

The Care Workshop Limited

The Care Workshop

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 23 and 26 September 2016 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available.

The Care Work Shop is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care.

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.

All staff spoken with knew how to keep people safe from abuse because they knew the signs to look out for. Where incidents had occurred the provider had taken action and informed the appropriate authority.

People were not always protected from risk because care was not always planned in a person centred way that took in to consideration people's individual care needs and health related risks.

There was enough staff that were safely recruited and trained to meet people's needs.

People were supported with their medication and staff had been trained so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was delivered. However the care plans were task based so new staff would not have detailed information about people's preference and choices.

People were able to raise their concerns or complaints and there were systems in place so that they were thoroughly investigated and responded to.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided. Record management in relation to people's care was not always well documented so that staff had the information they needed to support people safely.

People who used the service were asked to comment on the quality of service they received. The information provided from people was used to improve the service where possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service is was not always safe.

The assessments of risk to people were not always well documented so that staff knew how to support people safely.

People told us they received a safe service.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse

Staff recruitment showed that staff was recruited safely to ensure people were protected.

People were support to take their medication were required so they remained healthy.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet peoples care needs.

People were involved in their care and their choices and decisions respected and encouraged.

People were supported with food and drink as required.

Health care needs were met and referrals were made to other healthcare professionals where required.

Is the service caring?

Good ●

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

There were systems in place to ensure that concerns and complaints would be investigated.

Is the service well-led?

Requires Improvement ●

The service was not always well lead.

The provider had some quality monitoring processes in place to monitor the safety and quality of the service. However, these had not identified the shortfalls found during the inspection.

The provider was open and transparent and was fully aware of the improvements needed to ensure that people received a safe and reliable service that met their needs.

The Care Workshop

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.

The inspection took place on 23 & 26 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector.

During our inspection we spoke with nine people who used the service two relatives, nine staff and the registered provider and manager.

We looked at three people's care records, complaints and compliments.; We also looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires received by the provider and the provider's quality assurance records.

Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law.

Is the service safe?

Our findings

At our last inspection on 25 July 2015 we found that the provider had not completed all the checks necessary to ensure staff were safely recruited. Information was not available in risk assessment to ensure that staff who were not familiar with the individual's care needs had the correct information to reduce the risk of potential harm to them. At this inspection all nine staff spoken with confirmed they had been subjected to a range of checks before they started work. Records we looked at confirmed this. This included checks on the employees conduct in their previous employment and checks made through the Disclosing and Barring Service [DBS]. This showed that the provider had taken appropriate action to keep people safe. We saw that the information included in the providers information return reflected that these checks were now being made.

We looked at two care records, we saw that risk management plans were in place but contained limited information about the risk associated with peoples care and would not give staff who were unfamiliar with the person enough information to reduce the risk to keep people safe. For example, One person required support with a hoist, but did not give the details of the risks associated with using a hoist. Risk assessments were not dated so it was unclear when they were completed or if they had been reviewed so they contained the latest risks when supporting the individual. However people spoken with told us that when they started to use the service risks assessment had been completed about their care and the environment. One person told us "Staff use a hoist and I have no problems, they [Staff] use it well and I am not uncomfortable when they do." A staff member told us, "I check the hoist and the date when it should have been serviced. I check brakes and the sling before I use it. Any problems I report to the office and do not use it until I am satisfied it is safe to do so." Another staff member told us, "I know how to support [named person] with their diabetes, I make sure that I am there before breakfast so they [named person] has their tablets I know the symptoms when [named person] is not feeling well." This showed despite the lack of information in risk assessments and care plans, the two staff that supported the people whose records we looked at knew what risks were associated with their care. Other staff spoken with were also aware of the risks involved when supporting people because although the risks assessment had limited information there was continuity of care in that the same staff attended people on a regular basis and knew the risks associated with their care. However staff that were unfamiliar with people care needs would not have the same knowledge as regular carers about the individual they were supporting.

All the people spoken with told us that they felt safe with the staff that supported them. One person told us, "Definitely safe and comfortable with [named staff member] and all the other staff that come, they treat me with respect and are always concerned about my welfare and safety. They are wonderful staff, I feel very safe with them.

Staff spoken with told us that they knew who to contact if they had any concerns about people. One staff member told us, "I would be right on it if I thought someone was being abused even if it was the person's family member. I would report it to the manager and if they did nothing, which I doubt, I would contact the police or social service." Another staff member told us, "People talk about abuse in respect of physical harm, but by not meeting their care needs, maintaining their dignity, respecting their choices is a form of

abuse." All staff spoken with confirmed that training had been provided in relation to safeguarding people from harm.

Three people that we spoke with told us that they had support when taking their medication and had no concerns about how staff supported them. Staff told us that when they supported people with their medication they signed to say that either they had given the person the medication or prompted them to take their medication. Staff was clear about the different support people needed. Staff told us that they knew what medication they were supporting people with because this was normally in a blister pack with the date and the time so mistakes were minimised. All staff confirmed that training had been given in respect of supporting people with their medicines. The provider information return (PIR) told us, "There is On-going staff development and training in relation to medicines and an updated management policy". The provider has recently completed an advance training course in medication so that he could provide further training for staff. The provider told us that this was to ensure that staff had the best training possible. This showed that the provider had taken steps to ensure that people who required support with their medication was supported safely.

The PIR told us, "To ensure that there are sufficient staff to cover the care service we have recruited a recruitment manager whose role involves making sure that there are sufficient numbers of suitable staff to meet people's needs and keep them safe. This is also included in our staffing levels, and planning." We spoke with the recruitment manager who told us that staff were employed based on the number of people they supported. Staff spoken with told us that they had rotas so they know who they would be attending and confirmed that if they were held up there was always another staff member they could call on to help, so people did not have to wait long and always received their calls. All nine people we spoke with confirmed that they had not had any missed calls. Three people spoken with felt that there was enough staff. One person told us, "I have had a late call but I was told the reason and another member of staff came within half an hour so think that they have enough staff, I am never rushed. This showed the provider as part of their planning of calls took into account incidents that may occur.

Is the service effective?

Our findings

People spoken with felt that staff were trained. One relative told us, "I certainly feel that staff have had training, because of the way they support my relative." Another person told us, "No doubt at all [name staff member] is so precise in what she does for me and very knowledgeable about care." A third person told us, "Well they do me alright." Staff confirmed they had training in different subjects so they had the skills to care for people. One staff member told us that they attended a person who had a catheter and said, "I have been trained in how to support the person." Staff told us that they found the training useful and felt that they had good support from the management to develop further. This showed that the provider ensured, where possible, staff had the skills to meet people's individual care needs and address shortfalls if needed. All staff said they received the necessary training, supervision to support them to do their job. The provider had a planned approach to staff training so staff updated their skills when required.

People spoken with confirmed that they were consulted about the support they wanted at each visit. One person told us, "They discuss with me everything they do, they ask all the time." Another person told us, "Staff talk to me about my care and I tell them what I want." People told us that they were encouraged to make decision about how they wanted to be supported. A staff member told us, "It is up to the person how we support them although we know what we have to do we always ask at each visit." We spoke with three people about the support they had with their meals. They told us staff always offered a choice, and prepared what they wanted. Staff spoken with was aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, "As you get older you eat less, but if a person was not eating enough or I felt that there was a problem I would inform their relative and the office just in case the person was not getting enough to eat to stay healthy." This showed that where required, staff supported people with managing their nutrition, and was able to identify and take action where risks to people's health through poor diet and fluid intake were indicated.

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. Staff were aware of the Mental Capacity Act, and of what action to take should they believe someone in their care lacked the capacity to make decisions about their care and support. People told us that staff involved them in decisions about their care. We were told by the registered manager and staff confirmed any changes to a person who was no longer able to make decisions about their care a review would take place with family members so other health care professionals could be contacted if required. The registered manager and staff spoken with were clear what they would do in the event of a person's needs changing and clear procedures were in place so people's rights were protected.

Staff spoken with and people confirmed that staff supported them with their healthcare needs when required. Staff spoken with was clear about what they would do in a medical emergency. One staff member told us, "We make sure the person was okay before we left or wait for a relative to come if needed." This showed people were supported with their health care needs when required. One person told us, "As I have

said before little busy bodies, I only have to have a snuffle and staff are asking me if I have seen a doctor. They are all very protective, I could not hide it from them." Another person told us, they [staff] help me if I am poorly they tell my family."

Is the service caring?

Our findings

People spoken with gave positive comments about the care they received. People told us they liked the staff that visited them and said that the service provided was good. A relative told us, "The carer is such a beautiful lady, jolly, refreshing and above all mom loves her, it makes moms day when she comes." Another person who used the service said, "When they come I wish they would stay all day they are so nice, friendly and caring". A relative told us, "If [named staff member] ran an agency and guided other staff the way [named member of staff] supports my relative, all I can say is that the agency would be outstanding." A third person told us, "I could not manage without them, I am happy with the service and the carers are fabulous First thing in a morning they ask how I am before they do anything they don't just rush in. It's always good morning and how are you today." This showed that people felt comfortable with staff and caring and supportive relationships had developed

One person told us, "I have never been a person who needed support with anything and I objected to being cared for because of my nature. Staff who come know me well and respect me, which is very important to me, they do a brilliant job. It means I still have my independence." All nine people spoken with told us that they felt staff supported them to maintain their independence. One person told us, "They [staff] do something's for me but help me to do things for myself, like getting dressed having a wash. They [staff] are there to support me and it give me a bit of dignity also."

People's privacy, dignity and independence was maintained. One person told us, "They always ensure the doors and curtains are drawn before they provide any personal care." Another person said, "They always call me by my name. I feel comfortable with them." Staff told us they always involved people and asked what help they wanted. People are encouraged to do some things for themselves such as washing their hands and face and choosing meals and clothes. People told us that staff involved them in their care. One person told us, "They [staff] don't just come in and do the things they are meant to do, they ask me first. They say what you want doing today [name person]" All nine people spoken with told us that they felt staff supported them to maintain their independence and always asked what support they needed. One person told us, "They [staff] do something's for me but help me to do things for myself, like getting dressed having a wash they [staff] are there to support me and it gives me a bit of dignity also." All nine people spoken with told us that they were very much involved in how staff supported them.

Relatives spoken with were complimentary about the staff that supported their relatives. One relative told us, "The carer who comes has so much compassion and empathy for mom I really do not know what I would do without her. All the staff that visit's mom has shown her compassion kindness and understanding."

Is the service responsive?

Our findings

People spoken with told us they were cared for how they wanted to be and staff did what they asked. One person told us, "I am independent with a little help when needed just how I want it." Another person told us, "They [staff] do what I want them to do and more, they are so good." All the people we spoke with told us that they were asked at each visit what they wanted support with. One person told us they were assisted differently on each visit, this was based on what they needed that day. All people spoken with confirmed that staff always arrived on time and they had no missed calls which meant people had support when they wanted and needed it.

People spoken with felt that the service was flexible. One person told us, "It is important that staff come on time and this happens." Another person told us, "I told them I did not want a male carer and I have never had one. People told us that they had an initial assessment when they started to use the service. We saw that this was in line with an assessment by social services. This meant that the provider would then be able to identify if they had the resources and skill mix of staff to meet people's individual care needs. All the people we spoke with confirmed that their care needs were being met how they wanted and staff consulted with them at each visit.

People told us they were given information about how to make a complaint if needed. One person told us, "If I'm not happy with something they [staff] will know about it." Another person said, "I have no complaints but if I did I'm confident they would be dealt with." A relative told us, "Although I don't really know all the office staff I have always found them polite and would feel happy to approach them if I wasn't happy with something." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. One relative told us that when they had raised some concerns, in the past he found the manager to be very approachable. The concerns he raised had been addressed very quickly.

Is the service well-led?

Our findings

At our last inspection on 25 July 2016 we found that the provider had not ensured that records were up to date and contained relevant information in relation to people care. The provider information return told us, "The Care workshop has developed care plans to take into account service user needs which are tailored with personal information about them. Care plans and risk assessments are carried out regular to ensure the changing needs and demands are met." However, care records and risks assessment we looked at were not specific to people's individual care needs or their health related conditions, such as diabetes which shows that the provider had not made the required improvements to records to ensure staff had all the information they needed.

People told us that they had a folder in their home with some details but felt that these were not care plans. A relative told us that they had been waiting three months for a care plan. One person told us that they were fed up of telling staff what they have to do when new staff come, it should be written down. 'However this person did not want to tell staff what they wanted or discuss with staff their care on a daily basis they wanted staff to come in do what they had to do and go. All the people we spoke with told us that they had a folder in their home where staff recorded what they did when they came. Despite the lack of information in care records and risk assessments all the people we spoke with told us that this had not impacted on their care.

We fed this back to the provider and registered manager at the time of our inspection, who acknowledged that more individualised risk assessments and care plans were required to inform staff of the potential health related risks that people may be living with. This meant that when the provider information return was returned to us this had not captured the shortfalls we saw at the inspection.

It was evident from speaking with the registered manager, provider, staff and with people who use the services, as well as from the records we looked at, including the provider information return. It was evident that the provider had quality monitoring systems in place such as audits of safeguarding, incidents, as well as quality assurance surveys; We saw that surveys were positive about the service provided. A relative told us, there are agencies that support people as a job, but the staff and management at this agency care." The provider told us we are always looking at areas, so we can improve the service we provide for people and any feedback is welcomed so we can use the information to improve and learn.

Staff told us there was an open door policy and the managers listened to concerns or suggestions about improvements and addressed them. A staff member told us that they had suggested that they had calls within a suitable distance of each other so any delays in getting to the call were minimised. The staff member told us this has been done and now the registered manager is looking at all calls so that all staff work within smaller area so travelling times are reduced between each calls. This will mean that there are fewer delays when travelling." During our inspection staff told us it would be really nice to get together and meet other staff as they don't always have the opportunity. We shared this information with the provider. Following our inspection the provider told us he had arranged a coffee morning so staff could meet each other and have a general chat. If staff found this beneficial then this would be arranged on a regular basis.

This showed that the provider was open to suggestions so staff felt valued.

A new post had been created so quality monitoring could take place in relation to staff and people using the service. The provider told us, "We will do a cross reference with both staff and people using the service. For example we speak with the staff and the people using the service to gain their views so if any improvements are required this can be addressed. This will mean that both staff and the people using the service we are supporting feel involved in the service provided."