The Care Group (Malvern) Limited

The Care Group (Malvern) Limited

Inspection report

137 Barnards Green Road
Malvern
Worcestershire
WR14 3ZF

Tel: 01684572156
Website: www.thecaregroup.uk.com

Date of inspection visit:
30 August 2018

Date of publication:
25 September 2018

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

This inspection took place on 30 August 2018 was announced. This was the first comprehensive inspection of The Care Group (Malvern) Limited since their registration with the Care Quality Commission.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger adults. The service was providing care to nine people in receipt of personal care at the time of our inspection.

Not everyone using The Care Group (Malvern) Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

A registered manager was not in post at the time of our inspection. However, the operations coordinator had made an application to become the registered manager. 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.

People received safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while promoting the person's independence. People who had support with their medicines had them administered when needed, with and by staff who were trained and competent to do so. People told us there were enough staff to support them and staff arrived on time for pre-arranged care calls.

Staff were supported in their roles by receiving an induction and ongoing training to ensure their skills and knowledge reflected the needs of people they cared for. Staff had opportunities to reflect on and improve their practice for the benefit of providing care and support to effectively meet people's needs. Staff recognised how their training had provided the knowledge of how to reduce risks of infections spreading.

Where people needed support with their meals and drinks this was provided. People were supported to access healthcare as required, with staff helping with telephone calls if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included involving people in decisions about their day to day care. People were consulted about the type and amount of care they received and their needs and wishes were understood and followed by staff.

People were supported by consistent staff who were caring and respected their privacy, dignity and independence. Staff helped people to be involved in their care and people's choices about their care were listened to and acted upon.

People's care records were personalised and contained information about people's preferred daily routines. People who used the service and their relatives were involved in the planning and reviewing of their care so any changes could be responded to.

People in receipt of care had regular opportunities to feedback about the service. All people we spoke with were happy to raise concerns with staff and were confident action would be taken as a result.

The management and staff team shared common values about the aims and objectives of the services they provided. Staff were supported to carry out their roles and responsibilities effectively, so people received care and support in-line with their needs and wishes to continue to live in their own homes.

The management team's quality checking arrangements were continuing to be developed and included regular checks of people's care plans and staff's practice. When issues were identified action was taken to continually improve, develop and sustain the quality of the services provided to people in their homes.

The management team demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so people received care and support in-line with their needs and wishes. The management team completed regular quality checks of the services provided and where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the services offered.

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 was safe.

People were confident their safety was met by staff who understood how to support people, so they were safe as possible from harm and abuse.

People's needs were met by sufficient numbers of available staff who had been trained to support people with their medicines where needed.

Staff understood how to reduce infections from spreading whilst providing the care people needed.

Is the service effective?

Good

The service was effective.

People's care needs were assessed so staff could adapt their skills and knowledge to effectively provide the care each person required.

Staff received an induction and ongoing training to support them in obtaining the knowledge and skills they required to meet people's needs.

People were supported to stay healthy and well, and make their own decisions and to consent to their care.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were happy with the care they received which was provided in a kind and caring way.

Staff involved people in their everyday care which showed people were treated as individuals.

People were treated with respect and dignity with their independence respected by staff they had positive relationships

with.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs.

Staff knew people as individuals and provided support in ways which reflected their particular preferences and interests.

The provider responded effectively to any concerns or complaints to resolve these.

Is the service well-led?

Good

The service was well-led.

People were happy with the quality of care they currently received and had opportunities to share their opinion about the quality of the service.

Staff worked together in a friendly and supportive way.

Systems were in place to monitor service quality and the management team were committed to develop the service in line with people's needs.

The Care Group (Malvern) 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 30 August 2018 and ended on 6 September 2018. It included sampling people's care records talking with people and their relatives about the care provided. We visited the office location on 30 August 2018 to see the management team; and to review care records and policies and procedures. We spoke with people who used the service, their relatives and one care staff member up to 6 September, to find out what they thought about the care provided.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report.

We looked at the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law.

We requested information about the service from the local authority and Healthwatch. The local authority

has responsibility for funding people some people who use domiciliary care services and monitoring their safety and quality. Healthwatch are an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to help plan this inspection.

We spoke with two people who used the service and three relatives of a further three people who used the service and one care staff member by telephone following our visit to the providers office. This was to seek their views about how well the care services were meeting people's needs.

During our visit to the providers office we spoke with the operations coordinator about how the provider monitored the quality of the service provided and the actions they took to develop the service further. Additionally, we spoke with one care staff member about their role in providing care to people in their own homes.

We looked at a range of documents and written records about how care services were being provided. This included sampling three people's care files, three staff recruitment files, complaints and compliment records and the provider's quality assurance records. In addition, the operations coordinator sent us further information about staff training and competencies together with a copy of their current action plan.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and comfortable with the staff who provided care to them in their own homes. One person told us, "Entirely safe, I don't fear any wrong doing by any of the carers [staff]." Another person said, "I always feel safe as the carers [staff] help me with what I can't do." Relatives also felt their relative's safety was maintained because staff understood how to meet their needs.

The provider had arrangements in place to protect people from avoidable harm, abuse and discrimination. Staff had received training in, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team and felt confident in doing this. The operations coordinator understood it was the management team's responsibility in reporting and dealing with concerns to ensure people remained safe.

People gave us various examples of how staff made them feel safe and confident by meeting their individual needs. One person told us, "They [staff] help me with the things I can't do so I stay safe. They give me confidence [and] as they [staff] know what I need help with so I don't struggle" Staff knew about the risks associated with people's care and how these were to be managed. For example, one staff member told us how they provided prompts to people if they forgot to use their walking aids so risks of them falling were reduced and supported their independence. Care records we looked at confirmed risk assessments had been completed and people's care was planned to consider and reduce identified risks.

Environmental risks within people's homes had been assessed so risks to people who used the service and staff were reduced. These risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so avoidable accidents were reduced. The management team also had arrangements in place for reporting and reviewing accidents and incidents. This was to make sure suitable action was taken to protect people's welfare and safety and reduce the likelihood of them happening again.

The management team assessed and planned their staffing based on the care hours provided and people's individual care needs. The management team took care to ensure staff started each call at the specified time and had sufficient time to meet people's needs without rushing. People we spoke with told us they were satisfied with the staffing and call-scheduling arrangements. For example, one person said, "They [staff] have never missed a visit" and "The carers never rush me, they go at my pace." The provider also had effective systems in place to ensure people were informed if staff were ever running late for a call, for example due to traffic problems or the need to provide additional care to someone who was unwell.

Staff told us that the appropriate pre-employment checks were completed before they could start their employment. The staff employment files looked at showed that references had been sought from staff's previous employers and Disclosure and Barring Service (DBS) checks had been completed before staff were able to work unsupervised. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who require care. This showed that staff employed had been checked for their suitability to provide care to people. The operations coordinator would be making some improvements to the application form used. This was

because they had identified improvements were required to ensure all gaps in staff's employment histories were accounted for as a further method of strengthening their pre-employment checks.

Where people required support to take any medicines they required the management team had procedures in place so when staff supported people with their medicines this was recorded in their care records. Staff who assisted people with their medicines had received the practical support and guidance so they would know how to provide this care in a way which kept people safe. In addition, the operations coordinator told us as part of the developing quality assurance procedures staff's competencies in supporting people with their medicines were being checked. This was so the management team could be assured staff medicine practices were safe. Staff recorded in people's records when people had been supported with their medicines and signed a medicine administration record to confirm this. Records of medicines administered were checked by the management team to ensure people received their medicines as required. Where there were any areas that needed addressing, actions were put into place.

Our discussions with staff assured us they understood their responsibilities in relation to infection control. One staff member told us gloves and aprons were always available and, "When helping people with personal care I always wash my hands to prevent the spread of infections." This was also confirmed by one relative who said, "The carers [staff] always have gloves and aprons with them." Records showed staff had completed infection prevention and control training.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "The carers really know what they are doing; it must be due to their training. They certainly know what I need and what I want so I am happy with the standards of their care." Relatives were also confident staff had the knowledge to meet their family members care with one person confirming, "I'm quite satisfied with the way they [staff] know how the care is needed…. they know their jobs well."

Prior to starting to use the service, the management team met with people and their relatives to assess their individual care and support needs to confirm the provider could meet these. The management team used this information to develop care plans, so people received the care and support in the way they preferred. The operations coordinator understood the need to consider people's protected characteristics and avoid any form of discrimination in the planning or delivery of their care.

New members of staff participated in a structured induction programme, which included a period of shadowing experienced colleagues before they started providing care on their own. One staff member told us their induction, "Helped me to gain knowledge and feel confident [about my role]." As part of their initial training, new employees also completed the National Care Certificate which sets out common induction standards for social care staff.

Staff we spoke with told us the training they had received was related to the people they cared for. For example, one staff member explained how the training to assist people with their physical needs ensured they were confident in providing the right support to people. The management team assessed and monitored the staff learning and development needs through different methods. For example, the management team had conducted 'spot checks' of each staff member's care practice in a person's home and regular conversations with the management team. Talking positively about the support to do their job, one member of staff told us, "They [management team] are really supportive…. you get some positive feedback about your work" and "They [management team] send you texts thanking you for your good work."

When people needed help to ensure they had enough to eat and drink as part of their home care support this was provided by staff. One person we spoke with told us staff would help them if they needed it with their meals and always made sure they had a drink before they left. We saw people's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to the management team.

People told us where possible they would make their own health appointments but staff would support them if needed or requested. One person told us, "If I need the doctor they (staff) will call for me." Staff told us they would liaise with healthcare professionals to seek advice when required. For example, district nurses to make sure there was a consistent approach to meeting people's health and wellbeing needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found evidence in care plans we looked at that people had consented to care and our discussions with staff showed they understood the requirements of the MCA.

In addition, people felt their views and wishes were respected and that staff sought their consent first. Staff we spoke with had a good understanding of peoples' rights regarding choice and understood their responsibility to gain consent before providing care. People were encouraged to make decisions about their care and express their preferences.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection. At the time of our inspection the provider had not needed to make any applications to the Court of Protection.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff who worked for the provider were caring and kind. Describing the staff, one person said, "They [staff] are kind and very helpful to me." Another person's relative commented, "I think the carers [staff] who come to us are genuinely caring people."

Staff we spoke with had a good understanding of people's care needs. People told us staff provided them with care and support which met their needs. People who used the service and relatives told us they had the same staff who supported them most of the time. They told us they appreciated this as it meant they could develop good relationships with people. One relative told us staff who supported their family member knew them very well because they had been caring for the person continuously for some time.

Staff we spoke with talked about people with compassion and shared examples of how they cared for people beyond completing the care activities. One staff member described to us how they had got to know people's life histories by talking with people as they provided care and support. By taking this approach, the staff member said they could tell whether people were having a bad day and would, "Try to pick them [people who used the service] up" with conversation and humour where appropriate. Staff we spoke with were enthusiastic about the role they played in supporting people and told us they enjoyed "making a difference." One person talked about staff's approaches and commented, "They [staff] help me with what I need and really brighten my day as we have a good chat."

People felt involved in their care and their wishes were listened to and respected. One person told us, "Anything you need you only have to ask and they will do it. They listen too, if you say no they understand." Staff encouraged people to maintain their independence. One person told us staff knew what they could do themselves but were good at knowing when they required a, "Little bit of help." They appreciated that this enabled them to maintain their independence and told us, "I like to keep doing things myself where I can, it's important to me." The provider was also aware of the need to protect the confidentiality of people's personal information. For example, care records were stored securely and computers were password protected.

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought.

People and relatives told us staff supported them in a dignified way that protected their privacy. One person told us, "My dignity is always maintained when staff are attending to my personal care." A relative said, "We are both treated with the utmost respect at all times by both care staff and those staff in the office." Staff could share with us examples of how they maintained people's privacy when providing them with care. One staff member told us, "It's important to make sure people have their privacy; I close curtains and cover people with a towel when helping them to wash".

Good

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in the way, they liked. One person told us, "The care is very good…. They [staff] know what I need and how I like things done which is very helpful." One relative described how their family members care was responsive to their individual needs and had a positive impact on meeting their health needs too.

We found the care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. This included information for staff to follow for example how people preferred their personal care to be provided and any equipment required to ensure people's needs were responded to and people remained safe. Staff said they tried to provide care which met the expectations of the person receiving the service. They said they always asked them or their relative when this was appropriate how they preferred things to be done and at what times. For example, one person described how they had would advise staff of their preferred daily routines which made them feel in control of how they preferred their care. The person said their care was planned, "They [staff] know all the important little things…this makes a difference."

The Provider Information Return (PIR) told us, "Every client [people who used the service] is treated accordingly with the needs and wishes, person centred holistic care plan in place. Client [people who used the service] views, wishes and recommendations are reflected in care planning." We heard from people who used the service, relatives and staff and saw in care plans how people's needs were responded to. For example, one relative told us how their family member requested a male staff member only which had been fulfilled. In addition, the provider and management team showed insight into the Accessible Information Standard, and we saw people's communication needs had been assessed. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. Staff we spoke with were knowledgeable about people's individual needs.

Staff told us when they reported changes in people's needs and abilities to the management team they undertook a review straight away. One staff member told us, "Whenever extra time is needed this would be looked at and actions taken." The operations coordinator explained that when people's needs change these are reviewed and care plans updated. We saw care plans had been reviewed and where additional time was required to enable people's needs to be continued to be met. This was confirmed by people who told us they could contact the management team by telephone if they needed to make any changes to their scheduled care calls or discuss any other issue. For example, one person said, "I never have any trouble getting to speak to someone in the office." Another person told us, "The management team visited us last week to check on the care…. make sure it is right for us."

Information on how to raise a concern or complaint was included in the information people received when they first started using the service. Although people told us they had no reason to complain, they were confident any issues would be handled properly if they did. For example, one person said, "If I had a problem that needed sorting I am in no doubt if I rang the office it would be sorted." We looked at the

provider's complaints log and saw the small number of complaints which had been received had been handled properly in line with the provider's policy in a fair and consistent way.

At the time of our inspection staff were not providing end of life care for anyone at that time. However, staff understood their roles in working closely with the person, their relatives, district nurses and other medical professionals to ensure each person's needs were met. We saw the provider had received compliments about the care provided to people at the end of their lives. For example, one compliment read, 'The standard of care provided was exemplary and made the final months of our father's life as comfortable as was possible. Without this care he would not have been able to stay in his own home to the very end…which was what he and we deeply wished for.'

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us they considered the service to be well managed. One person told us, "I feel it is well managed and they [management and staff] do their best to meet all my needs." We consistently heard from people that because the service was small this attributed to them receiving care from a regular group of staff which people valued. One relative commented about this saying, "Carers [staff] are very through and very reliable. The same carer is better for [family member] as this makes a difference and it is less confusing. I feel this is well managed."

The former registered manager had left the provider's employment. A deputy manager was in post and the operations coordinator had applied to become the registered manager. 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 management team understood their responsibilities and conditions of registration. They knew about their responsibilities in keeping the Care Quality Commission informed of formal notifications and other changes. The operations coordinator spoke passionately about ensuring people were looked after to the best of their ability. They had personally met with some people in their homes as they felt it assisted them to understand the needs of the home care provisions and how best to develop and grow in the future when they become the registered manager.

People who used the service, relatives and staff were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed surveys about the quality of the service provided. We saw everyone had responded positively including comments such as, "All the staff are lovely. I am happy with the service provided for me.' One relative had commented, 'Dad really enjoys the chats with the girls [staff].

Staff spoke about the values of the care services they provided and the culture of the management team. On talking about their work one staff member commented the care services for people were, "Well managed, very organised. [Deputy manager and operations coordinator] are very pleasant." Another staff member said, "It's a brilliant service. We help people to live at home with help. [The management team] are supportive and there is always someone you can go to if you have a problem which is important."

Staff we spoke with told us they were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure people consistently received the care they needed. During the evenings, nights and weekends there was always a member of the management team on call if staff needed advice. Staff also told us they were many opportunities to meet with the management team where staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to make sure staff were well led and had the knowledge and systems they needed to care for people in a safe and effective way.

The operations coordinator spoke of their commitment to providing a good, caring service to the local community. They showed they were committed to ensure staff had all the training they required with their competencies regularly checked through methods, such as 'spot checks' undertaken on staff practices. In addition, there was a charity event for a well-known organisation to be held at the provider's office where cakes would be on offer and was another opportunity to forge community links. Talking about their role the operations coordinator confirmed their values of, "Giving something back to the community with [their] skills [they had] acquired over many years."

The management team maintained a range of checks related to the care provided. For example, monitoring care call times to ensure people received a reliable service which met their needs. The management team also undertook checks of daily care records, medicine charts and reviewed people's care to make sure it was of a good standard. In addition, the operations coordinator had developed an action plan of aspects of the service they were developing which showed they sought to continually improve the quality and safety of the care and support people received.