

Caring Carers Limited

Caring Carers Ltd, 3 Weston Chambers, Southend on Sea

Inspection report

3 Weston Chambers
Weston Road
Southend On Sea
Essex
SS1 1AT

Tel: 01702213955
Website: www.caringcarers.com

Date of inspection visit:
21 June 2016
22 June 2016
27 June 2016

Date of publication:
25 July 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

The unannounced inspection took place on the 21, 22 and 27 June 2016.

Caring Carers Ltd provides personal care and support to people in their own homes. At the time of inspection there were 62 people who used the service.

The service is required to and did have a 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 service needed to improve their quality assurance systems. Systems were in the process of being developed and new computer systems were in the process of being adopted to achieve robust quality monitoring of the service. Although systems were in place to make sure that people's views were gathered, developments were being made to analyse and produce action plans to make effective use of people's views.

People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Care workers had received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care. The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including Community District Nurses. Care workers supported people with their medication as required.

Staff understood people's needs and treated people with dignity and respect. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

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 felt safe with care workers. Risk assessments and support plans were implemented to ensure people's safety.

People were supported to take their medications as required. Management responded to discrepancies appropriately.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported to access healthcare professionals when they needed them.

Staff received a 12 week induction when they came to work at the service to understand how to fulfil people's needs effectively.

Staff were supported to advance their training, which enabled them to apply knowledge to support people effectively.

Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respectfully.

Staff knew people well and positive relationships had been created between them.

People and their representatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

Complaints were responded to in line with service policy and in a timely manner.

Is the service well-led?

The service was not consistently well-led.

Improvements to quality assurance systems were needed to imbed robust quality monitoring of the service. Developments were being implemented.

There were systems in place to seek the views of people who used the service however systems were being developed in order for them to be fully effective.

Care workers felt supported within their roles and action was taken when staff requested help to perform their roles.

Requires Improvement ●

Caring Carers Ltd, 3 Weston Chambers, Southend on Sea

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 inspected Creative Care Services on the 21 and 27 June 2016 and the inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we need to ensure that someone would be available. On 22 June 2016 we spoke with people who used the service and their relatives as part of our ongoing inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with six people, six relatives, seven members of staff, the care co-ordinator, registered manager and social workers. We looked at management records including samples of rotas, seven people's individual support plans, risk assessments and daily records of care and support given. We looked at seven staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Oh yes, I feel very safe around all of them [staff]." Relatives consistently told us that they knew their relatives were safe when support was being provided by staff from Caring Carers Ltd. Staff we spoke with wore their identification badges clearly.

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The registered manager told us that safeguarding was part of the staff mandatory training. The staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services and gave examples of when this had occurred. One member of staff whose training records confirmed had undertaken Safeguarding of Vulnerable Adults training told us, "I know I could call CQC or adult protection services, so we can make sure people are kept safe." Another member of staff told us, "You can tell by someone's change in demeanour if they need help, I'd tell staff in the office and I know they'd sort it out." The registered manager and staff had a good understanding of their responsibility to safeguard people.

Staff had the information they needed to support people safely and told us that communication was good between the care co-ordinators and care workers. Staff told us they are updated if changes are made to people's support and they update management if they identify a change in need. One staff member told us "I noticed [person's name] needed more help with their mobility. I told the office who assessed [person's name] and made the referral. Mobility aids were put in place quickly." People were aware of their initial assessment and care plans produced. However, one person told us, "I don't think there's a care plan in my home; they know what I need though." Two relatives reported that although documentation was in a folder it was disorderly. The registered manager assigned a staff member to immediately review documentation in people's homes to ensure care workers had the correct documentation to care for people safely and effectively.

Risks were communicated effectively and managed appropriately. During the inspection we observed the care co-ordinator receive information from a district nurse regarding a person's new need, which involved specialised personal care. The care co-ordinator identified the need to ensure relevant care workers were trained safely and competently to meet the needs of the person. The care workers were contacted to arrange immediate training. This demonstrated how potential risks were avoided and needs responded to safely.

There were sufficient staff employed to keep people safe. The registered manager told us that they only agree to provide a service to people in specific geographical areas where there are enough staff to meet people's needs. Care workers told us that they only worked within one area to reduce travelling time between visits. The registered manager told us that he was in the process of recruiting care workers in order for the service to grow within these areas. The care co-ordinator showed us documentation which demonstrated how they had ensured sufficient staff were employed to meet people's needs. One care worker told us, "We never need to use agency staff, we are able to cover for each other if someone is sick." People consistently told us that the care workers didn't miss calls. However, two people and one relative

told us of occasions where staff had been late for calls. One person told us, "That's my only gripe they are sometimes late." Another person expressed, "They arrive late sometimes, but I understand they [staff] get held up at the last call." The registered manager had identified the need to monitor late calls more robustly. They told us of current plans to implement new computer software also used by local authorities which would allow the registered manager to monitor call times and length of visits more robustly.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The registered manager told us he had recently attended training with the local authorities and Border Force which enhanced his knowledge of safe recruitment. We also looked at documentation which demonstrated disciplinary procedures were followed effectively.

Medication management at the service was safe and where needed management response to concerns was robust and appropriate. Risk assessments had been undertaken which identified the specific medication needs of each person. Some people were supported to self-medicate, others required prompting or administering of medicines by care workers which was clearly indicated in people's care plans. Trained staff recorded people's administered medication on charts which were audited by the care co-ordinator. We were satisfied that the care co-ordinator and registered manager responded appropriately to errors to ensure people's medications were always managed safely.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. One person commented, "My carers know how to meet my needs." The registered manager confirmed that suitable new staff were enrolled on the Care Certificate training programme. This is an industry recognised set of minimum standards to be included as part of the induction training of new care workers. The care workers consistently told us that the registered manager supported them to complete nationally recognised qualifications in Health and Social Care. We saw certificates of these qualifications in staff files. Staff also received on-going training in the essential elements of delivering care and one member of staff said, "Things change all the time and training gives me confidence in my role." One person told us, "I have to use a hoist, there are always two of them that use it together and I feel safe when I'm in it."

Staff received an effective 12 week induction into the service before starting work. The induction allowed new staff to get to know their role and the people they were supporting. Care workers told us during the induction they completed mandatory training, read care plans and shadowed existing care workers on call, to understand exactly what people's needs were. The registered manager told us, "We give all our staff an induction period, it is important for everyone to clearly understand what we expect of them." We saw staff files of drivers who had also completed the induction. The registered manager told us the significance of the drivers completing an induction to understand the role of a care worker, the importance of time specific tasks and how the timeliness within their role impacts on people. They were also in the process of implementing new methods which allowed improved monitoring of staff training.

Supervision was discussed with staff who corroborated the manager's remarks that supervision occurs at regular intervals or as and when required to ensure best practice. One member of staff said, "We have a private chat about the people we care for and how we want to move forward." Supervision notes in staff files revealed supervisions were carried out approximately every three months.

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. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this.

People's care records contained information about their individual choices and decision making processes. For example one person's care records indicated that despite significant health problems and difficulties when performing tasks independently they wished to remain as independent as possible. Daily notes revealed how care workers were supporting the person to remain independent in daily tasks such as cooking. This told us people's choices and decisions were protected.

Caring Carers supported people to access healthcare professionals as required and we saw this recorded in

people's care records. One care worker told us, "I identified one person suffering with potential ulcers recently. I spoke to management who spoke to social workers and the GP. They've healed up nicely now."

Is the service caring?

Our findings

The registered manager and staff supported people to express their views. We observed that care workers reported to care co-ordinators, concerns that been raised by people during their visits. Relatives and people told us that the registered manager and care co-ordinators contacted them on a regular basis to request feedback. We saw documentation which recorded people's views in response to monthly telephone feedback. However, two relatives and one person reported they would like more face to face meetings with the management regarding individual care. Although one relative had not made their wishes known to the registered manager and others had received meetings when they had been requested.

Staff had positive relationships with people. People repeatedly told us they liked the staff who supported them. One person told us, "They are really friendly, absolutely brilliant." One member of staff told us, "I feel like I do a worthwhile job. One person I support has a lot going on and told me they are very happy with the help I'm providing. I feel I have helped their confidence." The registered manager told us care workers only attended calls in allocated geographical areas, in turn people knew the same regular care workers that supported them. A care worker told us, "We care for the same people in the same area and because we know them well we can have a good old chat." The registered manager told us that if one person went sick another member of the team would be able to support people safely and effectively as opposed to using agency staff.

Caring Carers ensured people were actively involved in making decisions about their care, treatment and support. The registered manager told us how they supported people's voices to be heard. People's care records indicated if people required advocacy services and who the appropriate person was to speak up on their behalf. The registered manager also liaised with appropriate services with regard to people's care. One social worker told us how they largely received a response within 24 hours of requesting reports regarding people's care.

Staff respected people's privacy whilst ensuring their safety, health and wellbeing. For example, we observed the care co-ordinator treating a person respectfully when they were contacted. Permission was asked for their regular care workers to attend their home and be trained by their district nurse in order for new care to be provided effectively and safely. The person agreed which demonstrated that people's views were listened to and treated respectfully. People and relatives repeatedly told us that staff who supported them treated them and their homes respectfully.

People felt care workers knew them and their support needs well. One person told us how their family weren't able to provide the physical support they required. They told us, "They [care workers] get me out of bed and ready for my day, it would take me two hours if I had to do it all alone but because they help me my life has changed so much for the better." Another person told us how his relative was cared for during a severe illness, "They always cared for [person's name] extremely well while they were very unwell. I know they always found them to be caring and considerate."

Is the service responsive?

Our findings

The service was responsive to people's identified needs. For example we saw documentation that indicated a need for improved moving and handling aids. The registered manager made a referral to occupational therapists and slide sheets were implemented to improve the safety and wellbeing of the person and care workers. One care worker told us, "I informed the office that to care for someone adequately their bed needed to be more suitable to them, they were assessed the bed arrived in the person's house so quickly." One person told us, "I know I can contact them if I need anything." A relative told us of the importance of time specific medication being administered to their family member. They were satisfied with current arrangements of regular care workers attending calls. However expressed justified concerns if the allocated care workers were unavailable. The registered manager told us the relatives concerns would be responded to with a face to face meeting for discussions and an additional permanent care worker would be allocated to the person who would be able to respond and support needs without any complications.

Care records included information that was specific to the individual. Care co-ordinators were responsible and in the process of updating care plans and risk assessments. People told us that although they were contacted by telephone to provide feedback to management; the review of care plans generally only took place when a change in need was identified. One person told us, "I don't need reviews; they [care workers] always just get on with what they have to do." The registered manager had identified the issue and an assistant care co-ordinator had been recruited to improve the consistency of regular care plan reviews as well as when changes in needs occurred. We also spoke to a social worker who told us, "I have had no problems with this team, there is always someone willing to be present at review when I request them."

Nevertheless care records contained knowledge of the person, risks and practical approaches to keep people safe when they were making choices involving risk. Care plans recorded specific tasks and person centred information to inform care workers of people's specific wishes, likes and dislikes. From talking with staff they were able to explain how people preferred to be supported and demonstrated a good knowledge of people's needs who used the service. One member of staff told us, "I never feel rushed when I'm at someone's home, I make sure I support them as they ask."

Before people used the service their needs were assessed to see if they could be met by the service. The registered manager spoke strongly that they would not commit to providing someone's care if they were unable to fulfil their needs continuously. Documents we saw from the pre assessment process were thorough to gain an accurate understanding of what individual needs were required and whether Caring Carers were the correct service for the person. People and their relatives told us they had been spoken with to ensure the service was suitable for their needs. One person expressed that, "Yes I remember them coming to see me at the start, they were lovely."

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. Staff knew about the complaints procedure and to direct complaints to management. One person told us that a minor accident had occurred in their home whilst support was being provided. The registered manager had responded to the incident by paying for external cleaning services. The person

reported that they were happy with the outcome. We saw from records that any complaints had been promptly investigated and responded to with actions to resolve issues. Although the registered manager kept a log of complaints they told us that they were in the process of developing methods to analyse the data more closely to drive improvements. However, they had already identified the need to improve monitoring of call times which the registered manager was addressing with the introduction of new computer software. This demonstrated that complaints were documented and dealt with in line with the policy enabling the registered manager to learn from people's experiences.

Is the service well-led?

Our findings

The quality assurance processes required some improvement and although they were being developed had not yet been imbedded to allow for robust quality monitoring of the service. The registered manager reported that this was due to time having been dedicated to the development of their own technology to improve quality assurance. However, they had identified that the development of their own technological systems was more draining on the service than first anticipated. The registered manager told us how they are now in the process of adopting tried and tested computer systems and understood the importance of improving quality assurance. We were shown documentation which demonstrated the developments of the monthly audits and the analysis that would be carried out. It was explained to us that the improved audits would be undertaken monthly regarding various aspects of service performance. In turn a yearly report would be produced to improve the quality of care provided and drive improvements. The care co-ordinators, care workers and registered manager all expressed their keenness to deliver a high standard of care and support to people using the service and developments were being made. This demonstrated that effective quality assurance systems were in the process of being implemented.

Monthly telephone questionnaires were used to gain feedback on the services people were provided. However people and relatives reported that they would like more face to face meetings with care co-ordinators or the registered manager. Although people did report to us that they felt they could contact staff members from the service whenever they needed to and felt that care workers, care co-ordinators and the registered manager were all approachable and responsive. The registered manager reported that responses from questionnaires of people, relatives and other stakeholders would be analysed and action plans produced as part of the on-going improvements to quality assurance systems.

The service had a registered manager in place. They also had a primary care co-ordinator who was an additional contact for people and care workers in and out of office hours. People and relatives we spoke with were very complimentary of the registered manager and the care co-ordinator. One person said, "I am delighted with the service."

An inclusive and person centred culture was promoted by the service. The registered manager expressed that they have mindfully recruited care workers who displayed genuine respect towards people. They also strived to develop positive relationships between people and their care workers. One care worker told us, "We are trying to fulfil people's needs and make their lives easier, especially if their families can't be there as much as they'd like to be."

Staff felt supported at the service. One member of staff told us, "I have never worked at a place where the management are so supportive. They appreciate the responsibilities we have at home as well as at work." Another care worker told us, "We can always get hold of someone when we need to the phones always manned if we need help with anything." We saw in one staff members supervision meeting notes that they were grateful for the interventions that had been put in place by the registered manager. The help allowed them to carry out their role more effectively which impacted positively on people.

The registered manager also gathered staff's views on the service through meetings held every month and on a daily basis through face to face communication or over the phone. Care workers consistently told us that they attended monthly staff meetings as often as they could. Minutes of the meetings were detailed and clearly showed how developments were being made and how management and care co-ordinators were all informed with current information regarding people that use the service. For example, discussions were had regarding the need for additional equipment in one person's house and that appropriate assessments and referrals would be made. Discussions were also had regarding late calls and what could be done to minimise lateness. This showed that despite some quality processes still requiring improvement, there was an open and inclusive culture in which staff felt comfortable expressing their views to improve the service they provided.