that the service was responsive to their needs. One person told us, "Very good. They keep me informed about anything." A relative told us, "If you call the office and the answerphone is on and you leave a message, they always get back to you, always." Another relative said, "You can contact them. They always respond and keep you up to date with developments."

Following a recent inspection at another location managed by the provider, the registered manager had revised their systems for capturing and dealing with concerns and complaints. They had improved the system in that it now captured any concerns that people raised either verbally or via the completion of questionnaires. The regional manager showed us that they had investigated these and responded to each individual person who had raised a concern directly. This was with the view of improving the quality of care provided to people.

# Is the service well-led?

## Our findings

Everyone we spoke with told us they were happy with the care and support the service provided and that the service was managed well. One person said, "I am very happy (with the care), yes." A relative said, "It's brilliant. They are on the ball, keep in touch with us regularly and we have no complaints." Another relative told us, "Very pleased indeed. I trust all of them." Everyone also said they would recommend the service to others with one relative telling us, "I cannot fault them" and another saying, "I wasn't expecting so much."

Everyone said they did not fear any reprisals if they needed to raise a concern. The staff we spoke with agreed with this. They said they had no hesitation to report poor practice if they identified it and were confident they would be listened to and the concern investigated. The person we spoke with, relatives and staff told us they had complete confidence in the management of the service to take action if it needed to be taken and to inform them of progress and outcomes. This demonstrated the service had an open and transparent culture.

There was good leadership at the service. We saw that the registered manager had won the East of England 'home care manager' award at the Great British Care Awards in 2016. This had been awarded to reflect the support they had given to staff and the passion and belief they had for providing people with good quality care. The registered manager currently covered three locations for the provider. This was shortly to be reduced to two, this one and another in Cambridgeshire. The registered manager visited this service approximately twice each week to ensure its smooth running. They were supported by a branch manager who worked permanently at the service. The registered manager understood their obligations to notify us of any important incidents that had occurred at the service as is required by law.

All of the staff told us the management team were approachable and listened to them. The staff said the managers at the service made them feel valued and regularly thanked them for the work they completed. The registered manager shared any compliments the service received with the staff. The staff confirmed that communication was good and that they understood their individual roles and responsibilities. They said they received regular newsletters about developments within the service so they always knew what was going on. Staff meetings were held which offered a range of venues for staff to help ensure they could attend. Various subjects were discussed at these meetings such as learning from complaints, policies and procedures and training.

The registered manager told us they kept their knowledge up to date by attending meetings with other providers and also the local authority. They were a member of a number of local committees and groups who represented the homecare sector. We found that the registered manager pro-active in seeking opportunities for staff to attend local training course to help them develop their knowledge and skills.

Effective systems were in place to monitor the quality and safety of the service provided. The registered manager showed us they conducted regular audits in relation to medicines management, accuracy of care records, staffing levels and recruitment processes. They also analysed missed calls, incidents and accidents and complaints/concerns so the service could learn from these and improve the quality of care people

received. A representative of the provider regularly visited the service to conduct audits to ensure that safe and good quality care was being given to people and their relatives.

People's views on the care that was provided had also been regularly sought. Any feedback given by them had been considered and actions to improve communication or the care they received. For example, in the last survey conducted by the provider, some people had said they did not know how to complain to the service. In response to this, the registered manager had sent all of those people specific information in relation to this subject. Following a recent inspection of another of the registered manager's services, feedback had been received that people did not always understand the management structure. The registered manager had therefore put together a document clearly documenting this structure that they were going to send to people imminently.