Conquest Care and Support Agency LTD

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 December 2016 and was announced, which meant we told the provider 48' hours in advance 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.

This was the first inspection since registering with the Care Quality Commission (CQC) in April 2015.

Conquest Care and Support LTD is a small domiciliary care service, which provides care in people's homes. During the day of our inspection the service provided personal care support to three people, these included older people and children. The service had five care workers employed. At the time of our inspection the provider also acted in the role of 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.

Policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) ensured that people who could not make decisions for themselves were protected. Care workers demonstrated a good understanding of how to obtain consent for care from people who used the service.

People's health care needs were assessed, and care planned and delivered in a consistent way. Risks associated with people's care needs were assessed and updated when needs had changed.

Care plans were tailored to people's unique and individual needs.

Care workers were provided with mandatory training, for example safeguarding adults, manual handling, food safety and medicines awareness.

Relatives told us that staff respected people's privacy and dignity and worked in ways that demonstrated this.

Relatives said, and care records confirmed that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Relatives told us they were able to complain and felt confident to do so if needed.

Relatives and care workers told us that they provided their views about the quality of the service to the registered manager and were confident that actions would be taken to address suggestions for improvements.

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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults and children procedures.

Risk assessments for people who used the service and staff were undertaken and written risk management plans were in place.

Staffing levels to meet the needs of people who used the service were appropriately monitored and care workers were vetted which ensured they were safe to work with people.

Appropriate medicines training and medicines administration procedures ensured that people who used the service could be confident to receive their medicines safely if required.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care if required.

People's health care needs were met and records documented the support required from care staff.

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Is the service caring?

Good

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff provided respectful care and were aware of people's privacy.

People had opportunities of getting involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored and action taken to improve the service as necessary.

Conquest Care and Support Agency LTD

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 8 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We viewed three care records, four staff records and other documents relating to the care provided by the agency. We looked at other records including staff meeting minutes as well as health and safety documents and quality audits and surveys.

We spoke with one relative, received written feedback from one relative and three care workers, spoke with the registered manager and received written feedback from a social worker.

Good

Is the service safe?

Our findings

Relatives told us that they felt their relative was safe with their care worker. One relative told us "We feel completely safe with the care worker; she looks after my [relative] extremely well." Another relative told us "My wife has a very good relationship with her care worker and she is absolutely safe, otherwise I wouldn't use the agency."

Care workers had received safeguarding training during their induction. We asked care workers about this and they were able to tell us about the signs of abuse and to whom and how to report abuse. One care worker wrote to us that, "I will tell the manager if there is anything going on." Since registering with the CQC no safeguarding alerts had been made. We viewed the provider's safeguarding procedures which were of appropriate standard and the registered manager demonstrated a good understanding of how to report and appropriately deal with allegations of abuse. The care worker we spoke with told us about reporting abuse to the registered manager, the local authority or CQC.

We looked at four staff recruitment folders. These showed the provider had carried out appropriate pre-employment checks. For example, two references, Disclosure and Barring (criminal records) checks and proof of identity had been obtained for each of the staff. A relative told us, "Carers know what they are doing and they are the right people for the job."

We saw that environmental risk assessments were carried out as part of the initial assessment of need. These included the risks of tripping, risks from hazardous substances, and use of equipment such as hoists. The provider's procedure was that in the case of privately funded people, families would be responsible for the repair of the equipment. In cases where services were commissioned by Local Authorities or Clinical Commissioning Groups, faulty equipment was referred to the commissioning authority.

People's records confirmed that health and mobility needs were assessed and appropriate falls and manual handling assessments were put into place. Care workers told us that they were aware of these and that the registered manager regularly visited people and discussed any risks or changing needs. We saw that risk assessments were reviewed regularly and updated if the person's circumstances had changed. For example, a risk assessment review carried out by care workers showed a lifting equipment was not suitable to meet particular needs of one person. This view was backed up by an OT who recommended for the equipment to be replaced. The risk assessment was updated and the equipment removed.

There were five care workers in permanent employment with the agency. The registered manager was also involved in providing care to people who used the service. People told us that they had no problems with the arrangements of staff and never had any issues with visits being missed. One relative told us "Care workers are usually on time and if they run late they will call, I am 100% satisfied."

People did not receive any help with the administration of medicines; relatives were responsible for the administration of medicines. However we saw a robust medicines procedure and care worker records confirmed that medicines administration training had been provided.

Good

Is the service effective?

Our findings

Relatives told us that staff had appropriate skills and knowledge to meet people's needs. One relative told us "We have a regular carer; she knows exactly what to do, she understands my [relative] well and it looks like she had the right training." Another relative made similar positive comments "Our carer is fantastic, I know that she had training, we have no concerns."

Staff records viewed showed that care workers received an induction which included theoretical and practical training. The practical induction training included shadowing with the registered manager for a period of two days. The theoretical training care workers received included, dementia training, food hygiene, medicines awareness, manual handling, first aid and safeguarding adults training. All staff had a personal development plan in place, which was discussed during supervision sessions. Care workers were enrolled in undertaking qualifications in health and social care. Care workers received regular supervisions with the registered manager. One care worker told us "The training is good and easy to get, I meet the manager often and can call her whenever I want to." Currently none of the care workers had received an annual appraisal, but none of the care workers had worked with the agency for one year.

None of the people currently receiving personal care from the agency had mental capacity issues and were able to consent to the care provided. Part of the initial assessment was a consent form asking the person if they agreed with receiving personal care from care workers, which had all been signed and agreed by people who used the service. Care workers fed back and demonstrated good understanding of the Mental Capacity Act (MCA) 2005, and gave good practice examples in how they would involve people who used the service in their care and what questions to ask to ensure that the person agreed to the care provided. The registered manager was aware of the most recent changes in Deprivation of Liberty Safeguards (DoLS) legislations and told us that she was in the process of arranging more in-depth MCA and DoLS training for care workers.

People who used the service did not receive support with their hydration or nutrition; this was provided by the family carer. However one care worker told us "I always make sure that something to drink is easy to reach before I leave."

Part of the person's care plan was a record of the person's medical history and what particular support the person required. All people who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. We saw in all care plans viewed that people had a general health risk assessment in place, which included aspects such as breathing, memory, sight, behaviour, continence and pain management. This information was included in their care plan if the person had any particular needs in these areas.

Good

Is the service caring?

Our findings

Relatives told us that care workers were caring. One relative told us, "Our carer is very good, she looks after my [relative] well and she would go the extra mile if I ask her to do something extra." Another relative told us "My relatives and the carer have a great relationship; they get on very well with each other." People also told us that care workers respected their privacy and dignity. For example "They always close the door when they help me in the bathroom and curtains are always drawn." A relative commented, "The carers are outstanding, as she is kind and compassionate with the care and does not treat my wife as if she is a commodity."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

Care workers demonstrated they clearly understood the needs of people they were supporting, and they were able to understand how individuals wanted to be supported. Care workers were aware and understood people's likes and dislikes and their life stories. Relatives told us they had been involved in decisions about care planning and had taken part in any discussion in regards to their changing needs. We checked three people's care plans and saw that they had been updated and the person or their relative had been involved in this review.

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

People's personal information was safely stored in a lockable cabinet in the agencies office. Records relating to people's care were kept in the person's home. One relative said "The folder they make notes in is in the bedroom, I am not worried that anybody else can see it." The care worker spoken with told us "I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom."

Good

Is the service responsive?

Our findings

Relatives told us that people received the care as planned. They also told us that they were satisfied with the care workers provided by the agency. One relative said, "The manager came around when we started using them to discuss what help we need." The registered manager told us that if people were not happy with the care workers provided, they will try to find an alternative, but at this moment in time there were no concerns.

The provider carried out an assessment of needs during a home visit when people first started the service. People who used the service told us that they had been involved and consulted about their needs, choices and preferences. From the information obtained during this assessment the service developed a support plan. The plan specified the support the person required. This information was also used to match care workers with people who used the service.

We viewed three support plans. All had sufficient detail of how care should be provided. For example, one support plan provided information about a morning call each day, to provide personal care. There was sufficient detail of how this should be done. This included the number of staff required to carry out the support, the time taken and needed to carry out the support. People who used the service or their relatives acting on their behalf had signed the support plan to indicate they agreed with how their support was provided.

We were told by relatives that daily records of the support undertaken on each visit and any relevant observations made about the person's health and wellbeing.

We saw that care records were reviewed regularly if people's needs had changed. One relative told us, "The manager comes regularly to chat with me about the care and would call me to check if everything is ok with the care and care workers provided. This is very good and I can tell them if I want anything changed."

Care workers explained how they understood and read people's support plans and how they would confirm these with people who used the service. We saw that care plans took peoples cultural and ethnic needs into consideration.

The provider had a system in place to log and respond to complaints. The records showed the dates and action taken by the provider in response to the complaint. They had been no complaints made since registering with the CQC in April 2015. One relative said "I don't have any complaints, but I would call the office and they will sort it out" and another relative told us "We would contact the agency and speak to manager if we had any concerns, but at the moment this agency is excellent."

Good

Is the service well-led?

Our findings

People who used the service told us that they had spoken to office staff including the registered manager regularly. One relative told us "We see or speak with the manager regularly." Care workers told us "The manager is very helpful. I can ring her whenever there is something I want to discuss with her."

Staff said that the registered manager was open and accessible to discuss professional and personal issues. Staff told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. Staff said that meetings were held regularly, we looked at minutes of these meetings which confirmed this. We saw that issues relating to quality of care, staffing, policies and procedures and performance were discussed during staff meetings.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.

A relative told us, "Someone from the office visits us to check on the carers and ask me on the care they provide" and "They phone sometimes to ask our opinion and they visited me recently to look at my care plan. We are very happy with the service." The service carried out regular spot-checks, during which care workers had been observed providing care. People who used the service were consulted about their care worker and if they had any concerns. Care workers told us "The registered manager visits clients unannounced to check on us." The frequency of these spot checks depended on how long the care worker had been employed by the agency and how long the care worker had worked with the person. This ensured that the quality of care was monitored and any issues could be dealt with swiftly.

We saw in care plans that they had been reviewed if people's needs had changed and people who used the service or their representatives were involved in this process. We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. Staff told us that they would record any incidences and would always talk with the registered manager about the incident to see if they could make any improvements. However, staff we spoke with told us that there had been no incidents. This showed that the service had systems in place to learn from incidents and adverse events.

There was a positive culture in the service. The management team provided strong leadership and led by example. Office staff regularly went out and provided hands on care. All staff confirmed they enjoyed working for Conquest Care and Support LTD and felt the organisation was open, honest and transparent. One care worker told us, "We work as a team and always help one another out." Staff demonstrated enthusiasm and spoke with compassion for the people they supported.