

Carmel Domiciliary Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection took place on 29 and 30 January 2015 and was announced. Carmel Domiciliary Care is a domiciliary care service which provides support and care to people with mental health needs in their own homes. We visited five people who are supported with their personal care and share a house in the community.

A registered manager was in place as required by their conditions of registration. 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 and associated Regulations about how the service is run. The

Summary of findings

registered manager was not available during our inspection so we spoke with the deputy manager who was in charge of the service and assisted us with the inspection.

At our previous inspection on 14 May 2014, the provider did not meet all the legal requirements in relation to safeguarding people from financial abuse; monitoring the quality of the service as well as recruitment processes and supporting and training staff. Following this inspection, the provider sent us an action plan to tell us the improvements they were going to make. During this inspection we looked to see if these improvements had been made. We found that improvements had been made in systems to ensure people's money was stored and managed effectively and they were protected from financial abuse. Systems were also in place to ensure the quality of service was effective and met the needs of people using the service.

People were supported by staff who were suitably trained and recruited to carry out their role. Staff were now regularly supported however some staff had not received all their relevant training. There were sufficient numbers of skilled staff to meet the personal care needs of the people they supported.

People's medicines were ordered, stored and administered in a safe way. However the provider's medicines policy did not reflect the practices of the management of people's medicines. There was no clear guidance for which over the counter medicines people could take if they had a minor illness. Records of when

people had taken medicines when they became upset or anxious were not accurate. You can see what action we told the provider to take at the back of the full version of the report.

Staff and the registered manager understood their role and responsibilities to protect people from harm and abuse. People's personal support needs and risks had been assessed and discussed with them. Staff were aware of how to best support people when they were upset or at risk of harm however there were no records to guide staff on the triggers or reasons for why people may become upset.

People's health, emotional and social needs were assessed and reviewed. Their care was focused around their needs and wishes. People told us they enjoyed the food and meals served to them. They were supported to eat and drink sufficient amounts and maintain a balanced diet. Their dietary needs and preferences were considered when planning the weekly menu. Alternative food was available if people did not like the meal options.

People spoke highly of the staff and the registered manager. People told us that staff were caring and gave them the support they needed. Complaints were managed effectively and actions were put in place to prevent the concern reoccurring.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

This service was not always safe. The records of people's medicines were not always recorded effectively. The provider's medicines policy did not reflect current practices in the home. Guidance was not in place for purchasing non-prescribed over the counter medicines for individual people.

Staff were recruited safely to carry out their role. Staffing levels were suitable to meet the personal care needs of the people who used the service.

Staff were knowledgeable about their role and responsibilities to protect people from harm and abuse. There were clear policies and procedures in place to give staff guidance on how to report any allegations of abuse. People's finances were managed and stored effectively.

Requires Improvement



Is the service effective?

This service was generally effective. Some staff had received up to date training but not all staff had received training relevant to their role. Staff received regular support from the registered manager.

People's health and emotional needs had been assessed and regularly reviewed. People were supported to access health and social care services when needed.

Staff understood the importance in providing choice to people. People nutritional needs were met. People were involved in planning the weekly menu. Their dietary needs and preferences were catered for.

Requires Improvement



Is the service caring?

The service was caring. Staff understood the different needs of people and adapted their approach accordingly. People were encouraged to express their choices and preferences about their daily activities. People's privacy, dignity and decisions were respected and valued by staff.

People told us they were happy with the service they received. People and their relatives said the staff were caring and compassionate.

Good



Is the service responsive?

This service was not always responsive. People's care was planned, assessed and focused on their individual needs however the causes of people becoming mentally unwell were not always recorded. Although staff responded quickly and appropriately when people's care needs changed. Care was delivered in a way that was personal to the individual.

People made choices how they spent their day. Some people carried out regular activities in the community.

Requires Improvement



Summary of findings

People and their relatives were able to raise concerns openly with staff and were listened to and acted on.

Is the service well-led?

This service was well- led. People and their relatives spoke positively about the management and staff team in the home. Staff were supported and encouraged to develop their care skill practices by the registered manager.

Quality assurance systems were in place to monitor the quality of care and safety of the home. The culture of the organisation was open and supportive and the registered manager and deputy manager led by example.

Good



Carmel Domiciliary Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 January 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was last inspected on 14 May 2014 when it did not meet all the legal requirements and regulations associated with the

Health and Social Care Act 2008. During this comprehensive inspection we followed up on whether action had been taken to deal with the breach of regulations.

Before the inspection we examined information that we held about the provider and previous inspection reports. We also reviewed notifications which are information the provider is required to send us about significant events.

We visited four people who were supported by the service and shared a house. We also talked with four members of staff and the deputy manager. We looked at the care records of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including accident and incident reports. We also followed up on previous concerns about the quality of service provided.

After the inspection we spoke with one relative by telephone and one health and social care professional.

Is the service safe?

Our findings

People were given their medicines as prescribed to them. A new system had been recently implemented to ensure people's medicines were ordered, stored and administered safely. All staff members had been trained by the deputy manager to manage this new system. One staff member said "The new system is so much easier now." The deputy manager showed us plans that all staff would soon receive external training to refresh and update their knowledge in managing people's medicines. People had requested and agreed that their medicines were stored in their individual secured locker under the stairs. With support from staff, people took their medicines in the dining room at the correct time. Records showed when people had taken their medicines.

Two people had been prescribed medicines which should only be used when they became upset or anxious. Staff were aware when people may require this type of medicine however there was no record or guidance of this in their care plan. We found the medicines records of one person who required this type of medicines when they became upset did not reflect the balance of medicines which were left. The deputy manager told us they checked the medicines balance and records monthly but this would now increase to weekly. People were supported to purchase over the counter homely remedies if they had a minor illness. However there was no individual information to guide people or staff on which homely remedies may react against their prescribed medicines. The provider's medicines policy did not reflect the practices and management of people's medicines. For example the policy did not state that people's medicines were stored in individual secured lockers.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe where they lived and with the staff that supported them. People made comments such as "You can really trust the staff here; they're all really good people." and "I feel very safe here, it's the safest place I've lived, and it's just like your own house, and your own family."

During our last inspection, people were at risk of being financially abused due to the poor safe keeping and documentation of people's money and expenditure. During

this inspection we found significant improvement had been made in storing and managing people's money. A new system to securely store people's money and valuables had been put into place and there were clear records which accounted for people's income and expenses. People had been given the option to have a secured locker in their bedrooms but everyone had chosen to keep their money and smaller valuables in secured lockers. Each person held their own key to their locker. One person said "All my stuff is very safe as it is locked up in the lockers so I know it's safe. If I want anything I can go and get it." Most people had requested that staff should help them manage their money. One relative said "He worries about things, especially his money, but he's been a lot better since he knows that his money is kept locked away in a locker, it's a relief for him. I check his money with him when I visit."

The provider had implemented a financial risk assessment for each person which guided staff on people's ability to manage or consent to staff managing their money. Where people needed support with managing their money, there were financial records and receipts of people's cash purchases. These records were checked weekly by the deputy manager and witnessed by another member of staff. People were helped to make an informed decision about spending large amounts of money. People were being referred to a service which helped to be supported by an advocate when they made any significant decisions about their health, social care and well-being.

At our previous inspection, staff were not fully aware of their responsibility to declare if people had bought them a gift or refreshments. People were now discouraged from buying gifts for staff and staff were now fully aware of the procedure to report and record any gifts or refreshments which were given to them by people. The gifts and hospitality policy had been updated and now reflected current practices.

There had been significant improvement of the staff recruitment procedures since our last inspection. All new staff had been through a thorough recruitment and training process before they were able to support someone in their homes. New staff had completed an application form and provided details of their previous employment. Employment and criminal checks had been carried out on all new staff to ensure they were suitable to support people.

Is the service safe?

Relatives told us they felt people were safe. One relative said, “It’s a relief knowing he’s safe.” The deputy manager and staff were aware of their role and responsibilities to keep people safe and report any allegations of abuse. Staff were knowledgeable about recognising the signs of abuse. Staff had received training in safeguarding people which helped them to understand the importance of protecting people. One staff member said “We have all had updated training and know where to report any issues of abuse both to our managers and outside agencies”. A safeguarding policy was available to give staff clear guidance on how to report any allegations of abuse. The registered manager had informed us using notifications of significant events which had put people at risk of harm or injury.

Staff were aware of people who were at risk of harm and understood their role and actions to help minimise the risk of injury. Risk assessments provided staff with instructions on how to undertake this task safely to ensure people were protected. People’s individual risks had been managed,

reviewed and discussed with them. One recent event was discussed at the inspection and had been managed effectively to reduce further risk to this person. We found that accidents and incidents had been reported appropriately.

Suitable staffing levels were in place to meet the needs of the people. People were being supported by a team of established staff. One member of staff was available to support people 24 hours a day. This staff member supported people with activities of daily living and encouraged them to become more independent. The provider had bank staff available to cover any unplanned staff absences. The registered manager and deputy manager also helped to cover any changes in the planned staffing rota and were also available out of hours in case of any emergencies. People were also given individual support to achieve their personal goals and to undertake activities in the community.

Is the service effective?

Our findings

People were cared for by staff who were established in their role. At our last inspection, staff had not been fully trained and supported to carry out their role. During this inspection we found improvement had been made in staff support and training. Staff told us they felt generally well trained to carry out their role and could always ask other team members and managers for guidance. New staff had been given a period of time to shadow an experienced member of staff and get to know the people in the home.

All staff had attended safeguarding training and a training plan was in place for all staff to attend courses on food hygiene, medication and 'making every contact count'. However the deputy manager was not able to confirm when some of the pending training would be completed in these areas. We were told that staff could access the e-learning courses provided by the county council. A recent staff survey identified that some staff had requested further training in supporting people who may become aggressive and challenging. As yet no confirmed plans were in place to meet this request.

The registered manager was registered as a mental health nurse and often mentored staff and shared her knowledge and experience of caring for people with mental health problems. However new staff had not received any formal training in supporting people with mental health problems.

Staff received regular formal and informal supervisions and support meetings. One staff said "The managers are great here, very supportive and always on hand to answer any questions or concerns." Staff has received an annual review of their development and performance and we saw records of 'an unannounced observation of care worker at work report' which checked on the skills and competencies of staff.

People who used the service were able to make decisions about their care. They had agreed that the provider would take responsibility for managing their money and medicines. People had agreed about the care and support they wished to receive if their mental health deteriorated. People were supported to make more significant decisions. Other health care professionals helped them to make these decisions such as decisions about their treatment and future. People had been given the opportunity to receive help and support from an advocate when needed. People who received the service from Carmel Domiciliary Care were not restricted in their liberty or freedom. Staff helped people make to make an informed decision about their day. One person said "There's no restrictions, we can go and have a lie down if we want, get up when we want, its brilliant."

People were encouraged to maintain their health and well-being. People were supported when required to health care appointments such as the dentist. People were regularly reviewed by the mental health team to ensure the support and medicines met their needs.

People told us they enjoyed their meals and they could help themselves to food and drinks throughout the day. One person said, "We always get a good choice of food; today I had chicken soup and cake. There's plenty of choice and I can have whatever I want. If I get hungry I can have a snack anytime." People's likes and dislikes in food and drink, their special diets and allergies were recorded and known by the staff. Food was cooked to meet everyone's taste and choices. People were encouraged to help to plan for their meals for the following week. If people did not like the food options then an alternative meal was provided. They were encouraged to help prepare and cook their meals. People had the choice of a variety of breakfast meals and when and where they would like to eat them. One relative said "The food is OK, what they have is really quite good. I know my brother is happy with it."

Is the service caring?

Our findings

People told us they were happy with the support and care they received from staff. One person said, “They are all very nice people who work here.” Another person told us, “Honestly you couldn’t get any better than the people who work here and they’re all so lovely.” One relative told us staff were caring and said, “Everyone who works there seems to do a good job. They know how to look after them and that’s what matters.”

Staff respected people, for example we saw staff being polite to people and speaking with them in a respectful and kind manner. Staff spoke to people as equals and respected their views. People were able to set the pace of their communication. Staff took time to listen to their stories and opinions without interrupting. One person was upset during our visit. Staff spoke to this person with empathy and compassion. They provided reassurance and then helped to distract them from their worries. People complimented staff about the manner and approach. One person said “This girl (staff member) is incredible. She is marvellous.”

Staff were aware of people’s backgrounds and preferences and helped to support them in making decisions about their day and their activities. People were given choices about how they wanted to spend their day. One person told us, “I like to stay in and watch TV and chat with the staff.” People were encouraged to remain as independent

as possible in their activities of daily living such as managing their money and going into the community. People told us they sometimes help with chores such as sorting out their washing.

We observed staff interacting with people throughout our inspection. Staff knew people well and were able to adapt their approach and manner for each person. Staff were aware of people’s personalities and what may trigger them to become upset or become anxious. Some people required on-going verbal reassurance; others needed to be reminded about their plans for the day. We saw staff chatting with people in a friendly and kind way. One staff member said “People are lovely here. It has a nice family feel to the service.” Another member of staff said, “I always try to speak to people the way I would like to be spoken to.”

Staff explained to people the purpose of our visit and why we were spending some time with them. People were asked if they wanted to speak to us. People were offered a private area to speak to us or staff if they wanted it. Staff were mindful of people’s privacy and confidentiality. We saw staff shut doors when they wanted to speak to us privately.

People were in the process of being supported to have an advocate to help them if they needed to make decisions about their lives. The deputy manager said “Each person will be given the choice to have an advocate so they can be helped to make independent decisions as we are too involved in their lives.”

Is the service responsive?

Our findings

Each person had an individualised care record. Care records were focused on the individual person and detailed people's likes and dislikes and preferred routines. Most people had risk assessments in place which gave staff clear direction and guidance to help minimise risk of injury or harm to a person if they became upset. Although staff knew people well, their care records did not guide staff on what triggers may cause a person to become upset or alert staff that they were becoming mentally unwell. Risk assessments mainly highlighted the actions needed when a person had become unwell rather than identifying and preventing any further mental illness. However, staff knew how to support people when they became upset or anxious. Staff also knew that they should contact the local mental health community rehabilitation and recovery service if people became mentally unwell.

People's care was planned around their individual needs. People's needs were regularly reviewed at least every six months. The provider wrote to each person inviting them to be involved in the review of their care. People's needs had also recently been reviewed by their social worker. People's health and emotional well-being had been assessed and recorded to ensure staff understood their needs and levels of support.

Staff completed daily notes and there were records of the health and social well-being of each person. People's care records were reviewed regularly according to their needs and they were involved in the reviewing of their care. People were able to express their views and wishes of their support at these review meetings. They also had other opportunities to express their concerns or wishes during regular meetings with staff. The provider had carried out a

recent survey on the service they provided to capture people's feelings. The results were generally positive from people however no action had been put into place to address the shortfalls of the service.

People felt confident and empowered to raise any concerns with staff if they needed to. People's day to day concerns and issues were addressed immediately with staff. They told us their concerns were always listened to. For example alternative arrangements had been made for one person who had become upset about an issue in the home. They told us it had been agreed that they would contact the deputy manager direct rather speaking to different staff on duty if they had a concern. Relatives were able to express their views and they could always raise their concerns. One relative had made a complaint since our last inspection. This complaint was dealt with in line with the provider's complaints policy and to the satisfaction of the complainant.

Most people had lived in a supportive living home for a long period of time and enjoyed living in shared accommodation. People could make choices about how they spent their day. Most people preferred to stay at home and spend time watching television and reading magazines. One person said "I prefer to stay here; I don't like to go out much." One staff member said "We know their ways; people like to keep to a routine here." Staff encouraged people to take part in day to day chores round the house such as preparing food and cleaning

Some people were more independent in the community and enjoyed going to day centres and classes. Other people only chose to go if they had a member of staff with them. People were encouraged by staff to try out new activities. For example one person had tried out art classes and another person had joined a walking group.

Is the service well-led?

Our findings

During our last inspection, the registered manager was unable to provide documents and audits which demonstrated that they effectively monitored and assessed the quality of service provided. Since this inspection, systems had now been put in to place to monitor the quality of service and identify any shortfalls in the service provided. The registered manager now had effective systems to overview and monitor staff development and support; reviewing of people's care records and analysis of medical or psychiatric emergencies. Other systems such as implementing new structures to ensure people's money and medicines had also been put into place.

At our previous inspection the managers of the service could not demonstrate how they kept their own knowledge up to date. However during this inspection we found the managers of the service were now proactive in developing their knowledge and skill base. For example, the registered manager had joined the local provider networking association and was engaging with other events and activities to keep her knowledge and skills up to date. The registered manager and deputy manager had attended additional courses to keep up to date the latest legislation and care practices. Other systems such as new staff personal development plans were being planned to ensure that people were being supported by competent and knowledgeable staff.

Carmel Domiciliary Care has systems in place to help people report any concerns about the maintenance of their home to the landlord. The deputy manager carried out a fire and environmental risk checks every three months to ensure people were safe.

Accident and incidents were recorded by staff and recorded on the person's care records. The deputy manager reviewed the incidents monthly. Although staff and the registered manager were aware of any patterns of incidents arising with individual people, there was no overall process of analysing the accidents and incidents which were occurring across the service.

Staff were positive about the management structure and the support they received from the registered and deputy manager. One staff member said, "The managers are very approachable. Any concerns, I know I can always talk to them." Another staff member said, "The managers are always there for us if we need help. I have learnt so much from them." Staff told us the managers were much more aware of changes in legislation and current practices. This information was being shared more readily at staff meetings.

The culture of the organisation was fair, open and supportive and the registered manager and deputy manager led by example. The provider had a 'principles and values underpinning our service' policy which was shared with all new staff. These values were demonstrated when observing staff interacting with people. The registered manager had a 'hands on' role and supported people with health care appointments and trips into the community. The registered manager was aware of any present concerns relating to the people who used the service and was able to direct them in a timely manner to the appropriate support services.

People who used the service praised the managers and staff. One person said, "I can always the manager for anything, I know she will always try and help me." Staff shared information effectively about any changes in the needs of people during handover meetings or in the team's communication book. A survey had been carried out with people who used the service to help the provider understand the experiences of people using the service. The results had been analysed to identify any trends or patterns. However an action plan had not yet been developed as a result of their findings.

A staff survey had also been completed which had identified areas of strength and weakness in staff development and support. The results of the survey showed that not all staff felt their training needs had been met. This was being addressed by the registered manager who was sourcing various training courses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>People who use services and others were not protected against the risks associated with the unsafe use of and management of medicines.</p>