Caring Support 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service is a domiciliary care agency. Caring Support is a charitable co-operative society that provides personal care for people in their own homes. At the time of our inspection 20 people were receiving services from the agency and were either privately funded, helped with the cost of care through direct payments from the local authority or through continuing care funded by the NHS. Not everyone using Caring Support received a 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 take into account any wider social care provided.

This announced inspection took place on 2 July 2018. We gave the provider 48 hours' notice of the inspection visit because the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be available.

This was the first inspection since the provider moved locations in July 2017. At the providers last inspection in February 2016, at their previous location the provider was rated Good overall. At this inspection we found some improvements were required.

There was a registered manager in place. 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.

Basic risk assessments were in place but sometimes these were not updated when new risks occurred. Not all risk assessments were person centred around individual needs so staff did not always have detailed guidance to keep people safe.

When people had accidents or incidents these were not always available for the registered manager to review or identify new risks to people. The registered manager did not always have the information they needed to make sure people were safe.

There were processes in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding and whistleblowing procedures and understood how to safeguard the people they supported. Staff were up to date with training and the service followed appropriate recruitment practices.

Staff knew the people they were supporting well. People and their relatives were involved in their care plans. These focused on people as individuals and gave clear information and guidance to staff about how they would like their care delivered.

People were happy with their care and liked the staff that supported them, they told us staff were caring and respectful. Staff explained the methods they used to help maintain people's privacy and dignity. The

registered manager tried to keep the same staff with people so they had continuity of care.

People were asked about their food and drink choices and staff prepared and cooked meals for people when required. People were supported to take their medicine when they needed it.

People told us they would complain if they needed to, but most had never needed to. Everyone we spoke with knew who the manager was and felt comfortable speaking with her about any problems.

People were contacted regularly to make sure they were happy with the service. Senior staff carried out spot checks to review the quality of the care provided.

We made one recommendation about mental capacity assessments. We found two breaches of regulations in relation to safe and good governance. You can see what action we asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Not all risks had been identified or minimised.

People were protected from the risks of abuse as staff were suitably trained and policies were in place to safeguard people.

People were supported to take their medicine safely.

There were safe staff recruitment and selection processes in place. Appropriate checks were undertaken before staff began to work at the service.

Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act. We have asked the registered manager to put more structured assessments in place when required.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Is the service caring?

Good

The service was caring.

People told us they were happy with the standard of care and support provided by the service. Staff knew people well, their likes and dislikes and how they wanted to be cared for. Staff always respected people's privacy and dignity.

Care records were written with people to make them tailored for each individual.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and care records were person centred.

When required people were encouraged to access the community and engage in activities that were important to them.

People who used the service felt the staff and manager were approachable knew how to make a complaint if they wished to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

Some systems were not in place to allow the registered manager to assess, identify and reduce risk to people.

People told us they knew who the registered manager was and were comfortable speaking with her if they needed to. People's views and comments were listened to and acted upon to improve the quality of the service.

Staff felt supported by the registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Caring Support 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.

This inspection took place on 2 July 2018 and was announced. We gave the service 48 hours' notice to ensure someone would be available to assist us with the inspection.

Prior to the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the registered manager and a supervisor. We looked at records which included four people's care records, medicine records and three staff files. We looked at training and supervision records and other records relating to the management of the service.

After our inspection the registered manager sent us information regarding meetings, the home workers handbook, the client guide and details about survey results. We spoke to eight people using the service and four care workers.

Requires Improvement

Is the service safe?

Our findings

Not all risks were monitored or managed to help people to stay safe. Basic risk assessments were in place for people using the service. This included environmental risks and any risks to the health and support needs of the person. However, there was limited information available to give staff guidance on how to manage individual risk. For example, one person's care record contained information from their relative concerning recent falls and additional concerns around their nutrition. However, there was no person centred guidance in place for staff to manage or reduce these risks. Staff told us some new equipment had been introduced to help the person's mobility but it was not clear from their care plan or risk assessment how this should be used. Although we could see family members were involved with the person's care plan, we could not see the person or their family had been involved in the risk assessment. Staff did not have the information they needed to ensure the person still retained as much independence as they were able while keeping safe. We spoke to the registered manager who updated the person's risk assessment during our inspection, they assured us they were in regular contact with staff and the person's relative concerning the risk. However, we were concerned that risk assessments were not centred on the individual and were not in sufficient detail to give staff the information they needed to keep people safe.

The systems in place to record, manage and report concerns about incidents were not always robust. We asked the registered manager if we could look at people's incident reporting forms. We were told these were kept on people's files. We were shown a record of one incident that occurred in May 2017 and noted there was a description of the incident and the action taken at the time. We asked to see the incident reports concerning the recent falls one person has suffered. The registered manager was unable to find these, they informed us they were most likely with a staff member who was on annual leave during the time of our inspection. We were concerned because the registered manager did not have to hand the information they needed to identify safety related themes and risk to people and without such information there was a risk that people may not get the care and support they needed.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had procedures in place to protect people from abuse. People were given information about reporting abuse if they felt unsafe, when they first started to use the service. Staff knew what to do if there were any safeguarding concerns and knew the whistleblowing procedures. They understood what abuse was and what they needed to do if they suspected abuse had taken place. There was some basic guidance available for staff in the staff handbook and refresher training was provided by the registered manger each year. The registered manager confirmed there had been no allegations of abuse since they registered with us.

Emergency 24 hour on call numbers were given to staff and people who used the service, information included the name of the person on call and their number so people knew who they should call in an emergency.

We spoke to eight people who used the service and all but one person told us staff arrived promptly and would stay the allotted amount of time. Two people told us staff were mostly on time but they would appreciate a call if they were running late. Comments included, "[My care worker] is reliable, efficient and quick", "They are usually pretty good, punctual and reliable" and "If carers know they will be late it would be nice to know…I used to get a phone call but it doesn't happen now." The registered manger explained if staff were running late or unable to come to work because of sickness they were expected to call the office so they could let people know. The manager explained they were constantly recruiting to ensure there were sufficient staff numbers to meet people's needs. The care co-ordinator and supervisor were also trained care staff and could cover staff leave and sickness when necessary.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People we spoke with told us staff helped them with their medicines. One person told us, "They [staff] come regularly and make sure I take my pills". Where people required support with their medicines this was normally supplied in MDS (Monitored Dosage System) packs. Staff noted each time medicines had been taken by the person using a Medication Administration Record (MAR) and we were shown the system used for recording any changes in a person's medicines including short term prescriptions such as antibiotics. Staff were trained in medicines awareness and the registered manager explained each staff member had their competency assessed during regular spot checks.

No one we spoke with had any issues with staff not following infection control procedures. We found a policy and procedures were in place and staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people. Records confirmed staff had been trained in infection control and food hygiene.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed when the person first started to use the service. The registered manager or the care supervisor met with people and their relatives to find out more about their needs and how they would like to receive care before providing a service for them. Care plans were developed using the information from the assessment and reviewed yearly or when there was a change in people's needs.

All new staff attended an induction and were asked to compete the Care Certificate. The Care Certificate is an identified set of 15 standards and outlines what health and social care workers should know and be able to deliver in their daily jobs. These include equality and diversity, person centred values, fluids and nutrition, safeguarding adults and children, basic life support, health and safety, medication and infection and prevention control. Staff completed workbooks to support their learning both during the induction and over the following weeks. The registered manager explained she hoped all staff would eventually complete the Care Certificate as part of their ongoing training. After the initial induction staff completed an annual refresher course. Although the provider did not have a training matrix in place to monitor staff training needs we saw staff were invited in on rolling refresher courses. The registered manager told us this system ensured all staff received regular training. Staff we spoke with told us they thought they had enough training to help them do their jobs well and spoke about recent additional training in dementia awareness. One staff member told us how much their training had helped them in their work and said, "The training has helped me…now it all makes sense."

Not all staff had received regular supervision to help support them with their development. We were told supervision should be completed four times a year, however when we looked at staff files we found some supervisions were out of date and some appraisals had not been completed. The registered manager explained the care supervisor had started working for the service in March 2018 and was carrying out staff supervisions. However, other work commitments had resulted in some supervision not being completed, they hoped to catch up soon and told us about a new system they wanted to put into place that would help them keep on top of supervision in future. We spoke to staff who told us they felt supported, would speak to the registered manager if they had any problems and had received supervision. We will look at this again when we next inspect.

Where required people were supported to eat and drink appropriately. One person told us "I have meals on wheels at lunch time, but we [staff member] make supper together." People's dietary needs were assessed before they started using the service this included people's likes and dislikes and their cultural and religious needs. People's allergies were noted in their care records and staff confirmed they would always ask what people wanted before preparing a meal. Care staff had received training in food hygiene and were aware of safe food handling practices.

People's personal information about their healthcare needs was recorded in their care records. The registered manager explained they worked with families when people's healthcare needs changed. Often families would take people to healthcare appointments and update the office of any changes. Records

confirmed these changes were noted on people's care plans. Staff told us they would notify the office if people's needs changed and how this information was highlighted in people's records for other staff members to be aware of.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services that provide care to people in their homes which involves an application to the Court of Protection.

The registered manager and the staff we spoke with were aware of their responsibilities under the MCA. People were encouraged to make decisions about their everyday care but when people lacked capacity to make decisions regarding their care they knew they should carry out best interest meetings, involving others in the decisions such as relatives and professionals. Although we saw one person had details of their Lasting Power of Attorney on their care plan we could not find a completed mental capacity assessment in place. The registered manager explained the person lacked capacity and they liaised closely with the person's family regarding everyday decisions. We saw this in the persons care records. We discussed the benefits of have a structured mental capacity assessment in place to give staff further guidance concerning the person's ability to make decisions. The registered manager told us she would put something in place as soon as possible.

We recommend the provider consults the current best practice for the Mental Capacity Act to ensure appropriate assessments are recorded and retained in line with the guidance.

Good

Is the service caring?

Our findings

People told us they thought staff were caring, comments included, "They are all very nice", "[my care worker] is so good…I have had the same carer for three years…she is always very caring" and "They are always polite and helpful."

All the staff we spoke with told us they enjoyed working with the people they cared for and were committed to providing care that was centred on people's individual needs. Comments included, "It's lovely, it's a privilege to work with people" and "I am very happy, my client is happy and I am happy."

Staff knew people well. The registered manager tried to keep the same staff with the same people to give continuity in their care and enable staff to learn how people wanted to be cared for. All the staff we spoke with had empathy for the people they cared for and were very knowledgeable about the care and support people needed.

Staff told us how they respected people's privacy and dignity and gave examples of how they did this while still encouraging people to be independent. People confirmed that staff were polite and would ask them before they started a task.

The staff handbook gave guidance to staff and covered the service's expectations of them. This included respecting people's dignity, independence and individuality and maintaining their confidentiality always.

Care plans were person centred and gave some good guidance for staff on how to best care for people. For example, one person liked to spend time in the garden and staff were asked to look for the person there. For another person there was details about how they liked to have their bath, with or without bubbles. Goals and objectives were noted and staff were able to help people achieve these. One person's objectives had been for improved confidence, to feel safe around the home and have peace of mind. We saw with the help of their care workers this person's health and confidence had improved leading to a reduction in care hours.

Good

Is the service responsive?

Our findings

People told us the service they received met their needs. One person told us, "[The staff] come in the morning, we have a chat and they do what they need to do then go." Another person told us, "They [staff] do the jobs I ask them to do."

The service made sure people's care plans reflected their physical, mental and social needs. This included details of any cultural and spiritual needs and any other support they required such as domestic or emotional. For example, one person's care records explained they would often get lonely and asked staff to spend some time with them and share their company. Each person's initial assessment, when they first started to use the service, fed into their care plan. These were reviewed each year or more often when changes occurred. Care plans were person centred around people's individual needs. These were kept in people's homes and daily notes were completed by staff and later reviewed by the supervisor.

Staff understood the support that people needed and told us they were given the time they needed to provide care to people. Staff ensured people were as involved in the planning of their care and support as possible. Where required and appropriate, family members were involved in planning care and support arrangements.

Some people using the service were supported to follow their hobbies and interest as part of their care package. We saw some people were helped with social contact and received companionship. For example, one staff member told us about a visit to a local fair and how the person they cared for really enjoyed the outing, they told us, "We are going there this Saturday, we go every year and really enjoy the day out." The same staff member supported the person to other social events such as birthday parties or social visits to friends.

The service used a range of ways to encourage people's feedback and enable them to raise any concerns or issues they may have. This included regular surveys and visits to the people in their own homes. People told us they knew who to make a complaint to if they were unhappy and most told us they had never needed to. One person explained they had the registered managers details and said, "If I was unhappy they wouldn't be here." The registered manager confirmed they had not received a written complaint in the last 12 months however when people were concerned or unhappy they tried to deal with the issue immediately. The service had a procedure which clearly outlined the process and timescales for dealing with complaints and this was included in the client guide given to everyone when they first started to use the service.

Staff were able to support people in their end of life care. The registered manager explained they had signed up to a local college for staff to receive end of life training and three staff had already completed this. This would help give staff the knowledge they needed to help people and if appropriate, their relatives, to discuss and record their wishes for end of life care. The training would also give them the skills they needed to care for that person when the time approached.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we found the registered manager did not always have they systems in place or records available to identify or record the changing risk to people or to identify and monitor accidents and incidents with a view to minimising the risk. For example, one person's risk assessment had not been updated after they had suffered two falls, and accident and incidents forms were not available for the registered manager to review.

The issues above relate to a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in place, they had been registered with the Commission for one year at the time of our inspection. All the people we spoke with knew who she was and told us they would contact them if there were any issues. During our inspection we spoke with the manager about staffing in the office. A supervisor had recently been employed to help the registered manager with assessments, reviews and quality checks for people receiving care a support. They also covered for staff absence when needed.

People were asked about their views and experiences of the service. Yearly surveys were sent to people, and any feedback was used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during 2017. Most of the results were positive and where issues or suggestions had been made the registered manager had responded and resolved any issues.

When staff first began to work for the service they were given a copy of an employee handbook, this detailed their role and responsibilities and the values of the service. Staff spoke positively about their relationship with their managers and the support they received. One staff member commented, "I enjoy working with them, there is always an open door." Another member of staff spoke to us about the carer of the month scheme they told us they had just been nominated and had received a gift voucher and recognition for the work they did. They told us," It made me feel valued, not just a number."

Regular staff meetings helped staff understand what was expected of them at all levels. We saw minutes from the last two meetings and noted information included training and general staffing issues. The supervisor carried out a number of spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and reviewing the care records kept at the person's home to ensure they were appropriately completed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks involving the health and safety of people were not always assessed and incidents were not available for review. Individual plans for managing risks were not always available for staff. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not always in place to effectively assess, monitor and reduce risk relating to the safety of people using the service. Regulation 17 (1) (2) (b)