

Carers Relief Service

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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 ●

Summary of findings

Overall summary

The inspection took place on 19 July 2018. The inspection was announced.

This service is a domiciliary care agency. The Carers Relief Service is a care agency that provides care services to people in their own homes. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'. At the time of inspection, one person was receiving personal care at home.

At our last inspection on 09 February 2016, we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Carers Relief Service is a registered charity managed by a trustee committee of carers, professionals and volunteers. The service currently operates in the Medway, Swale and Maidstone areas. The care was delivered to give relatives and carers respite. The registered manager had managed the service since 2001 and the service had consistently met the fundamental standards and regulations.

People continued to be supported to make their own decisions about their care or had a family member who helped them.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People consented to their care. Staff were caring and compassionate. Staff were trusted and respected people's privacy and dignity.

Risks associated with people's care and support were managed safely. Staff followed infection control guidance to minimise cross infection risks. Suitable arrangements were in place in relation to the safe administration and recording of medicines.

The provider's policies, staff training and staff work practices were designed to keep people safe from abuse or harm.

Experienced and skilled staff were deployed in response to people's assessed needs and choices. Staff performance and development continued to be supported through supervision meetings which took place on a regular basis.

People's care plans continued to contain enough information about their personal preferences and focussed on individual needs.

People's feedback was sought and used to improve the care provided. There was a complaints policy in place and people or their relatives knew how to make a complaint.

The registered manager consistently worked with other organisations to design and deliver appropriate care.

The provider had a set of values the staff understood and included protecting people's human rights. The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Carers Relief Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. The inspection was carried out by one inspector.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

One person and their carer/relative gave us their feedback about the service. We spoke with the registered manager and two members of staff gave us their views about the service.

We looked at risk and quality audit records, policies and procedures, complaint and incident and accident monitoring systems. We looked at a person's care files, one staff recruitment file, the staff training programme and medicine records.

Is the service safe?

Our findings

One person said, "I feel safe because the staff are kind and caring."

People continued to be protected from the risk of receiving care from unsuitable staff. People had consistent care from the same staff. The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process based on the recruitment policy. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity and written references. There were processes in place for checking gaps in an applicant's employment history. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. The registered manager told us how they followed the recruitment policy and the staff records confirmed the policy was followed.

One person was being supported by staff with their medicines. Staff continued to assist the process by checking people had taken the right medicines at the right time through verbal prompting. People were protected by the service's medicines administration procedures and the training provided for staff. Staff understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that medicines had been administered and appropriately signed for by staff. The registered manager carried out monthly audits of medicine administration. The correct administration and recording of medicines minimised the risks of harm.

The registered manager continued to protect people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards in people's homes were assessed. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters. People were protected from potential cross infection. Staff received infection control training. Staff had access to personal protective equipment when appropriate, such as disposable gloves and aprons.

Policies about dealing with incidents and accidents were in place. There had not been any recent incidents.

The registered manager continued to protect people by understanding how to report concerns to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. The registered manager had an up to date whistleblowing policy in place. Staff were aware this could use this to raise issues outside of the organisation if they needed to.

There were contingency plans in place if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager was on call to people and emergency call alarms had been provided for people at home that were connected to a 24 hour call centre. This helped to protect people's safety and provided continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. A person said, "Staff understand my health problems." A relative said, "Staff draw attention to anything that is of concern."

There was an in-depth assessment process in place to inform people's care plans. People's care continued to be delivered in line with their needs and choices.

The registered manager and staff continued to work with other services providing care to the same people. The registered manager told us they coordinated people's care with other services directly, for example when they assisted people to attend community activities or day services and with the relative's people lived with.

People's health and wellbeing continued to be monitored by staff who understood they needed to highlight any concerns they may have about people's health to their manager and, where appropriate, relatives. However, at the time of this inspection people did not routinely need the assistance of staff to support them with their healthcare, such as making and attending appointments as they managed with others at home. Relatives took care of people's hydration and nutritional needs. However, food hygiene training was provided to staff.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. Staff said, "We explain the care we can provide and ask whether they consent. This process is documented, however when caring for vulnerable individuals gaining consent can be difficult, however the service acts in the best interest of the service users at all times."

The registered manager continued to use a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The training staff received included equality, diversity and human rights. The provider had a policy about equality and the protection of human rights that staff could access.

The registered manager continued meeting with staff for supervisions and an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. One person said, "The staff take the trouble to understand me."

We spoke with the registered manager at length. Their approach to care was compassionate and caring. The registered manager spoke about assisting people with choices and to be as independent as possible. Staff said, "People can always choose who they would like to care for them, and this can be flexible." And, "My colleagues have positive rapports with our service users and can build good family wide relationships." Staff had a good understanding of protecting people's privacy and dignity. For example, when assisting people to wash, they kept people covered with towels.

People and their relatives had full control over the care they received and how it would be delivered. Records continued to show that people had been asked their views about their care. People had been fully involved in the care planning process and in the reviews of those plans. Reviews of care plans could be completed at any time if the person's needs changed. We could see that care plan reviews continued taking place as planned and that the reviews had been recorded. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. The registered manager asked people about their views of the care when they visited people alongside other staff.

People's personal details remained secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office.

Is the service responsive?

Our findings

People's needs were reviewed and kept up to date. A relative said, "I feel very able to express any concerns or problems I may have."

Care plans were personalised to the individual and gave clear details about each person's needs and how they liked to be supported. Care plans contained information on a range of aspects of people's needs including communication, emotional wellbeing and specific learning disability support. People's likes and dislikes had been recorded in their care plans. Staff encouraged people to be as independent as possible. Staff understood the care they should be providing to individual people as they followed detailed care plans. A member of staff said, "We read care documents and assessment to make sure we are up to date." Care plans were left with people at home for staff to follow. The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need.

The care plans continued to meet the accessible information standards. These are a set of standards showing how information is shared or communicated to people in a way that meets their needs. For example, it covers the needs of people who are blind, deaf, or who have a learning disability. Care plans described people's individual care needs and choices. They were written in a way that people would understand based on their assessed communication needs and choices. For example, with the use of pictures. The care plans enabled people to check they were receiving the agreed care. Care plans were reviewed and updated monthly or as and when people's needs changed so that care plans were accurate and up to date.

Care and support was provided for people at home or in the wider community. Staff told us about the projects and events run by the Cares Relief Service for people with learning disabilities. This gave people the opportunity to meet others. One member of staff said, "There is a real feeling of camaraderie at the club people attend and a good range of activities are on offer."

Records showed that people continued to be asked their views about their care. This gave people the opportunity to review their needs if necessary. For example, one person's care plan had been reviewed with them and their relative.

Staff protected people's health and welfare by alerting the persons main carer if they had any concerns.

The complaints policy provided the information people would need if they wished to make a complaint. This included the step by step process to follow within the policy and where people could go externally if they were not satisfied with how their complaint was handled. There had been no complaints about this service. There was regular contact between people using the service and the management team. The registered manager told us they always tried to improve people's experiences of the service by asking for and responding to feedback.

The service had a policy about end of life care. The registered manager told us that they provided a respite

service and were not normally involved in providing end of life care.

Is the service well-led?

Our findings

A relative told us that the service was well run. They said, "They send us a feedback questionnaire regularly to ask if all is well. The registered manager comes to check that the carers are performing their duties well."

There continued to be a registered manager employed at the service. 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 provider had a statement of purpose setting out their aims and objectives. These included; 'The support carers of adults, and people with learning disabilities by promoting their independence and improving their quality of life.' The aims and objectives were shared with the people who used the service. Staff consistently delivered care based on the provider's aims.

People continued to be provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager had a clear understanding of what the service could provide to people in the way of care.

Regular audits continued to assist the registered manager to maintain a good standard of service for people. They audited care plans, medicines and the quality of the service provided. For example, by checking that care plans and risk assessments remained relevant and by making improvements. Recently, the registered manager had introduced a breakfast club for people and staff to attend to discuss improvements they would like to see in the service.

The trustee committee met four times a year and had appointed an independent audit of policies and procedures to keep them updated with current legislation and practice. For example, medicines policies followed guidance issued by the National Institute for Health and Care Excellence.

There had not been any recorded incidents since our last inspection. However, the provider had a policy about the investigation of any incidents which included learning from them so that the risk of them happening again was minimised.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. Staff team meetings took place so that staff could keep themselves updated with the service.

There were a range of policies and procedures governing how the service needed to be run. The registered manager promoted partnership working with external agencies. For example, if other care agencies were involved in the same persons care. This enabled people to receive a joined up service.

The registered manager understood their responsibilities around meeting their legal obligations. For

example, by knowing when to send notifications to CQC about events within the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.