

Care and Respite Support Services Limited

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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 

Overall summary

This was an announced inspection, carried out on 10 & 15 December 2015. '48 hours' notice of the inspection was given because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office.

The service provides care and support to people living in their own homes as well as supporting people to access the community.

The service does not have a manager registered with CQC. 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.

Summary of findings

The last inspection of Care and Respite Support Services Limited was carried out in September 2013 and we found that the service was meeting all the regulations that were assessed.

People had no concerns about their safety and the way they were treated by staff. There were systems in place to protect people from abuse including training for staff and policies and procedures for staff to follow. Staff recognised what abuse was and they were confident about reporting any concerns they had. Recruitment of staff was thorough and safe which ensured people received support from staff who were fit and suitable for the job. People were supported by the right amount of suitably qualified staff.

Staff were confident about dealing with emergency situations and they had details of people and services they could contact if they needed advice, guidance or support at any time of the day or night.

People's needs were assessed and planned for and staff had information about how to meet people's needs. People's wishes and preferences and their preferred method of communication were reflected in the care plans. Contact records which were maintained for each person showed they had received the right care and support. Care plans were regularly reviewed and updated to ensure they remained up to date.

People were involved in the development of their care plans and had agreed with the contents. People confirmed that they had helped plan their own care and had read and agreed with their care plan.

Staff received training and support to carry out their job and they were provided with opportunities to develop within their roles. Staff had their competencies checked and they had access to policies and procedures in relation to safe practice.

The service was flexible around people's needs and people were notified promptly of any delays. Changes people requested such as visit times were accommodated without any question and if staff were running late they ensured people were contacted and informed of this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Decisions made on behalf of people were made in accordance with the law to ensure they were made in people's best interests.

People had access to information about how to complain and they were confident about voicing any concerns they had. Complaints were taken seriously and dealt with in a timely way.

People were complimentary about the manager and the way she managed the service, they described the manager as approachable and supportive. There were good lines of communication across the service. People who used the service and staff were notified of changes in a timely way and they were consulted about plans for future developments of the service.

There were systems in place for assessing and monitoring the quality of the service. A dedicated member of staff carried out a range of checks on all aspects of the service. This included checks on documentation to make sure it was up to date and accurate and seeking people's views about the service they received. The registered provider had a set of policies and procedures which guided people who used the service and staff about good care and practice issues.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe using the service. Staff were confident about dealing with any concerns they had about people's safety.

Risks people faced were identified and managed. Medicines were appropriately administered to people.

People received support from the right amount of staff who had received training and support appropriate to the work they carried out.

Good



Is the service effective?

The service was effective.

People made choices and decisions about their care and support and the manager understood the legal process which needed to be followed when decisions had to be made for people who lacked capacity.

Prior to people using the service their needs were assessed identified and planned for. People were involved in planning and reviewing their care and support.

People's dietary needs were understood and appropriately met.

Good



Is the service caring?

The service was caring.

People were treated with kindness and their privacy was respected.

Staff recognised people as individuals and treated them as equals.

People who were lonely and isolated were invited to take part in activities and events in the community.

Good



Is the service responsive?

The service was responsive.

People received all the right care and support to meet their needs.

Staff listened to people and were responsive to their needs.

People had information about how to complain and people's complaints were listened to and dealt with promptly.

Good



Is the service well-led?

The service was well led.

The service was managed by a person who was described as being approachable and supportive.

Good



Summary of findings

There were systems in place to assess and monitor the quality of the service and make improvements.

There were good lines of communication across the service which ensured people were consulted about changes made.

Care and Respite Support Services 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 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 was carried out by one adult social care inspector. The inspection took place over two days and was announced. The registered provider was given 48 hours notice because we needed to be sure that someone would be at the office.

During our inspection we visited four people who used the service in their homes. We also spoke with nine care workers, three office staff, the manager and the chief executive officer. We looked at people's care records, staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us.

Is the service safe?

Our findings

People told us they felt safe when they used the service. Their comments included; “I couldn’t feel any safer” “They do everything they need to make sure I am safe” “and “I always get the help I need from the right amount of carers”.

New staff were provided with safeguarding training as part of their induction and all staff completed annual refresher training in the subject. The registered provider had a safeguarding policy and procedure and copies of those set out by the relevant local authorities. The documents included information about the different types of abuse and provided staff with guidance about what to do if they witnessed, suspected or were told about abuse. Staff described the different types of abuse and they gave examples of the signs and symptoms which may indicate abuse had taken place. Staff also demonstrated a good understanding of safeguarding procedures and they were confident about reporting any incidents of abuse which they were told about, witnessed or suspected. Staff said they would not hesitate to report any concerns they had and that they would report them without delay.

Risks associated with people’s care and support had been assessed, identified and planned for. This included risks associated with the environment, use of equipment and people’s health and personal care. Care plans detailed the risks people faced along with the measures staff were required to take to minimise the risk of harm to people and others.

Medication was managed safely. Staff responsible for administering medication to people had undertaken relevant training and competency checks. The registered provider had a policy and procedure and other related guidance for the safe handling of medicines and staff had access to this information. People’s care plans included clear information about the support people needed with their medication. Medicines were kept secure in people’s homes and appropriate, medication administration records (MAR) were maintained. MARs detailed the medicines that people were prescribed and instructions for use and they were completed as required. People told us they had received their medicines at the right times.

The registered provider had a range of health and safety policies and procedures which were made available to staff. In addition to this staff were provided with ongoing training and in health and safety matters, including fire awareness, prevention and control of infection, first aid and moving and handling. Staff were aware of their responsibilities for ensuring the safety of the people they supported as well as their own safety and for reporting any concerns they had. The service had a good stock of personal protective equipment (PPE) which was held at the office and made available to staff on request.

The registered provider had a recruitment and selection policy and procedure in place which aimed to ensure that process for recruiting staff was safe, fair and thorough. We looked at recruitment records for four members of staff. Prospective staff completed an application form which required them to provide a range of information, including previous employment history, qualifications and experience. This helped the register provider to assess applicant’s suitability for the job prior to them being invited to attend an interview. Interviews were conducted by two people, the manager and a second person with suitable experience. Successful applicants were subject to a number of checks before their position was confirmed. For example, two references were obtained including one from the applicants most recent employer and a disclosure and barring (DBS) check was carried out. These checks helped to ensure that new staff were of good character and suitable to work with vulnerable people.

There were sufficient numbers of staff available to keep people safe. Staffing numbers were determined by people’s needs and they were adjusted as and when required, for example when a person’s needs changed. Staff confirmed that travel time in between calls was factored into their working day to ensure that they were able to spend the right amount of time with people. People who used the service confirmed that staff had always arrived and left on time. Every effort was made to ensure that people were supported by the same staff. This meant people received a consistent service from staff that had a good understanding of their needs.

Is the service effective?

Our findings

People told us that they received the right care and support from staff who knew them well. People's comments included; "They [staff] do everything they are supposed to do. They are so good". "My carers know me so well" and "They are amazing. They know everything they need to know about me which is very important as I rely on them a lot for many things".

New staff completed an induction programme when they first started work at the service. During their induction new staff completed a range of training in key topics including; safeguarding, health and safety, basic life support and infection prevention and control. Also as part of their induction staff worked for a minimum period of two weeks in the community shadowing more experienced staff. One member of staff said following a request they had been able to complete a longer period shadowing other staff as they didn't feel quite ready to work alone after the two week period. Further training was provided to staff on an ongoing basis including refresher training in key topics and training relevant to people's needs. Specialist training relevant to people's individual needs included; dementia care, epilepsy awareness, oral and nasal suction, catheter care and percutaneous endoscopic gastrostomy (PEG) care. Staff were required to undertake a knowledge test to assess their competency in relation to the training they had completed. Staff told us they received a lot of training and that they found it beneficial to their role.

Staff received the support they needed to carry out their roles effectively. Staff told us they were well supported and they described an open door policy whereby they felt able to talk at any time about their work with the manager and their supervisors. The manager and care coordinators provided staff with regular one to one formal supervision sessions and an end of year performance and development review. The manager and care coordinators also carried out spot checks on staff whilst they were working in the community and the views of people who used the service were also obtained. This enabled the registered provider to assess and obtain feedback about staff performance and discuss with them what went well, areas for improvement and future training and development needs.

People who used the service told us that they dealt with most of their own health care appointments and health care needs with the help of relatives and relevant others.

However, care plans provided staff with information about people's healthcare needs and any support staff were required to provide people with, should they need to. Staff had supported people to access healthcare appointments and when required they liaised with health and social care professionals involved in people's care. People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. Staff were confident about what to do if they had immediate concerns about a person's health. Staff told us they would carry out the necessary first aid and call for emergency assistance.

People who required assistance and support to eat and drink had a care plan detailing their needs. The plans described the support people needed at meal times, for example with the preparation and presentation of meals and the task of eating and drinking. Staff had completed training in nutrition and food safety and they knew how to respond to any concerns they had about a person's diet, for example if a person's appetite significantly changed or if a person showed obvious signs of weight loss.

Each person had a care plan which was kept at their homes. Staff told us that care plans were easily accessible to them and that they read them regularly as a way of keeping up to date with people's needs. People who used the service confirmed this. Care plans included people's preferences and wishes about how their care and support was to be provided. Information about people's likes and dislikes and things of importance were also highlighted in care plans. For example; one person's care plan described their preferred routine when getting up each morning and retiring to bed and another person's care plan gave specific instructions about how they liked their bed to be made. Care plans were signed by the person or where appropriate a representative acting on their behalf. This showed people were involved in the development of their care plans and had agreed with the contents. People confirmed that they had helped plan their own care and had read and agreed with their care plan.

Prior to leaving people's homes staff completed a written record detailing the care and support they provided the person with. Records also included any significant observations and action taken during the visit. The records were regularly evaluated as a way of monitoring people's

Is the service effective?

care and support and to ensure people's care plans were being followed appropriately. The records also provided staff with important information such as any changes made to care plans.

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 whether the service was working within the principles of the MCA.

The manager and staff had undertaken training in the Mental Capacity Act and they showed an clear understanding of it. The manager told us that every person who used the service had people to advocate for them. They also told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests, if the person did not have the mental capacity to make their own decisions.

Is the service caring?

Our findings

People who used the service described the staff and the manager as very caring, polite and respectful. People told us they had a say in who provided their care and support and that they were notified in good time of any changes or delays. People's comments about the staff included, "I like them a lot" "I always know who is visiting", "They are very respectful and they have really good manners" "They respect me and my home" "They never leave a mess, they leave things as they found them" and "They treat me as an equal, like their friend".

People told us that they were introduced to staff and spent time with them before they were included on their rota. They also told us that they were mostly visited by the same staff who they were familiar with. One person said "I mostly have the same staff. I understand that they have to take holidays and are sometimes off sick so there are times when I get other staff but I'm introduced to them first and they all treat me well." Another person told us that any changes which had to be made or if staff were going to be a little late, office staff contacted them by telephone to let them know. People told us that they had received a rota in advance detailing the staff who would be visiting their home. During our inspection one person requested a change to their visit times to fit in with their personal arrangements. The manager assured the person that they would make the changes and confirm the details later on that day. The person told us that they often made changes to their visiting times and that they had never encountered any problems with this. The person said that they have never been questioned about any requests for change and commented; "They understand and care that I have other things going on in my life".

Staff had received training in relation to equality and diversity, person centred care, communication and privacy and dignity. Staff told us they enjoyed their work. One said,

"I love my job and the people I support. I see them as my equals" and another said "I treat the people I care for as individuals because that's what they are and everybody is different with different needs".

Staff respected people's privacy and dignity. People said staff always spoke with them about the care and support they intended to provide and asked for their permission before they proceeded. Staff gave examples of how they maintained people's privacy and dignity. This included talking to people whilst assisting them, ensuring personal care is provided in private and at a pace the person is happy with and involving people in decisions about their care and support. One person told us that although they attended to their own personal care they liked staff to be present to assist if needed. They said staff were discreet and respected their privacy and dignity. People told us that staff always knocked before entering their homes unless they had had prior agreement to enter using key code access or other means.

The registered provider arranged and paid for activities and events for people who used the service. Over the Christmas period people were invited to a Christmas lunch and trips to the pantomime and football matches. The manager reported that the Christmas party was well attended and enjoyed by all. One person told us they had "really enjoyed the party". The registered provider had also employed an activities coordinator and set up a project which involved organising activities and events in the local community for people who they had recognised were lonely and isolated. Activities included exercise sessions, bingo and film clubs in venues around the local community. A quarterly report about the project reported great benefits for people who used the service.

People received an information pack about the service and standards of care they should expect to receive. The pack also included key pieces of information about matters such as; how to make a complaint, confidentiality and maintaining people's safety and security. People told us they had been given this information when they first started to use the service.

Is the service responsive?

Our findings

People who used the service told us they received all the right care and support. People's comments included; "They talked to me about the support I needed and I get it" and "We agreed together what I needed and when".

People's needs were assessed prior to them using the service. The information gathered as part of the assessment helped to ensure that people's needs could be met. Assessments were carried out by the manager or a suitably qualified member of the senior care team. A care plan was developed for people's identified needs and a copy of the care plan was kept at the office and at people's homes. Staff read care plans regularly as a way of keeping up to date about people's needs. People told us that they had been fully involved in the development and reviewing of their care plans and had agreed with the content. Care plans had been reviewed every six months or sooner if required, for example when a person had experienced a change in their needs. Care plans were person centred and included people's views and preferences about the care and support they received. For example; people's likes and dislikes, things of importance, preferred routines and the desired outcome for each care plan was recorded. Care plans detailed such things as; how many staff were required to support people, tasks which people were able to carry out independently and specific times when people liked to eat, get up each morning and retire to bed.

People told us that the staff were knowledgeable about their needs and that they had received a personalised service. They said staff had always arrived and left their homes on time. People told us they knew the staff who were to visit them and that staff spent the right amount of

time with them and they did not feel rushed. People said the service had been flexible to their needs, for example visit times were altered at people's request without any difficulties. People told us they always got a reply when they called the office and that their requests had been listened to and acted upon.

The manager provided us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside relevant others, such as family members and health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

The registered provider had a complaints procedure which was provided to people when they first started to use the service. A record of complaints people made were kept and they showed that they were dealt with in a timely way in line with the registered providers complaints procedure. People who used the service told us if they had any concerns they would feel confident to raise them and they felt their concerns would be appropriately addressed. Staff were knowledgeable about the complaints procedure and they were confident about dealing with any concerns, complaints or comments people made.

The registered provider had policies and procedures in place for responding to emergencies. Staff had access to these and they were familiar with them. People who used the service had access to advice and support at all times. They were provided with details of the office opening times and the names and contact details of an on call manager who was available outside of office hours. People told us they had used the on call system and it had worked well.

Is the service well-led?

Our findings

The service did not have a manager registered with CQC. 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 previous registered manager retired in November 2015 and a new manager was appointed. The new manager had put forward an application to CQC to become the registered manager.

People told us they thought the service was well managed and they made positive comments about the manager, including; "Linda used to be my carer so I know her well and she makes a great manager, always there when you need her" "She is brilliant, so easy to talk to" and "I can call her any time or any of the office staff and they are so helpful".

The office had good access and was situated close to public transport links. People who used the service were able to attend the office at any time during office hours to meet with the manager and other staff based there. People were provided with an information pack which included a statement of purpose and a service user guide. These documents included information about the management structure of the service, names and numbers of people and services who could be contacted in and outside of office hours and key policies and procedures. People confirmed that they had been provided with an information pack and that they knew the management structure for the service.

Care and Respite Support Services is a charity governed by a board of trustees who are volunteers. The manager had overall day to day responsibility for the service, however they had the support of the trustees and a management team and other senior staff who were based at the office. The office based team consisted of a chief executive officer, an operations and marketing manager, a finance manager, quality assurance officer and two care coordinators. Each member of the team had designated management responsibilities. For example, the care co-ordinators were responsible for setting up people's care packages and reviewing and monitoring them and in addition to this they line managed a group of care staff. Staff were aware that the manager had overall responsibility for the running of

the service and they knew who their line manager was. Staff told us they thought the service was well managed. Their comments included; "It's the best job I've had, they are so organised and you know where you are with them" "I really like the manager she is so supportive and easy to talk to" "We are included in everything, they don't hide anything from us". And "I feel really valued as a worker".

There were good lines of communication across the service. There had been some recent changes made to the service, including a change to the office location and the appointments of a new manager and chief executive officer. Changes which had taken place were communicated to people and staff in a timely way. For example people were sent a letter in advance notifying them of the changes and they were invited to contact the office if they had any questions or concerns. Staff had been invited to attend a meeting which took place at the time of our inspection visit to the office. The purpose of the meeting was for staff to meet with the new chief executive officer and for him to share with staff future plans for developing the service. The registered provider had also notified CQC as required about the changes.

The registered provider had a whistleblowing policy, which staff were familiar with. Staff told us there was an open and positive culture within the service and that they would not be afraid to approach the manager or their supervisor, if they had any concerns.

The quality assurance officer was responsible for monitoring and assessing the quality of the service people received. Ways in which they did this included spot checks on staff whilst they were working with people in the community and seeking people's views about the service. The views of people who used the service and where appropriate their representative, were sought through direct conversations and via a survey sent out to people each year. Surveys invited people to comment on aspects of the service including staff, communication, efficiency and professionalism. Results of the most recent survey showed people were mostly satisfied with all aspects of the service which they were invited to comment on.

Regular checks were carried out on people's care records including medication administration records (MARs) to make sure that they were accurate and up to date and being properly maintained by staff. An audit was completed of any complaints and compliments made about the service and feedback from this information was analysed

Is the service well-led?

and used to further improve the quality of the service provided. Although staff supported people in their own homes regular informal checks of the environment were carried out and any risks or concerns which were identified were dealt with accordingly.

There was a system in place for reporting and recording any accidents and incidents which occurred. Forms were completed in good detail and included a process for staff to consider any learning or practice issues.