

Carmel Care & Support Limited

Carmel Domiciliary Care Limited

Inspection report

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Date of inspection visit:
14 June 2019
17 June 2019

Date of publication:
15 July 2019

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

About the service

Carmel Domiciliary Care Ltd provides personal care to people with mental health needs who live in supported living accommodation. People generally share a home with up to five other people. The service supported six people with personal care at the time of this inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe amongst staff and praised the caring nature of the staff who supported them. Staff understood people's physical and mental health needs and related risks well and supported people with dignity and respect. Staff encouraged people to maintain relationships with family members when safe to do so.

Care records reflected people's care needs, and care was being delivered in line with current practices. People's personal risks had been assessed and were being monitored to ensure they remained safe and free from harm or abuse. People received their medicines as prescribed and were supported to attend health care appointments. Staff liaised with health care professionals and services to help people maintain their physical and mental health and reduce any risks.

Staff provided personalised care which was responsive to people's needs. People were supported to progress in their well-being and build up their confidence and levels of independence. They told us they enjoyed and had access to a range of activities of their choice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Any concerns, and complaints received by the registered manager and staff were investigated and acted on. Staff supported people to address any concerns about their accommodation to their landlords.

Sufficient numbers of suitably recruited staff were available to support people. Staff had been trained and supported to carry out their role. Effective systems were used to monitor the service and provision of personal care. Staff spoke positively about the support of the registered manager and felt the service was well led. A new provider supported the registered manager to run the service and meet their regulatory requirements. The registered manager and staff acted on concerns and learnt from and took actions in relation to accidents, incidents, complaints and feedback from people to improve people's experiences of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (published November 2016).

Why we inspected

This was a planned comprehensive inspection based on the previous rating. We undertook a focused inspection in March 2017 to follow on the breach of legal requirements found at our inspection in September 2016 and to check the provider had followed their action plan and met legal requirements. This inspection confirmed that the improvements found in March 2017 had been sustained.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carmel Domiciliary Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Carmel Domiciliary Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in three supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 June 2019 and ended on 17 June 2019.

What we did before the inspection

We reviewed information and the statutory notifications we had received about the service since the last inspection in September 2016. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five members of staff and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who had been in contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe amongst the staff who supported them. One person told us, "I feel very safe here. I wouldn't want to live anywhere else." People's relatives were confident that people were supported to stay safe.
- Where people's safety had been compromised by their relationship with significant others, the registered manager and staff had worked with health care professionals to ensure people remained safe and minimised further risks. Staff worked with people to help them understand types of abuse and any potential dangers to themselves.
- Safe systems were in place to help people access, manage and store their money.
- Staff had received appropriate training and had a good understanding of safeguarding policies and procedures. Staff were clear of their responsibilities to report any suspicions of abuse and would whistle blow if they had any concerns about the quality of care people received. They told us they would contact external agencies if the registered manager did not act on their concerns.

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed. This included risks associated with people's mobility, health and medication. Control measures that needed to be taken to help minimise the risks to people were recorded and known by staff.
- Staff were aware of people's mental health and possible triggers and actions they should take if people became upset. Two staff members had been trained as Mental Health First aiders and were able to provide staff with additional support when supporting people who may show signs of becoming mentally unwell.
- There was a balanced approach to enabling people to make choices about their lives and providing them with information to inform people about their well-being such as smoking and developing their independence in the community.
- Each person had a personal evacuation emergency plan and a missing person profile which could be shared with other professionals in an emergency.

Staffing and recruitment

- People were supported by an established staff team who knew them well. There were enough staff available to meet people's needs and respond to requests for support. Regular bank staff were used to cover any staff absences. Staff told us an effective on call system was available if staff required additional support.
- Staffing levels were determined by the needs of people and where necessary, additional staff were made available if people required extra support.
- People were protected from staff that may not be fit and safe to support them as safe recruitment

practices were being used. Records showed that pre-employment checks such as Disclosure and Barring System (DBS) checks (criminal records) and references were requested and checked before new staff started to support people. With the consent of people, potential new staff were introduced to them and the registered manager considered people's feedback as part of the recruitment and interview process.

Using medicines safely

- People received their medicines as prescribed as safe medicines. Safe management practices were being used and were regularly checked by a team leader who was the service's lead in medicines management.
- Records showed that people had consented to staff managing and storing their medicines. We reviewed people's medicines administration records and care plans and found that they had been completed with no gaps and provided staff with the information they needed.
- The registered manager had effectively trained and supported staff in the safe medicine's management practices. They completed regular audits to identify any concerns and errors to ensure people received their medicines as prescribed.

Preventing and controlling infection

- Staff had been trained in infection control. People told us staff supported them to keep their home clean and raise any concerns about the safety of premises to their landlords.

Learning lessons when things go wrong

- Systems in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the registered manager. For example, the registered manager had analysed the frequency of falls experienced by one person and took actions such as requesting a ramp from the landlords to help them access the home. Any changes in care practices or provider's policies were shared with staff and reinforced during staff meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed and their care and support were delivered based on current guidance to achieve effective and positive outcomes such as engaging in community events independently.
- People's needs were assessed before they started to receive personal care support from the service. Their care was planned and delivered in line with people's individual assessments to ensure people received the appropriate balance of support to enable them to progress in their mental wellbeing as well as promoting independence.

Staff support: induction, training, skills and experience

- People were supported by staff who told us they had received training relevant to their roles and responsibilities. Records showed staff were provided with a wide range of training specific to people's needs. For example, staff had received training in safeguarding, medicines and emergency first aid. The registered manager was making progress in sourcing specialist training to ensure staff had the skills they needed to meet people's mental health needs.
- All new staff received an induction and probation period to ensure they had the skills and confidence to support people. They were supported to complete the Care Certificate a (nationally recognised set of care standards). Staff were also given opportunities to develop and achieve additional training and national recognised health and social care qualifications.
- Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives. The registered manager and team leaders carried out regular observations and spot checks of staff to ensure staff sustained their expected care standards and met the needs of people.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to choose and plan their meals. People had continuous access to the kitchen and could help themselves to drinks and snacks throughout the day. Staff supported people to make meal choices and we observed them discussing alternatives with people whose appetites were poor.
- Staff were aware of everyone's likes, dislikes and dietary needs. They provided meals to suit people's preferences and health needs. People with dietary needs were supported and catered for. For example, special storage arrangements had been available for one person's food to ensure that it didn't become contaminated by other food.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff supported people to arrange and attend health care appointments. People had health action plans and hospital passports to help staff to monitor people's health care needs and share information with other services and hospitals as needed.
- Staff worked with external health care professionals to ensure people were supported to access health services. Staff knew people well and were able to identify when people were becoming mentally unwell and contacted mental health services in a timely manner for additional support.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. 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 had the appropriate legal authority and were being met.

- People were supported by staff who understood the principles of MCA. Staff supported people to make choices about their lives and significant decisions. People told us they were in control of the support and decisions about their care requirements. One person said, "I make all my own decisions. I discuss some things with staff which helps me."
- People with no family support or representatives were supported to access advocacy services if they required assistance with making significant decisions.
- Staff were working with the local authority and Court of Protection to ensure two people's finances were being managed lawfully.
- Records showed that people had consented to some restrictive practices. For example, one person had agreed to have access to a limited number of cigarettes per day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were always treated with kindness and were positive about the staff's caring attitude. One person said, "Staff are very kind and tender and kind to me. The food is nice here. I like the BBQs we have." Another person said, "The staff are very nice at the moment." We saw surveys and feedback from people and relatives which supported our observations of people being treated in a considerate and non-discriminatory manner.
- With people's consent, relatives were invited to visit people in their home. Relatives told us staff made them feel very welcome. A relative told us, "They [staff] are very caring and very pleasant." They told us how staff supported them to maintain a relationship with their family member.
- Staff spoke of people in a friendly manner and were aware of the provider's expected values and standards of the service.

Supporting people to express their views and be involved in making decisions about their care

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. For example, staff were supporting one person to regain their confidence and independence after a recent fall and hospital admission. They were making arrangements for the person to move to a ground floor bedroom to increase their level of independence.
- People told us they were given choices about their day and how they spent their time. Staff accommodated people's social needs and preferences. For example, some people enjoyed spending time carrying out activities in the community while others preferred to remain at home.
- Staff signed posted people to sources of advice or advocacy services as required.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff and the registered manager were very aware that they were working in people's homes. Staff included people in our conversations about the care they provided when we visited people in their home.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed when supporting people with their personal care and respecting when a person needed space. One person said, "The staff always help me to keep my privacy, so I don't expose myself to everyone."
- People told us they were treated equally and not discriminated against. The provider recognised people's

diversity needs and had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. The registered manager was confident any needs associated with people's protected characteristics would be met.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same and has been rated as Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support from staff who knew them well. Staff were aware of people's likes/dislikes and people and items which were important to them.
- People's care records were comprehensive and reflected people's preferred daily routines and support requirements. Daily records were completed each day of people's support requirements such as assistance with medicines or their finances. The daily records were audited to identify any concerns or trends.
- One person had assisted in delivering some training in mental health to help staff improve their understanding of supporting people with mental health conditions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and were known by staff. People's care plans provided staff with information about people's communication needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in decisions about their social and leisure time. They told us they enjoyed a range of activities in the community such as bowling, karaoke and visiting the garden centre. Others enjoyed baking and drawing at home and summer barbeques. People had been supported to plan and go on holidays and take day trips.
- People were empowered to make choices and carry out new activities to develop their confidence and skills. For example, one person showed us a video of them reciting and performing their own poems on stage.
- People were supported to choose how they maintained their relationships with family members and friends.
- People were encouraged to be part of the local community and attend local events and clubs. For example, together staff and people were making outfits and props to wear during their participation of the local summer town carnival.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were immediately addressed. People told us they knew how to raise concerns about their experiences of care from the service and would raise any issues with the team leaders or the registered manager. One person told us their complaints had been address immediately in the past and was confident that any concerns in the future would be acted on.
- Records showed that all complaints had been recorded, investigated and responded in line with the provider's complaints procedure.
- Systems were in place to share people's complaints with staff and the action taken to resolve their concerns and prevent any further reoccurrences.

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of the inspection. However, as part of the registered managers action plan, they were going to sensitively speak to people about their end of life wishes and preferences and train staff to have a better understanding good end of life care practices.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and team leaders promoted a culture which was open and positive and focused on improving the lives of people. Staff told us they aimed to deliver high quality care by listening to people's views and experiences about the service. One staff member said, "This is their life. We support people to live the life they want to." For example, staff had taken to support one person to move back to their long-term home after a period of time in hospital and a care home. When asked, they told us they were "happy to be home".
- The registered manager, team leaders and staff worked collaboratively together to ensure people receive personalised care which met their needs and took in to consideration their preferences.
- The registered manager was working against an action plan to drive improvement across and improve the lives for people. For example, plans were in place for staff to receive additional training and become dignity champions to help embed the provider's values and standards of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood duty of candour and their legal responsibilities to inform people and agencies when concerns are raised or when something has gone wrong. For example, they had informed the appropriate agencies and sought support when medicines errors had occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well-run with a clear staff and management structure was in place. The registered manager told us that the new provider was very supportive and provided them with regular support and additional guidance as needed. The provider required the registered manager to send them regular reports on significant events such as accidents and safeguarding incidents to assist them in monitoring the service.
- Regular audits of the service were carried out by the provider and registered manager to ensure the standards of care were being maintained. For example, medicines and financial audits were regularly completed to ensure people's medicines and money were being managed safely.
- The registered manager and team leaders were involved in the day to day running of the service which enabled them to monitor the quality of provision of care being delivered by staff. For example, the team

leaders worked alongside staff and the registered manager visited people in their home each day which gave them a good insight into people's needs and any changes in their well-being. The registered manager praised the staff team and said, "We have got a good team at present. Everyone is on board and know what I expect from them."

- Staff at all levels understood their roles and responsibilities. They were confident in the registered manager and felt that communication across the service was good which enabled them to keep up to date in any changes relating to people's care provision or the running of the service. One staff member said, "Things are run very even, [name] is a good manager."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager was aware of the importance of providing a service that was non-discriminatory and met people's diverse needs. They were recognised the importance of forward planning to ensure the service could support an ageing population and people with changing needs

- The registered manager and team leaders value the comments from people, their relatives and staff members. Meetings with staff and people provided an opportunity for people and staff to share their views and experiences of the service. One team leader said, "We are here for the service users and our staff. We want the service users to live good lives and for our staff to enjoy their jobs." For example, the registered manager responded to people's request to hold another Polish barbeque.

- The service worked in partnership with people, their families, staff and other stakeholders to deliver good care and service development. The feedback from the annual survey about the service was positive with people praising the quality of the care being provided.

Continuous learning and improving care

- Staff had reflected and learnt from incidents and significant events with the registered manager during staff meetings and supervisions. They were keen to ensure a culture of continuous learning and improvement.

- A new IT system had enabled the registered manager to have a clearer oversight of the service being delivered such as staff rotas, care plan reviews and staff training. They told us, the systems helped them to identify any shortfalls and assists them to forward plan events such as staff training to ensure the service remained compliant with the regulations.

- The registered manager worked in partnership with registered managers from the provider's other locations and learnt and shared good practices and information.